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Ayushman Bharat Pradhan Mantri Jan Arogya yojana (AB-PMJAY): A Study in Deoband and Rampur tehsils of Saharanpur, Uttar Pradesh

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Abstract

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched in September 2018. This scheme is the world largest scheme funded by the government which provides upto Rs. 5 lakh to a family for Secondary and tertiary care to the vulnerable 12 Crore families of the country. This study was conducted to evaluate the status of AB-PMJAY in Deoband and Rampur Tehsils of Saharanpur. The study included villages like Chirau and Badhedi. Primary data was collected by using a mixed- method approach from 65 households (simple random sampling of 25% card holders) through a questionnaire, it shows 52% households have cards but only 5-6% are utilizing the scheme due to lack of awareness and preference to local private care. The secondary data indicates that Uttar Pradesh has 50.9 million cards and has a claim amount of Rs 3,136 crore on the other hand nationally 43.52 crore cards, 11.69 crore admissions till 2026. The recommendation of study is focused on Institutional Ethics committee and training along with technology integration for better outcomes, whereas the finding support the Universal Health Coverage goals, the scheme significantly reduces the out of pocket expenditure of the beneficiaries for critical surgeries (eye, heart, stone removal etc.) but a large gap is still there about the utilization of scheme among the card holders specially in rural areas.

Keywords: Ayusman Bharat, AB-PMJAY, Health insurance, rural healthcare, utilization, Saharanpur, Uttar Pradesh.

1. Introduction

Healthcare is a fundamental human right & it is very significant for the socio-economic development of the human. India shows a significant improvement in health indicators like maternal, mortality and life expectancy but still some challenges exist. There is High out of Pocket expenditure (OOPE), disparities and inadequate infrastructure affects healthcare delivery to the citizens. This OOPE pushes about 5.5 crore Indians into poverty out of which 3-8 crore are linked to medicine cost alone.

The National Health policy 2017 emphasized UHC as a linchpin for affordable, equitable and quality healthcare. The Indian healthcare system consists of both Public & private partners, out of which the private players dominate the secondary & tertiary Care system. Due to the dominance of private players there is an inequality of access to healthcare & it also leads to financial crunch among the vulnerable

groups. About 62.6% of the healthcare expenditure is borne by households which in turn pushes lakhs of people towards poverty annually.

The Government of India launched Ayuthman Bharat yoga in September, 2018 to address these challenges, and aims to achieve Universal Health Coverage. It comprises two components
i) Health & wellness Centre (HWCs) to strengthen Primary healthcare and provide services to the local community.
ii) Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide secondary & tertiary care hospitalization to the lower class people.

The PM-JAY is operational from 30 April 2019, targeting 10.74 crore families. PMJAY is providing health insurance coverage of Rs 5 lakh per family per year. The contribution of centre & state is in 60:40 ratio respectively and it converges with the schemes like Employees State Insurance Corporation CESIC) and the Central Government Health scheme (CGHS). Till February 2026, the scheme has issued 43.52 crore Ayushman cards nationwide, 36229 empanelled Hospitals and 11.69 core hospital admissions. whereas in Uttar Pradesh 95.08 million beneficiaries out of which 56.80 million golden cards have been issued, 6313 empanelled hospitals with over 9.19 million admissions.

In this study we focused on the implementation of PMJAY in the district of Saharanaur comprising villages of Badhedi & Chirau of Deoband & Rampur Maniharan tehsils respectively. Chirau and Badhedi are primarily an agrarian economy with very low local healthcare structure.

The main objectives are :(1) to assess the economic impact of AB-PMJAY on rural household finance & poverty alleviation, (2) to find out the contribution of the scheme in improving rural healthcare utilization, access and outcomes, (3) to find out the gaps in the implementation of the scheme and to suggest remedies. This study is significant as it will provide an insight to an under researched western UP district.

Literature Review

Universal health coverage is becoming a global agenda which aims to provide equitable healthcare access without financial hardship.

Lahariya (2017, updated 2020) described Ayushman Bharat as an initiative of transformation which emphasized on strong governance & primary care integration. Bhatia (2019, 2023) drew attention towards the strengthening of public health infrastructure as only insurance based models alone cannot ensure equity.

Ramamannurm (2018), he figured out some limitations of PMJAY like exclusion of outpatient services and claim settlement delay. Chaudhary and Dutta (2019) appreciated the role of private players but also earned inequalities and cost escalation.
studies by (Dixit et al., 2025; Dev & Dhyani 2025) find out that there is low level of awareness in the rural area. Ojha & Prasad (2025) highlighted the unavailability of trained personnel and they also identified administrative inefficiencies as the main barriers. Ahmad et al. (2025) also found that there are administrative bottlenecks, lack of training to the frontline workers, and trust deficits upon public facilities which lead to preference for private care.

Sahu et al. (2024) showed that people of Chhattisgarh rated 90% awareness but utilized by only 53% people, this indicates a gap between awareness & utilization. Mahendra (2025) identified the lack of digital literacy among the rural Indians.

Recent studies in Uttar Pradesh highlight low awareness among the beneficiaries, the rate of utilization is moving between 8% to 15% in rural areas. This is because of the digital infrastructure gap, complexities and trust deficits in public facilities.

Overall the overview of literature suggests that PMJAY is a good initiative but its success depends on awareness, effective implementation & systemic strengthening.

Research Methodology

The study opts for descriptive-analytical design which combines qualitative and quantitative data.

Study Area: Deoband and Rampur Maniharan tehsil in Saharanpur. Badhedi Village of Deoband and Chirau village of Rampur Maniharan tehsil of Saharanpur district (area 2,492.8 Sq Km) which contains diverse challenges of rural area of Ganga-Yamuna doab and foothills of shivalik.

Sampling: A Non-probability purposive sampling method was used to select 65 households (40 in Chirau, 25 in Badhedi) which is 25% of Ayuthman Card holders. The data was analyzed through percentages.

Data Collection: Primary data was collected through a 15 item structured questionnaire which covers awareness, utilization and demography of the selected regions (Q1-5 about demographics, Q6-10 about awareness & Q11-15 about Satisfaction/utilization/barriers), it was door to door administered. The secondary data is collected from Ministry of Health & family welfare (MoHFW) reports and NHA dashboards, Journals, newspapers & data from the district administration (40 empanelled hospitals).

Healthcare System in India

As we are aware the healthcare system is a mixed public private model and primarily dominated by the private sector in secondary & tertiary Care. In India there is the existence of low public expenditure and persistence of urban-Rural disparities. Saharanpur district has 40 empanelled hospitals. The recent trends are showing higher dependency on public hospitals with thousands of monthly claims as they are cast efficient.

Ayustman Bharat: Features & Structure

PMJAY scheme is providing paperless, cashless and portable services upto Rs 5 lakh to her family per year across 1961 packages. It is a good example of public- private partnership and integration with Health& wellness centres. The State Health Agency (SHA) oversees the implementation of the scheme in Uttar Pradesh under the guidelines of National Health Agency guidelines.

Empanelled Facilities: In Saharanpur district there are 40 hospitals which are on Ayushman Bharat panel including both public & private hospitals of the district.

Utilization Trends: Large numbers of claims are processed every month, the majority of them are from government hospitals as the scheme has capped its services.

Beneficiary Reach: more that one Lakh patient got benefited from this scheme.

Result & Analysis

Card Coverage & utilization (village level)

Table 1:
Demographic and Card Coverage - Chirau Village (Rampur Mancharan Tehsil)

Parameter	Value	% of Total Members
Households surveyed	40	-
Total members	343	-
Ayashman Cards Issued	159	46%
Utilizes	10	6.36% (of Cards)
Non-utilizers	14	

Table 2:
Demographic & Card Coverage- Badhedi village (Deoband Tehsil)

Parameter	Value	% of Total members
Households Surveyed	25	
Total members	171	
Ayushman Cards Issued	95	55.6%
utilizers	5	5.26% (of cards)
Non-utilizers	90	94.74%

The overall utilization of 65 householders: 52% male, 5:6% demographics, SC/ST 25%, dominant age group 31-50 years, highest utilization (70%) in Rs 40, 000-80, 000 annual income bracket.

Treatment Patterns & Satisfaction

The Beneficiaries have cashless treatment for eye ailments, kidney stones, accidents, cardiac issues and for Tuberculosis (TB). out of these beneficiaries 60% used government hospitals whereas 40% used private hospitals. out of all beneficiaries only 7% used OOPE rest 93% never used OOPE for the treatments. Overall 93% beneficiaries showed satisfaction (95% in Chirau, 90% in Badhedi).

Awareness & Barriers

Most of the beneficiaries get awareness about the scheme via Television, panchayat, other beneficiaries and hospitals. Most of the reasons for non-utilization of the PMJAY is "no- illness" (65%), lack of

procedural knowledge/ information is also a major cause (28%), availability of Doctor/Transportation (40%).

National, Uttar Pradesh and Saharanpur overview

The scheme is showing a very good achievement at National level. 43.52 crore cards of Ayushman Bharat have been issued, of which 11.69 crore admissions in hospitals are authorized, with 6.74 crore admitted in private hospitals. Uttar Pradesh has achieved 87.93% coverage of families; it is about 1.70 crore families. The Saharanpur is also showing the similar trends having high claims but with low rural uptake.

Implementation challenges

The major challenges faced are

• lack of awareness as most of the eligible families are unaware of their enrolment status because there is no formal proactive system.

• Inefficient administrative system specially in rural areas due to lack of skilled manpower at the implementation level to manage grievance redressal & patient navigation.

• delay in processing the claims and data inconsistencies in beneficiary lists.

• limited hospital empanelment in rural areas and shortage of infrastructure as well,

• OPD services and mental health are excluded,

• existence of digital divide specially in rural areas,

• existence of private sector hesitancy as there is delay in reimbursement and package rates.

Discussion

Very low utilization (5-6%) while there is 46-55.6% of card coverage that also aligns with the national rural pattern (Dixit et al., 2025: 15.2%). The study showed zero OOPE and high satisfaction among the beneficiaries validates the financial protection capacity of the scheme as described by Garg et al. (2024). However there are some problems with the scheme such as awareness & utilization gap, people give preference to the familiar service providers, there is no formal enrolment etc. In 2025 the government will expand the scheme for elderly people which extends the health benefits to the doot step for the elderly but it needs digital literacy. Overall, AB - PMJAY advances Universal health coverage and also cares for Sustainable development goal 3 but there is still need for reforms to achieve desired outcomes specially tier two or three districts like saharanpur.

Policy Recommendations

- There must be a process of grading of Hospitals and enforce standardized Treatment Guidelines having 100% NABH compliance.
- Establish a mechanism to detect fraud, ABHA linkage.
- A national pricing forum must be established to regulate pricing based on accreditation, hospital size and location.
- Can establish a training academy for Aragya Mitra training in patient navigation & digital fraud management.
- OPD service must be included specially for chronic illnesses.
- Time to time special drives must be conducted to update cards, enrolment & grievance redressal.

- There is a need to increase public health spending. need to strengthen rural infrastructure to address the existing gap.
- The awareness campaigns must be intensified at the village level, use of SMS, LED vans may increase awareness.

Conclusion

AB-PMJAY is a transformative & innovative step towards universal health coverage, providing health as well as financial risk protection and also improves health access for vulnerable populations. In Deaband & Rampur maniharan Tehsils of Saharanpur, the scheme showed a moderate coverage but it completely eliminated the OOPE for the beneficiaries. However, the low rate of utilization showed that there isa need for awareness drive specially in rural areas. This micro study highlights the need for localized, evidence-based interventions to strengthen implementation, primary- secondary care integration and governance. By addressing these gaps the scheme can become more effective in poverty alleviation, India's SDGs commitments and equitable health outcomes.

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