EVALUATING THE IMPACT OF AYUSHMAN BHARAT ON HEALTH SECURITY: A CASE STUDY OF WARD NO. 13, NALBARI TOWN, ASSAM

A POST GRADUATE DISSERTATION

FOR THE PARTIAL FULFILMENT OF THE POST GRADUATE DEGREE IN POLITICAL SCIENCE FOR THE PAPER MAPSCC405D UNDER THE DEPARTMENT OF POLITICAL SCIENCE

Submittedby

CHAYANIKA DUTTA

Examination Roll No:

PS-24/60

RegistrationNo:2407049 of 2024-25

Under the supervision of

Dr.ANKURJYOTI BHUYAN

Assistant Professor

DepartmentofPoliticalScience,KBVS&ASUniversity

KUMARBHASKARVARMASANSKRIT&ANCIENTSTUDIES UNIVERSITY, NAMATI, NALBARI, ASSAM

2026

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2026

DECLARATION

I, Miss ChayanikaDutta, a student of the Post Graduate 4th Semester in the Department of Political Science, bearing Exam Roll No: PS-24/60 and Registration No: 2407049, do hereby declare that the dissertation entitled "Evaluating the impact of Ayushman Bharat on health security: A case study of Ward No. 13, Nalbari Town, Assam" is an authentic record of my own original research. This work is being submitted to the Kumar BhaskarVarma Sanskrit and Ancient Studies University, Namati, Nalbari, Assam, for the 4th-semester project paper MAPSCC405D, under the supervision of Dr. AnkurJyotiBhuyan, Assistant Professor, Department of Political Science, Kumar BhaskarVarma Sanskrit and Ancient Studies University.

I further declare that, to the best of my knowledge, the work reported herein is original and does not form part of any other thesis or dissertation on the basis of which a degree, diploma, or academic award was previously conferred on an earlier occasion to any other candidate.

The contents of this dissertation have not undergone formal institutional Plagiarism or AI testing, as such software validation facilities are currently not covered for Post Graduate dissertations at Kumar BhaskarVarma Sanskrit and Ancient Studies University, Nalbari.

Place: Namati, Nalbari

Date:

ChayanikaDutta

Exam Roll No- PS 24/60

Reg. No: 2407049

DEPARTMENT OF POLITICAL SCIENCE

KUMAR BHASKAR VARMA SANSKRIT & ANCIENT STUDIES UNIVERSITY
NALBARI- 781337, ASSAM

Ref. Date:

CERTIFICATE

This is to certify that the dissertation entitled "Evaluating the impact of Ayushman Bharat on health security: A case study of Ward No. 13, Nalbari Town, Assam" is a record of bona fide work carried out by Miss Chayanika Dutta (Exam Roll No: PS-24/60 and Registration No: 2407049), who conducted this research work for the M.A. 4th Semester in Political Science project paper MAPSCC404D under my supervision. She has collected the field data herself and wrote the entire dissertation report firsthand.

Further, it is certified that to the best of my knowledge, the work reported herein does not form part of, and was not previously conferred as, a dissertation or thesis to any other candidate of any institution. This Post Graduate dissertation prepared and submitted for the paper MAPSCC405D may be accepted for internal and external evaluation, on the basis of which it may be supplicated for the award of Master of Arts in Political Science.

The contents of this dissertation have not undergone formal institutional Plagiarism or AI testing, as such software validation facilities are currently not covered for Post Graduate dissertations at Kumar BhaskarVarma Sanskrit and Ancient Studies University, Nalbari.

Place: Nalbari, Namati

Date:

Supervisor

Dr. AnkurJyotiBhuyan
Assistant Professor
Department of Political Science
KBVS&AS University, Nalbari

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ChayanikaDutta

M.A. 4th Semester (Political Science)

Roll No: PS-24/60

Registration No: 2407049

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CHAPTER-1
INTRODUCTION

1.1 Introduction

Health is one of the most important parts of human life and development. A healthy person can work properly, maintain social relationships, and live a secure life. However, many people still suffer from illness, poor healthcare facilities, and high medical expenses. In many cases, families face financial difficulties because of costly treatment and hospitalization. Due to these problems, the idea of health security has become very important in modern society. Health security generally refers to the protection of people from diseases and health-related risks while ensuring that they can receive proper healthcare services without serious financial burden. It includes prevention of diseases, access to healthcare, affordable treatment, and public awareness regarding health.

The concept of health security developed from the broader idea of human security. Earlier, security was mainly connected with war, military power, and protection of the state. Later, scholars and international organizations started giving importance to the security of ordinary people. In 1994, the United Nations Development Programme (UNDP) explained in its Human Development Report that human security is related to freedom from fear, disease, hunger, and poverty. The report also identified health as an important part of human security. This approach changed the traditional understanding of security and emphasized that the well-being of people is equally important for national development.

The World Health Organization (WHO) also highlighted the importance of health security at the global level. According to WHO, countries need strong healthcare systems to protect people from epidemics, infectious diseases, and other public health emergencies. Global outbreaks such as SARS, Ebola, and COVID-19 proved that health problems can affect all countries and create social and economic crises. These situations increased the need for proper healthcare facilities, disease prevention, and international cooperation in the health sector.

At the same time, health security is not only related to disease outbreaks. In developing countries, problems such as poverty, malnutrition, poor sanitation, unemployment, and lack of medical facilities also create health insecurity. Many people are unable to afford treatment, medicines, or diagnostic services. As a result, illness often becomes both a health problem and an economic burden for families. Therefore, health security also includes affordable healthcare, maternal and child health services, nutrition, sanitation, and financial protection during illness.

In India, achieving health security has remained a major challenge for many years. Although the country has improved its healthcare sector, inequalities in healthcare access still continue. A large number of people depend on public healthcare services, but many government hospitals face shortages of doctors, medicines, and infrastructure. At the same time, private healthcare services are often expensive for poor and middle-class families. According to the National Sample Survey (2017–18), millions of people in India fall into poverty every year because of healthcare expenses. Before recent healthcare reforms, out-of-pocket expenditure formed a major share of total health spending in the country. This situation showed the need for stronger healthcare protection and financial support for vulnerable populations.

To improve the healthcare system and reduce the financial burden of treatment, the Government of India introduced several health policies and programmes. One important step was the National Health Policy of 2017, which focused on Universal Health Coverage (UHC), affordable healthcare, and strengthening primary healthcare services. The policy aimed to improve access to healthcare for all sections of society, especially economically weaker groups.

As part of these reforms, the Government of India launched the Ayushman Bharat Programme in September 2018. The scheme was introduced to strengthen health security and provide healthcare support to poor and vulnerable families. Ayushman Bharat has two major components. The first component focuses on Health and Wellness Centres, which provide basic healthcare services at the community level. The second component is the Pradhan Mantri Jan Arogya Yojana (PM-JAY), which provides health insurance coverage up to ₹5 lakh per family per year for hospitalization expenses. The programme mainly targets economically weaker sections and aims to reduce the financial burden caused by serious illness and medical treatment.

Ayushman Bharat is considered an important step toward improving healthcare access and financial protection in India. The scheme has helped many people receive treatment without paying large amounts directly from their income. It has also increased the importance of healthcare rights and social protection in the country. However, the implementation of the scheme still faces several challenges in different areas. Lack of awareness, difficulties in registration, unequal healthcare infrastructure, and limited availability of empanelled hospitals affect the effectiveness of the programme. In some places, beneficiaries still spend money on medicines, travel, and medical tests even after having the health card.

In Assam also, healthcare access and health security continue to be important concerns. Many people still face problems related to healthcare facilities, awareness, and affordability of treatment. Therefore, it becomes necessary to examine whether government healthcare programmes are actually benefiting people at the local level.

The present study focuses on Ward No. 13 of Nalbari town, Assam, to understand the impact of Ayushman Bharat on health security among the local population. The study

examines the awareness of beneficiaries, accessibility of healthcare services, reduction of medical expenses, and the challenges faced while using the scheme. Through this study, an attempt is made to understand how far Ayushman Bharat is helping people in improving their health security and overall well-being.

1.2 Statement of the Problem

Health security remains an important issue in India, especially for economically weaker sections of society. Although the government has introduced several healthcare programmes to improve medical facilities and reduce treatment costs, many people still face difficulties in accessing proper healthcare services. High medical expenses, lack of awareness, shortage of healthcare facilities, and unequal access to treatment continue to affect the lives of ordinary people. In many cases, families are forced to spend a large part of their income on medicines, hospital treatment, and diagnostic tests, which creates financial stress and insecurity.

To address these problems, the Government of India launched the Ayushman Bharat Programme in 2018 with the objective of providing affordable healthcare and financial protection to poor and vulnerable families. The scheme aims to reduce out-of-pocket expenditure and improve access to quality healthcare services through health insurance coverage and strengthened primary healthcare facilities. Although the programme has benefited many people in different parts of the country, its implementation at the local level still faces several challenges.

In Assam, healthcare-related problems such as limited awareness, unequal healthcare infrastructure, and economic difficulties continue to affect the effective use of government health schemes. Many people are still unaware of the benefits and procedures of Ayushman Bharat. Some beneficiaries also face difficulties during registration, card generation, hospital access, and claim utilization. In addition, people sometimes continue to spend money on medicines and treatment even after being covered under the scheme.

Ward No. 13 of Nalbari town also reflects some of these challenges. Although several residents are eligible for Ayushman Bharat benefits, the actual impact of the scheme on improving health security at the grassroots level remains unclear. There is limited understanding regarding the awareness of the scheme among local people, the accessibility of healthcare services, and the extent to which the programme has reduced financial burden during illness.

Therefore, there is a need to study the role and effectiveness of Ayushman Bharat in improving health security among the people of Ward No. 13, Nalbari. The present study seeks to examine the awareness, utilization, benefits, and challenges related to the scheme

and to understand whether it is successfully contributing to better health security and healthcare access for the local population.

1.3 Review of Literature

The Commission on Human Security in its report Human Security Now (2003) further emphasized that healthcare accessibility is an essential part of human dignity and social justice. The report highlighted that governments should strengthen healthcare systems and ensure universal access to healthcare services, particularly for vulnerable populations.

The World Health Organization (WHO) (1946) in the Constitution of the World Health Organization, emphasized the importance of health in achieving peace and security at both national and international levels. The Constitution stated that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being." The organization highlighted that unequal healthcare conditions and lack of access to medical services create barriers to social and economic development. WHO further emphasized that governments are responsible for ensuring adequate healthcare facilities and public health protection for their populations.

Richard Falk (1995), in his influential work On Humane Governance: Toward a New Global Politics, presented a human-centred approach to security and development. He argued that genuine security cannot be achieved solely through military strength or state power, but must also address social, economic, and humanitarian challenges affecting people's lives. Falk emphasized that poverty, disease, environmental degradation, and social inequality pose serious threats to human well-being and global stability. He advocated for a system of humane governance that prioritizes human rights, social justice, sustainable development, and international cooperation. His work contributed significantly to the development of the human security perspective by highlighting the importance of protecting individuals and communities from both traditional and non-traditional threats. The study underscores the need for strengthening public welfare systems and improving access to essential services, including healthcare, as important components of human security.

Mahbub ul Haq (1995), in his writings on human development and human security, explained that the concept of human security extends beyond traditional military security and includes protection from various social and economic threats such as disease, poverty, hunger, and lack of healthcare facilities. The author emphasized that access to healthcare services, public health protection, and financial security against medical expenses are important components of human welfare and development. Haq further argued that sustainable human development cannot be achieved unless people are protected from health-related vulnerabilities and provided with adequate healthcare opportunities. The study highlighted that improving health security is essential for ensuring social stability, human dignity, and overall quality of life among vulnerable populations.

David A. Baldwin (1997), in his influential article The Concept of Security, examined the evolving nature of security in contemporary society. He argued that security should not be understood only in terms of military protection but should also encompass various non-military threats affecting human well-being. Baldwin emphasized important questions such as "security for whom" and "security from what threats," highlighting the need to clearly identify both the object and source of security concerns. His broader understanding of security contributed significantly to the development of human-centred approaches, which include social welfare, economic stability, healthcare protection, and other dimensions of human security. The study emphasized that modern security extends beyond traditional state-centred concerns and includes the protection and well-being of individuals and communities.

Chen et al. (2003) examined the relationship between health security and human development and observed that poverty, unequal healthcare distribution, and weak healthcare systems reduce health security in developing countries. The researchers emphasized that healthcare accessibility and disease prevention are necessary for protecting vulnerable populations.

Bhat (2005), in his study on healthcare financing in India, observed that high out-of-pocket medical expenditure creates serious financial burdens on poor households. The study highlighted that lack of health insurance and financial protection weakens health security among economically weaker sections.

Rajeswari and Kartheeswari (2011), in their study on rural healthcare accessibility in India, found that inadequate healthcare infrastructure, shortage of doctors, and lack of awareness continue to affect healthcare services in rural areas. The study emphasized the importance of government healthcare programmes in improving healthcare accessibility and strengthening health security.

Kulkarni (2013), in his study on public healthcare services, explained that affordable healthcare programmes and institutional healthcare support are essential for strengthening social welfare and human development. The researcher highlighted that healthcare accessibility and financial protection are important dimensions of health security.

William Aldis (2008), in his article "Health Security as a Public Health Concept" published in the Asia Pacific Journal of Health Management, critically discussed the concept of health security within the field of public health. The author examined the evolution, meaning, and different dimensions of health security and explained that the concept is closely linked with disease prevention, healthcare accessibility, public health preparedness, and international cooperation. Aldis pointed out that weak communication and lack of coordination among countries often create barriers in responding effectively to global public health challenges. The study further argued that health security should not be viewed only from the perspective of state protection but should instead adopt a human-centred approach that gives importance to the welfare, rights, and healthcare needs of individuals and communities. According to the

author, strengthening public health systems and promoting cooperation at both national and international levels are essential for ensuring effective health security.

Katherine Bond (2008), in her work "Health Security or Health Diplomacy? Moving Beyond Semantic Analysis to Strengthen Health Systems and Global Cooperation", analysed the relationship between health security and health diplomacy in the context of global public health. The study explained that health security mainly focuses on protection against health threats such as infectious diseases and public health emergencies, whereas health diplomacy emphasizes cooperation, negotiation, and collaboration among countries to address global health concerns. Bond argued that strong healthcare systems are necessary for achieving both health security and effective international health cooperation. The author further highlighted that investment in healthcare infrastructure, particularly in developing and low-income countries, is important for improving global health preparedness and healthcare accessibility. The study concluded that a cooperative and inclusive approach is necessary for strengthening global public health security and ensuring better healthcare outcomes for all populations.

Kasturi Goswami (2020), in the study "Can Better Infrastructure Ensure Better Healthcare? The Dialectic of Assam's Health Sector Scenario", analysed the condition of healthcare infrastructure and its impact on healthcare services in Assam. The study pointed out that although the government has increased expenditure and introduced improvements in the healthcare sector, several structural problems still continue to affect healthcare delivery in the state. The author observed that shortage of healthcare professionals, unequal distribution of medical facilities, and poor quality of healthcare services remain major challenges, particularly in rural and remote areas of Assam. The study further emphasized that improvement in infrastructure alone is not sufficient unless supported by proper healthcare management, trained personnel, and accessible healthcare services.

Ajijur Rahman (2020), in his study "Health Status of Assam: A District Level Analysis", examined the healthcare condition and health indicators across different districts of Assam. The study revealed significant regional disparities in healthcare accessibility and healthcare outcomes within the state. The author found that unequal distribution of healthcare facilities, shortage of medical resources, and inadequate healthcare services continue to affect the overall health condition of the population. The study highlighted that accessible, affordable, and efficient healthcare services are essential for improving human development and strengthening health security in Assam, especially among economically and socially vulnerable communities.

Lahariya (2018), in his article "Ayushman Bharat Program and Universal Health Coverage in India", discussed the significance of Ayushman Bharat in strengthening India's public healthcare system and achieving the goal of Universal Health Coverage (UHC). The author explained that the programme was launched with the objective of improving healthcare accessibility and reducing the financial burden of medical treatment on economically weaker populations. The study highlighted that Ayushman Bharat consists of two major components — Health and Wellness Centres for strengthening primary healthcare services and Pradhan

Mantri Jan Arogya Yojana (PM-JAY) for providing health insurance coverage to vulnerable households. Lahariya argued that the scheme represents an important policy initiative in India's healthcare sector because it attempts to provide affordable and accessible healthcare services to poor families who are often unable to bear high medical expenses. The study further emphasized that reducing out-of-pocket expenditure is essential for improving health security and social welfare in India.

Neeraj P., Sumi J., and Vaibhav R. (2021), in their work "Ayushman Bharat: Service Adoption Challenges in Universal Healthcare System", discussed the health policy Ayushman Bharat, which was launched by the Government of India in 2018 to strengthen universal healthcare coverage. The study analysed the major challenges faced by the scheme after its implementation and highlighted the difficulties of managing a large-scale healthcare programme in a diverse and highly populated country like India. The authors observed that several factors such as lack of awareness among beneficiaries, inadequate healthcare infrastructure, procedural complexities, and inefficient beneficiary identification processes created barriers in the effective utilisation of scheme benefits. The study further emphasized that shortage of trained healthcare providers and weak grievance redressal mechanisms also affected the smooth functioning of the programme. One of the significant contributions of the study is its focus on the ground-level realities and practical challenges associated with implementing a universal healthcare system. The authors suggested that better healthcare management, improved awareness programmes, and stronger administrative coordination are necessary for increasing the effectiveness of Ayushman Bharat and ensuring healthcare accessibility among vulnerable populations.

Pradeep Kumar Singh and Ritu Sharma (2022), in their study "Awareness and Utilisation of Ayushman Bharat Scheme among Rural Households in India", examined the extent of awareness and utilisation of AB-PMJAY among rural populations in India. The study revealed that although a large number of rural households were aware of the existence of the scheme, detailed understanding regarding eligibility conditions, empanelled hospitals, and claim procedures remained limited among beneficiaries. The authors observed that factors such as low literacy levels, inadequate healthcare awareness, and weak communication mechanisms significantly affected the effective utilisation of healthcare services under Ayushman Bharat. The study further highlighted that many beneficiaries faced difficulties in accessing proper information about the scheme, which reduced their participation in healthcare services. The authors emphasized that awareness programmes, healthcare education, and community-level communication strategies are essential for improving the effectiveness and utilisation of Ayushman Bharat in rural areas.

Pradeep Kumar Mohanty (2023), in his study "Public Health Insurance and Financial Protection under Ayushman Bharat", analysed the role of AB-PMJAY in reducing healthcare expenditure and improving financial protection among vulnerable populations in India. The study observed that Ayushman Bharat has contributed towards reducing the financial burden of hospitalisation by providing cashless treatment facilities to economically weaker households. The author explained that the scheme has helped many poor families access

healthcare services that were previously difficult to afford because of high medical expenses. However, the study also identified several challenges affecting the effectiveness of the programme, including unequal healthcare infrastructure, shortage of empanelled hospitals, administrative delays, and difficulties in claim settlement processes. The author further emphasized that stronger healthcare governance, effective monitoring mechanisms, and improvement in healthcare infrastructure are necessary for ensuring better healthcare delivery and strengthening health security under Ayushman Bharat.

Davoudi-Kiakalayeh et al. (2017), through a comparative study on urban and rural beneficiaries of Ayushman Bharat Yojana, examined the differences in awareness and healthcare accessibility between urban and rural populations. The study observed that urban beneficiaries possessed comparatively better awareness regarding healthcare schemes and healthcare services, whereas rural populations lacked organised awareness-building programmes. The authors emphasized that rural communities require targeted and localised awareness campaigns that consider socio-cultural conditions and local healthcare realities. The study further suggested that effective communication strategies and community participation are essential for increasing awareness and healthcare utilisation among rural populations.

Soham Bhaduri (2020), in his study on Ayushman Bharat during the COVID-19 crisis, explained that the existing infrastructure and framework of the scheme played an important role in managing the pandemic situation in India. The study observed that Ayushman Bharat already included comprehensive healthcare packages covering secondary and tertiary healthcare services, which helped the government respond quickly during the pandemic. The author highlighted that the National Health Authority provided free COVID-19 treatment under the scheme and allowed states flexibility in modifying healthcare services according to local requirements. The study further emphasized that the adaptability and administrative flexibility of Ayushman Bharat contributed significantly towards managing healthcare needs during the pandemic.

Johnsy Jose et al. (2025), in their study "Ayushman Bharat Scheme: A Comprehensive Analysis of Knowledge, Awareness, Utilization and Impact on Healthcare Access in India", analysed the impact of Ayushman Bharat on healthcare accessibility across different states of India. The study observed that the scheme has significantly contributed towards improving healthcare access and financial protection for economically weaker households. However, the researchers identified several implementation challenges such as low awareness, shortage of healthcare infrastructure, administrative barriers, and unequal healthcare accessibility in rural and semi-urban regions. The study further emphasized that effective policy implementation, healthcare infrastructure development, and community-level awareness programmes are necessary for strengthening healthcare delivery and utilisation under the scheme.

1.4 Research Gap

Existing literature shows that several studies have been conducted on health security and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in India. Most of these studies mainly focus on healthcare policies, financial protection, awareness, and the implementation of the scheme at the national and state levels. However, limited attention has been given to the actual impact of the scheme on health security at the local level, particularly in semi-urban communities.

In Assam, only a few studies have examined healthcare accessibility and the implementation of Ayushman Bharat among local populations. Studies specifically related to awareness, utilisation of healthcare services, and financial protection under the scheme in Nalbari district remain limited. Therefore, the present study seeks to examine the impact of Ayushman Bharat on health security through a case study of Ward No. 13, Nalbari, Assam, with special focus on healthcare accessibility, awareness, and utilisation among beneficiaries.

1.5 Objectives of the Study

i. To examine the implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Ward No. 13 of Nalbari Town.

ii. To assess the level of awareness and utilisation of PM-JAY among the beneficiaries.

iii. To evaluate the impact of PM-JAY on health security among the local population.

iv. To identify the problems faced by beneficiaries while availing the benefits of the scheme.

1.6 Research Questions

i. How is PM-JAY implemented in Ward No. 13 of Nalbari Town?

ii. What is the level of awareness and utilisation of PM-JAY among the beneficiaries?

iii. To what extent has PM-JAY improved health security among the local population?

iv. What problems do beneficiaries face while using the scheme?

1.7 Significance of the Study

The present study is significant as it examines the impact of Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) on health security at the grassroots level. Health

security has become an important aspect of human development, as access to affordable healthcare and financial protection against medical expenditure are essential for improving the quality of life of individuals and households. In this context, the study seeks to understand how far Ayushman Bharat has contributed towards enhancing healthcare accessibility and reducing the financial burden of healthcare among the residents of Ward No. 13, Nalbari Town, Assam.

The study is expected to contribute to the existing body of knowledge on health security and public health insurance programmes in India. It provides empirical evidence regarding the level of awareness, utilisation, and effectiveness of Ayushman Bharat among beneficiaries at the local level. The findings of the study may help policymakers, healthcare administrators, and implementing agencies to identify the strengths and shortcomings of the scheme and take appropriate measures for improving its implementation.

Further, the study is important because limited research has been conducted on the impact of Ayushman Bharat on health security in Assam, particularly at the ward level. Therefore, the findings may serve as a useful reference for future researchers and contribute to a better understanding of the relationship between public health insurance schemes and health security in semi-urban areas.

1.8 Research Methodology

1.8.1 Research Design

The present study adopts a descriptive and analytical research design to examine the impact of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) on health security in Ward No. 13 of Nalbari Town, Assam. The descriptive method helps in understanding the level of awareness, utilisation, and experiences of beneficiaries under the scheme. At the same time, the analytical approach enables the study to evaluate the effectiveness of the scheme in improving healthcare accessibility and financial protection among the respondents.

1.8.2 Study Area

The study is conducted in Ward No. 13 of Nalbari Town, Assam. The ward consists of households belonging to different socio-economic backgrounds and reflects the characteristics of a semi-urban area. The area has been selected to understand the local-level implementation and impact of Ayushman Bharat on healthcare accessibility and health security among the residents.

1.8.3 Sources of Data

Primary Data

Primary data are collected directly from the beneficiaries of Ayushman Bharat through structured questionnaires and personal interviews. The information collected includes awareness about the scheme, utilisation of healthcare services, healthcare accessibility, and the benefits received under AB-PMJAY.

Secondary Data

Secondary data are collected from books, journals, government reports, research articles, official websites, and other published sources related to health security and Ayushman Bharat. These sources help in developing the theoretical and conceptual framework of the study.

1.8.4 Sampling Method

The study follows purposive sampling method for the selection of respondents. This method is considered suitable because the respondents are selected specifically from households enrolled under Ayushman Bharat in Ward No. 13. The method helps in collecting detailed information from individuals who possess direct knowledge and experience regarding the implementation and utilisation of the scheme.

1.8.5 Sample Size

For the purpose of the study, a total of 35 respondents are selected from Ward No. 13, Nalbari Town. The sample size is appropriate for a small-scale field-based study and allows detailed understanding of the experiences and opinions of beneficiaries regarding the scheme.

1.8.6 Method of Data Analysis

The collected data are analysed using simple statistical and descriptive methods. Information obtained through questionnaires and interviews is arranged systematically in tables and percentages for better understanding and interpretation. Percentage analysis is used to examine the level of awareness, utilisation, and impact of Ayushman Bharat among the respondents. The findings are interpreted descriptively to understand the overall contribution of the scheme towards health security in the study area.

1.9 Limitations of the Study

Every research study has certain limitations, and the present study is no exception. The study is confined to Ward No. 13 of Nalbari Town, Assam; therefore, the findings may not fully represent the experiences of beneficiaries in other areas. The study is based on a limited number of respondents, which may restrict the generalization of the findings.

The research primarily relies on primary data collected through questionnaires and interviews. As a result, the accuracy of the findings depends on the responses provided by the respondents. In addition, constraints of time and resources limited the scope of a more extensive investigation.

Despite these limitations, the study provides useful insights into the impact of Ayushman Bharat on health security and contributes to a better understanding of healthcare accessibility and financial protection at the local level.

1.10 Chapterization

The present dissertation entitled "Evaluating the Impact of Ayushman Bharat on Health Security: A Case Study of Ward No. 13, Nalbari Town, Assam" is divided into five chapters.

Chapter One: Introduction deals with the introduction, statement of the problem, review of literature, research gap, objectives of the study, research questions, significance of the study, research methodology, and limitations of the study.

Chapter Two: Conceptual and Theoretical Framework discusses the concepts of health security, healthcare accessibility, and Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The chapter also examines the theoretical perspectives relevant to the study and highlights the role of Ayushman Bharat in promoting health security.

Chapter Three : Socio-Economic and Healthcare Profile of the Study Area presents an overview of Ward No. 13, Nalbari Town. It discusses the geographical location, demographic characteristics, socio-economic conditions, healthcare infrastructure, and the general profile of the study area..

Chapter Four : Implementation and Impact Analysis of Ayushman Bharat in the Study Area analyses the implementation and impact of PM-JAY in Ward No. 13, Nalbari Town. The chapter examines enrolment, awareness, utilisation of scheme benefits, financial protection, and the challenges faced by beneficiaries. It also evaluates the contribution of the scheme towards improving health security in the study area.

Chapter Five: Findings, Conclusion and Suggestions presents the major findings of the study, draws conclusions based on the analysis, and offers suggestions for improving the implementation and effectiveness of Ayushman Bharat in the study area.

1.11 Conclusion

This chapter has provided an overview of the study on the impact of Ayushman Bharat on health security in Ward No. 13, Nalbari Town, Assam. It discussed the background of the study, the statement of the problem, review of literature, research gap, objectives, research questions, significance of the study, and research methodology.

The chapter also highlighted the importance of health security and the role of Ayushman Bharat in improving access to healthcare services and reducing the financial burden of medical treatment. The framework presented in this chapter provides the basis for the detailed analysis carried out in the subsequent chapters. The next chapter discusses the conceptual and theoretical framework related to health security and Ayushman Bharat.

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CHAPTER-2

Human Security and Public health: Contextualizing the Ayushman Bharat Yojana

Introduction

Today, health security is a vital part of human development and social welfare. Access to affordable, quality healthcare services is necessary for the well-being, dignity, and productivity of individuals. In developing countries like India, many people struggle to obtain proper healthcare due to poverty, unemployment, poor medical infrastructure, and rising medical costs. Consequently, healthcare expenses can be a heavy financial burden for economically weaker groups. In these situations, government welfare programs play an important role in improving health security and reducing social and economic inequalities.

Health security is linked to the broader concept of human security. Human security focuses on protecting individuals from various social, economic, and health-related threats. In this context, health security means not only protecting against diseases and health emergencies but also ensuring access to adequate healthcare services, availability of medical facilities, and financial protection from medical expenses. Therefore, health security is crucial for promoting social justice, inclusive development, and improving the overall quality of life.

To ensure healthcare security for all, especially for the poor and vulnerable populations, the Government of India has introduced various welfare schemes and healthcare programs. Among these, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) stands out as one of the most significant public healthcare initiatives in the country. This scheme aims to provide financial help and cashless treatment options for economically weaker households. This reduces out-of-pocket healthcare costs and improves access to quality medical services. It also demonstrates the government's commitment to achieving universal health coverage and enhancing public health security.

This chapter focuses on understanding health security and discusses the Capability Approach as the study's theoretical framework. It also looks at the structure, objectives, features, and functioning of Ayushman Bharat PM-JAY, highlighting its role in promoting health security and social welfare.

2.1Concept of Health Security

Health security is regarded as an essential part of human welfare and social development in the modern world. It refers to the condition in which individuals and communities remain protected from diseases, health risks, and situations that may threaten their physical and mental well-being. The idea of health security emphasizes the importance of ensuring proper healthcare facilities, medical assistance, disease prevention, and public

health protection for all sections of society. In contemporary times, health security has become increasingly important because health-related problems directly influence social stability, economic productivity, and the overall quality of human life.

The World Health Organization (WHO) explains health security as the collective measures and policies adopted to reduce the risk of public health threats and to strengthen the capacity to respond effectively during health emergencies. This understanding highlights the role of preparedness, prevention, monitoring, and healthcare management in protecting public health. Therefore, health security is not limited only to hospitals and treatment facilities; rather, it also includes public health planning, preventive care, and emergency response systems.

The concept of health security is closely related to the broader framework of human security. The United Nations Development Programme (UNDP), in its Human Development Report of 1994, recognized health security as one of the important dimensions of human security. Human security mainly focuses on protecting people from various forms of insecurity such as poverty, hunger, disease, environmental problems, and social instability. Within this framework, health security aims to ensure that people can live without constant fear of illness, inadequate healthcare, or health-related uncertainties.

Health security consists of different dimensions that together contribute to the overall well-being of society. It includes preventive healthcare measures such as vaccination, sanitation, disease surveillance, and awareness programmes intended to control the spread of diseases. It also includes health promotion activities that encourage proper nutrition, personal hygiene, physical well-being, and healthy lifestyles. Curative healthcare forms another important dimension, which involves medical treatment, hospitalization, emergency services, and rehabilitation support. These dimensions collectively strengthen healthcare systems and improve public health conditions.

In recent decades, the importance of health security has increased significantly because of rapid urbanization, globalization, environmental degradation, and the emergence of new diseases. Increased mobility of people and goods across countries has accelerated the spread of communicable diseases beyond geographical boundaries. Major health crises such as SARS, Ebola, and the COVID-19 pandemic demonstrated how disease outbreaks can affect not only public health but also economic activities, education, administration, and social life. These experiences highlighted the necessity of effective healthcare systems, disease monitoring mechanisms, and emergency preparedness for protecting society from large-scale health threats.

Another important aspect of health security is the availability and accessibility of healthcare services. Proper healthcare infrastructure, trained medical personnel, medicines, diagnostic facilities, and emergency medical support are necessary for ensuring effective public health protection. At the same time, affordability of healthcare services is equally important because excessive medical expenses often create financial difficulties for

individuals and families. Therefore, access to affordable healthcare facilities forms a significant component of health security.

Public awareness and community participation also play an important role in strengthening health security. Awareness regarding hygiene, sanitation, vaccination, nutrition, and disease prevention helps in improving public health conditions and reducing health-related risks. Effective healthcare protection therefore requires cooperation between governments, healthcare institutions, and local communities. Community participation contributes to better implementation of public health programmes and encourages responsible healthcare practices among people.

Health security further includes preparedness and effective response during public health emergencies. Governments and healthcare agencies must adopt suitable strategies for identifying, preventing, and controlling disease outbreaks. Early detection systems, emergency healthcare services, and coordinated administrative efforts are essential for reducing the impact of health crises. In this regard, effective healthcare governance and institutional coordination are necessary for maintaining public health security.

Despite advancements in medical science and healthcare technology, several challenges continue to affect health security across the world. Inadequate healthcare infrastructure, shortage of trained healthcare professionals, unequal access to medical facilities, environmental changes, and emerging infectious diseases continue to create obstacles in ensuring proper healthcare protection. Social and economic inequalities further increase the vulnerability of marginalized communities and often limit their access to essential healthcare services.

Thus, health security has become an important requirement for human development and public welfare in contemporary society. It includes protection from diseases, access to healthcare services, preventive healthcare measures, financial protection from medical expenses, and preparedness during health emergencies. A strong and inclusive healthcare system is therefore essential for ensuring the safety, dignity, and well-being of people.

2.2 Human Security and Public Health

The concept of human security emerged as a broader approach to understanding human welfare and protection in contemporary society. Earlier, the idea of security mainly focused on protecting the state from external threats and maintaining territorial integrity. However, with changing social and economic conditions, greater importance began to be given to the security and well-being of individuals. Human security therefore focuses on protecting people from various forms of insecurity such as poverty, hunger, disease, unemployment, environmental degradation, and social inequality. It emphasizes the need to ensure a safe, healthy, and dignified life for all individuals.

Public health is closely connected with the concept of human security because good health is considered one of the basic conditions for human well-being and development. Public health refers to the organized efforts undertaken by governments, healthcare institutions, and communities to protect and improve the health conditions of the population. It includes disease prevention, healthcare awareness, sanitation, nutrition, immunization, environmental hygiene, and healthcare services aimed at promoting the overall welfare of society.

Human security and public health are deeply interrelated because poor health conditions often create social and economic insecurity. Illness affects not only the physical well-being of individuals but also their livelihoods, productivity, and quality of life. Serious health problems may increase financial burdens on families and limit access to education, employment, and other social opportunities. Therefore, ensuring proper healthcare facilities and public health protection becomes essential for maintaining social stability and human welfare.

The importance of public health has increased significantly in recent decades due to rapid urbanization, population growth, environmental changes, and the spread of communicable diseases. In many societies, inadequate sanitation, poor nutrition, lack of clean drinking water, and insufficient healthcare infrastructure continue to create serious public health challenges. These conditions particularly affect economically weaker and marginalized communities that often lack access to proper healthcare services and medical facilities.

Public health plays a crucial role in strengthening human security through preventive and promotive healthcare measures. Programmes related to vaccination, maternal and child healthcare, disease surveillance, sanitation, and public awareness help in controlling diseases and improving public health conditions. Preventive healthcare measures are especially important because they reduce the spread of diseases and minimize health-related risks before they become major public health concerns.

Another important aspect of human security and public health is healthcare accessibility and equality. Social and economic inequalities often prevent vulnerable populations from obtaining adequate healthcare services. Lack of healthcare infrastructure, shortage of medical professionals, and high healthcare costs create barriers to healthcare accessibility in many regions. As a result, economically weaker sections of society remain more vulnerable to diseases and health-related insecurities. Therefore, inclusive healthcare policies and welfare-oriented public health programmes are necessary for ensuring social justice and reducing health disparities.

The role of governments and public institutions is also important in promoting public health and ensuring human security. Governments are responsible for formulating healthcare policies, improving healthcare infrastructure, and implementing welfare programmes aimed at protecting the health of citizens. Effective healthcare administration, institutional

coordination, and community participation are necessary for improving healthcare delivery systems and strengthening public health protection.

Human security further emphasizes the protection of vulnerable groups such as women, children, elderly people, and marginalized communities who are often more exposed to health-related risks. Poor living conditions, malnutrition, lack of awareness, and limited access to healthcare services increase their vulnerability and negatively affect their quality of life. Therefore, public health systems should focus on inclusive healthcare measures that ensure equal healthcare opportunities for all sections of society.

Thus, human security and public health are closely interconnected concepts that focus on protecting human life, dignity, and well-being. Public health contributes significantly to human security by preventing diseases, improving healthcare accessibility, and promoting social welfare. A strong and inclusive healthcare system is therefore essential for ensuring a healthy, secure, and dignified life for all individuals.

2.3 Theoretical Framework: The Capability Approach

A theoretical framework forms the intellectual and conceptual base of a research study. It helps the researcher understand the research problem through established theories and concepts and provides a systematic direction for analyzing social realities. In social science research, theoretical frameworks are important because they connect the study with broader academic discussions and help explain the relationship between different variables associated with the research topic. The present study adopts the Capability Approach developed by Amartya Sen as its theoretical framework in order to understand the relationship between healthcare accessibility, social welfare, and health security.

The Capability Approach emerged as a significant perspective in development studies and welfare economics during the late twentieth century. Amartya Sen developed this approach as a criticism of conventional development theories that mainly emphasized economic growth, national income, and material resources as indicators of development. According to Sen, economic growth alone cannot ensure human welfare because people may continue to suffer from poverty, ill health, illiteracy, and social inequality despite increases in national income. Therefore, development should not be understood merely as economic progress but as the expansion of human freedom and opportunities.

The Capability Approach places human beings at the centre of development and focuses on improving the quality of human life. Sen argues that the real objective of development is to expand the freedoms and capabilities of individuals so that they can live meaningful and dignified lives. In this framework, development is viewed as a process of enlarging people’s choices and opportunities rather than simply increasing material wealth. Thus, the Capability Approach shifts attention from economic indicators to human welfare, equality, and social justice.

One of the central concepts of the Capability Approach is “functionings.” Functionings refer to the various things that individuals may value doing or being in life. These include being healthy, being educated, having proper nutrition, participating in social and political activities, and living with dignity and self-respect. Functionings therefore represent the actual achievements and living conditions of individuals. Sen explains that human well-being should be evaluated in terms of these achievements rather than merely through income or economic resources.

Another important concept in the theory is “capability.” Capabilities refer to the real opportunities and freedoms available to individuals to achieve desired functionings. In simple terms, capability means the ability of a person to choose and achieve a valuable way of life. Sen emphasizes that two individuals with similar incomes may experience different levels of well-being because their abilities to convert resources into actual achievements may differ depending on social, economic, and institutional conditions. Therefore, the Capability Approach focuses not only on the possession of resources but also on the ability of individuals to utilize those resources effectively.

Health occupies a central place within the Capability Approach because good health is considered essential for human functioning and overall development. Health enables individuals to participate actively in economic, educational, social, and political life. Poor health conditions reduce human productivity, weaken social participation, and create barriers to personal development. Illness and inadequate healthcare facilities often increase financial insecurity and limit the opportunities available to individuals. Therefore, healthcare accessibility becomes an important factor in expanding human capabilities and improving quality of life.

The Capability Approach explains that healthcare should not be viewed merely as a medical service but as a fundamental condition necessary for ensuring human freedom and dignity. Access to healthcare services allows individuals to maintain physical and mental well-being and helps them participate fully in society. In this context, healthcare protection contributes directly to strengthening human capabilities and promoting social welfare. Lack of healthcare accessibility, on the other hand, restricts individual freedom and deepens social inequality.

Another significant contribution of the Capability Approach is its understanding of poverty and deprivation. Sen argues that poverty should not be understood only as lack of income or economic resources. Instead, poverty represents a deprivation of basic capabilities required for living a healthy and dignified life. People who lack access to healthcare, education, nutrition, and sanitation are deprived of essential opportunities necessary for human development. Thus, poverty becomes a multidimensional condition that affects overall human well-being.

This understanding is particularly relevant in the context of healthcare and health security. Individuals belonging to economically weaker and marginalized communities often face difficulties in accessing healthcare facilities because of poverty, unemployment, poor infrastructure, lack of awareness, and social discrimination. Such inequalities increase their vulnerability to diseases and health-related insecurities. Inadequate healthcare services may further reduce their ability to participate in productive activities and maintain a decent standard of living. Therefore, social and economic inequalities directly influence health conditions and human capabilities.

The Capability Approach also emphasizes the importance of social justice and equality in development. Sen believes that development policies should focus on creating equal opportunities for all individuals regardless of their economic or social background. In this regard, healthcare accessibility becomes an important issue of social justice because unequal healthcare opportunities often deepen social and economic inequalities. Proper healthcare facilities, affordable medical treatment, public health programmes, and financial protection against medical expenditure therefore become essential for ensuring equality and improving social welfare.

The role of the state and public institutions is another important aspect highlighted in the Capability Approach. Sen argues that governments have a responsibility to create conditions that enable individuals to improve their capabilities and achieve better living standards. Public policies related to healthcare, education, nutrition, employment, and social welfare therefore play a crucial role in expanding human freedom and opportunities. Welfare-oriented healthcare programmes are particularly important because they help vulnerable populations access healthcare services without excessive financial burden.

The Capability Approach is highly relevant to the present study because it provides a broader understanding of health security from the perspective of human welfare and social development. Health security does not only refer to protection from diseases or medical emergencies; it also includes the ability of individuals to access healthcare facilities, receive proper treatment, and maintain good health without financial hardship. In this sense, healthcare accessibility becomes closely connected with human freedom, dignity, and capability enhancement.

The theory further helps in understanding the social implications of healthcare welfare measures. Effective healthcare programmes improve human capabilities by reducing health-related insecurities and strengthening the overall well-being of individuals. Access to healthcare services enhances productivity, educational participation, social involvement, and economic stability. Consequently, healthcare welfare contributes not only to individual health improvement but also to broader social and economic development.

The Capability Approach also highlights the importance of inclusive and people-centred development policies. Development should focus on improving the actual living conditions of people and ensuring that vulnerable groups receive equal opportunities for

advancement. Public healthcare systems and welfare measures are therefore necessary for reducing social exclusion and promoting human dignity and equality.

Thus, the Capability Approach provides a comprehensive and relevant theoretical framework for analyzing the relationship between healthcare accessibility, public welfare, and health security. It explains how healthcare systems and welfare policies contribute to enhancing human capabilities, improving quality of life, and ensuring social justice. The framework is therefore highly useful for understanding the broader social and developmental dimensions associated with healthcare protection and public health systems.

2.4 Conceptual Foundation of Ayushman Bharat Yojana

The idea of welfare-oriented healthcare has become increasingly important in contemporary public policy because access to proper healthcare is essential for human well-being and social development. In developing countries like India, a large section of the population continues to face difficulties in obtaining affordable and quality healthcare services due to poverty, unemployment, inadequate healthcare infrastructure, and rising medical expenses. High out-of-pocket expenditure on healthcare often creates financial hardship for economically weaker households and increases social inequality. In such circumstances, government welfare programmes play a significant role in strengthening healthcare protection and improving public welfare.

Ayushman Bharat Yojana was launched by the Government of India in 2018 with the objective of improving healthcare accessibility and strengthening health security among economically vulnerable populations. The scheme was introduced as an important step towards achieving Universal Health Coverage by ensuring accessible, affordable, and quality healthcare services for disadvantaged sections of society. The conceptual foundation of Ayushman Bharat is based on the principle that healthcare is a basic human necessity and that every individual should have equal access to essential healthcare facilities without financial hardship.

The conceptual basis of Ayushman Bharat is closely associated with the broader ideas of human welfare, social justice, and inclusive development. Good health is considered one of the most important conditions for human development because it enables individuals to participate effectively in social, economic, and productive activities. Poor health conditions often reduce human productivity, weaken social participation, and negatively affect the overall quality of life. Therefore, ensuring healthcare accessibility becomes essential for improving human welfare and promoting social development.

Another important principle associated with Ayushman Bharat is the idea of healthcare equality. In many societies, unequal access to healthcare services creates major differences in health conditions between rich and poor populations. Economically weaker sections of society often experience difficulties in obtaining proper medical treatment

because of financial limitations and inadequate healthcare facilities. Such inequalities increase the vulnerability of marginalized communities and restrict their opportunities for social and economic advancement. Ayushman Bharat attempts to reduce these inequalities by extending healthcare protection and financial assistance to vulnerable populations.

The scheme is also influenced by the concept of Universal Health Coverage, which emphasizes that all individuals should receive necessary healthcare services without facing financial distress. Universal Health Coverage includes equal access to preventive, promotive, curative, and rehabilitative healthcare services. In this regard, Ayushman Bharat reflects the broader objective of creating an inclusive healthcare system that provides healthcare support to economically disadvantaged populations and strengthens public health conditions.

The conceptual foundation of Ayushman Bharat further recognizes the importance of financial protection in healthcare. In India, healthcare expenditure is one of the major causes of financial insecurity among poor households. Serious illnesses and hospitalization often force families to spend large amounts of money on medical treatment, which may lead to debt and economic instability. Financial difficulties related to healthcare expenditure frequently prevent individuals from accessing timely medical treatment and negatively affect their living conditions. Ayushman Bharat therefore seeks to reduce the financial burden of healthcare by providing financial assistance for hospitalization and medical treatment to eligible beneficiaries.

Another important aspect of the scheme is its emphasis on preventive, promotive, and curative healthcare services. Traditionally, healthcare systems often focused mainly on curative treatment after the occurrence of diseases. However, the conceptual approach of Ayushman Bharat recognizes that preventive and promotive healthcare are equally important for improving public health conditions. Preventive healthcare includes measures such as vaccination, disease awareness, sanitation, and early diagnosis aimed at reducing health risks and controlling diseases. Promotive healthcare focuses on improving nutrition, hygiene, healthy lifestyles, and public awareness in order to strengthen overall health conditions. Curative healthcare includes medical treatment, hospitalization, emergency services, and rehabilitation facilities. Thus, the scheme adopts a comprehensive approach towards healthcare protection and public welfare.

The conceptual foundation of Ayushman Bharat is also related to the broader framework of human security. Human security emphasizes the protection of individuals from different forms of social, economic, and health-related vulnerabilities. Health insecurity not only affects physical well-being but also creates economic and social instability for individuals and families. Poor health conditions may reduce employment opportunities, educational participation, and overall quality of life. In this context, healthcare accessibility and financial protection become important components of health security. Ayushman Bharat therefore aims to strengthen human security by improving healthcare accessibility and reducing health-related financial risks.

Another important principle underlying the scheme is decentralization and accessibility of healthcare services. Large sections of the Indian population, especially those living in rural and semi-urban areas, often face difficulties in accessing healthcare institutions because of poor infrastructure and shortage of healthcare facilities. The scheme therefore aims to strengthen healthcare delivery systems and improve healthcare accessibility at different levels. Better healthcare infrastructure and effective healthcare administration are essential for improving public health conditions and reducing regional disparities in healthcare services.

The scheme also reflects the increasing role of the state in promoting public welfare and healthcare protection. Welfare states are expected to provide essential social services such as healthcare, education, and social security in order to improve the living conditions of citizens. Ayushman Bharat represents an important welfare initiative through which the government seeks to strengthen healthcare protection and reduce healthcare inequalities among different sections of society. Public healthcare programmes therefore become important instruments for ensuring social welfare and improving human development.

The conceptual foundation of Ayushman Bharat additionally highlights the importance of inclusive healthcare. Inclusive healthcare means ensuring equal healthcare opportunities for all individuals regardless of their economic, social, or regional background. Vulnerable groups such as poor households, women, elderly people, and marginalized communities are often more exposed to health-related insecurities because of limited healthcare accessibility and financial constraints. The scheme therefore attempts to extend healthcare benefits to these vulnerable populations and strengthen healthcare inclusion within society.

Thus, the conceptual foundation of Ayushman Bharat Yojana is based on the principles of human welfare, healthcare equality, financial protection, social justice, and inclusive development. The scheme seeks to strengthen health security by ensuring affordable and quality healthcare services for economically weaker populations. It also reflects the broader objectives of Universal Health Coverage and human development by promoting healthcare accessibility, reducing healthcare inequalities, and improving the overall well-being of society.

2.5 Structure and Components of Ayushman Bharat Yojana

Ayushman Bharat Yojana was introduced by the Government of India in 2018 as one of the largest public healthcare initiatives aimed at strengthening healthcare accessibility and improving health security among economically vulnerable populations. The scheme was launched with the broader objective of achieving Universal Health Coverage by providing affordable and quality healthcare services to disadvantaged sections of society. The structure of Ayushman Bharat was designed to create a comprehensive healthcare system that

combines primary, secondary, and tertiary healthcare services in order to improve public health conditions and reduce financial hardship caused by medical expenditure.

The structure of Ayushman Bharat Yojana is broadly divided into two major components: Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). These two components together aim to strengthen healthcare infrastructure, improve healthcare accessibility, and provide financial protection against high medical expenses. The scheme therefore adopts an integrated approach towards healthcare delivery and public welfare.

One of the major components of Ayushman Bharat is the establishment of Health and Wellness Centres. These centres were introduced with the objective of strengthening primary healthcare services at the grassroots level. The government aimed to transform existing sub-centres and primary healthcare centres into Health and Wellness Centres in order to provide comprehensive primary healthcare services to local communities. The main purpose of these centres is to ensure early diagnosis, preventive healthcare, disease management, maternal and child healthcare, vaccination services, and healthcare awareness programmes.

Health and Wellness Centres focus not only on curative healthcare but also on preventive and promotive healthcare services. These centres provide essential healthcare facilities related to communicable diseases, non-communicable diseases, maternal healthcare, child healthcare, mental health services, and basic diagnostic facilities. They also play an important role in spreading awareness regarding sanitation, nutrition, personal hygiene, and healthy lifestyles. Thus, Health and Wellness Centres aim to strengthen community-level healthcare systems and improve healthcare accessibility, particularly in rural and underserved areas.

The second major component of Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojana (PM-JAY). PM-JAY is a health insurance and financial protection scheme introduced to reduce the economic burden of medical treatment on poor and vulnerable households. Under this scheme, eligible beneficiary families receive financial coverage for hospitalization and medical treatment in empanelled public and private hospitals. The scheme was introduced primarily to protect economically weaker sections of society from catastrophic health expenditure and financial insecurity caused by serious illnesses.

PM-JAY provides annual health coverage of up to five lakh rupees per family for secondary and tertiary healthcare services. The scheme covers expenses related to hospitalization, surgery, medicines, diagnostic services, and other medical treatments. One important feature of PM-JAY is that there is no restriction on family size, age, or gender, which makes the scheme more inclusive in nature. The scheme therefore attempts to ensure wider healthcare coverage for vulnerable populations.

The beneficiaries of PM-JAY are mainly identified on the basis of socio-economic criteria. Rural and urban households belonging to economically weaker sections are included

under the scheme according to the Socio-Economic Caste Census data. The objective behind this selection process is to extend healthcare benefits to poor and marginalized communities that often face difficulties in obtaining proper medical treatment because of financial limitations.

Another important aspect of the structure of Ayushman Bharat is the empanelment of public and private hospitals under the scheme. Empanelled hospitals are authorized to provide medical treatment to beneficiaries according to the guidelines of PM-JAY. Beneficiaries can access cashless and paperless treatment facilities at these hospitals, which reduces administrative difficulties and financial burden during medical emergencies. This system also improves healthcare accessibility by increasing the availability of healthcare institutions under the scheme.

The implementation structure of Ayushman Bharat involves coordination between the central government and state governments. The National Health Authority is responsible for the overall administration and monitoring of PM-JAY at the national level, while State Health Agencies are responsible for implementation at the state level. These institutions oversee beneficiary identification, hospital empanelment, claim settlement, and monitoring of healthcare services provided under the scheme. Effective institutional coordination is therefore essential for the successful functioning of Ayushman Bharat.

Technology and digital healthcare management also form an important component of the scheme. Digital systems are used for beneficiary identification, verification, claim processing, and monitoring of healthcare services. The use of digital healthcare mechanisms improves transparency, administrative efficiency, and accessibility of healthcare services under the scheme. Online healthcare records and digital verification systems also help in reducing delays and improving service delivery.

Another significant feature of Ayushman Bharat is its emphasis on healthcare accessibility in rural and underserved regions. Large sections of the Indian population often face difficulties in accessing proper healthcare facilities because of poor infrastructure and shortage of healthcare institutions. Through Health and Wellness Centres and empanelled hospitals, the scheme attempts to improve healthcare delivery systems and reduce regional inequalities in healthcare accessibility.

The structure of Ayushman Bharat also reflects the broader objectives of public welfare and social justice. The scheme seeks to reduce inequalities in healthcare services by extending healthcare protection to economically weaker and socially vulnerable populations. Financial protection against high medical expenditure enables poor households to access healthcare services without severe economic hardship. In this regard, the scheme contributes to strengthening health security and improving the overall quality of life of individuals.

Despite its importance, the implementation of Ayushman Bharat also faces several challenges. Lack of healthcare infrastructure, shortage of trained medical personnel, limited

awareness among beneficiaries, and administrative difficulties continue to affect the effective functioning of the scheme in certain regions. Inadequate healthcare facilities in rural areas and unequal distribution of hospitals also create barriers to healthcare accessibility. Therefore, continuous improvement in healthcare infrastructure, awareness programmes, and institutional coordination is necessary for ensuring effective implementation of the scheme.

Thus, the structure of Ayushman Bharat Yojana reflects a comprehensive approach towards healthcare protection and public welfare. Through its two major components, Health and Wellness Centres and PM-JAY, the scheme aims to strengthen healthcare accessibility, improve preventive and curative healthcare services, and reduce the financial burden of medical expenditure on vulnerable populations. The scheme therefore plays an important role in promoting health security, social welfare, and inclusive healthcare development in India.

2.6 Ayushman Bharat Yojana in Assam

The implementation of Ayushman Bharat Yojana in Assam represents an important initiative towards strengthening healthcare accessibility and improving health security among economically weaker sections of society. Assam, being one of the major states of North-East India, faces several healthcare challenges such as inadequate healthcare infrastructure, shortage of medical professionals, uneven distribution of healthcare facilities, poverty, and limited access to advanced medical treatment in rural and remote regions. In this context, the implementation of Ayushman Bharat has become significant for improving healthcare services and reducing the financial burden associated with medical treatment among vulnerable populations.

Ayushman Bharat Yojana was introduced in Assam with the objective of providing affordable and accessible healthcare services to eligible beneficiary families. The scheme mainly focuses on extending financial protection for secondary and tertiary healthcare services and strengthening primary healthcare systems through Health and Wellness Centres. The Government of Assam has coordinated with the National Health Authority and other healthcare institutions for the effective implementation of the scheme across the state. Through this initiative, economically weaker households are able to access healthcare services without facing severe financial hardship.

The implementation of Ayushman Bharat in Assam mainly operates through two major components: Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana (PM-JAY). Health and Wellness Centres aim to strengthen primary healthcare services at the grassroots level by providing preventive, promotive, and basic curative healthcare facilities. These centres offer services related to maternal and child healthcare, vaccination, treatment of common diseases, health awareness programmes, and management of non-communicable diseases. Such healthcare services are especially important in rural areas where access to hospitals and specialized healthcare institutions remains limited.

The second major component, PM-JAY, provides financial coverage for hospitalization and medical treatment to eligible beneficiary families. Under this scheme, beneficiaries can avail themselves of cashless treatment facilities at empanelled public and private hospitals. The financial coverage provided under the scheme helps poor households reduce out-of-pocket medical expenditure, which is often one of the major causes of economic insecurity among vulnerable populations. The scheme therefore contributes significantly to improving health security and social welfare in Assam.

The Government of Assam has empanelled several public and private hospitals under Ayushman Bharat in order to expand healthcare accessibility throughout the state. Beneficiaries can receive medical treatment for various diseases and surgical procedures at these empanelled hospitals. The scheme covers expenses related to hospitalization, diagnostic services, medicines, surgery, and post-hospitalization care according to the guidelines established under PM-JAY. The availability of cashless treatment facilities has helped economically weaker households obtain healthcare services without depending heavily on loans or private borrowing.

Another important aspect of the implementation of Ayushman Bharat in Assam is the development of healthcare awareness among the population. Government departments, healthcare workers, local administrative institutions, and community organizations conduct awareness programmes to inform people about the benefits, eligibility criteria, and procedures associated with the scheme. Public awareness is particularly important in rural and semi-urban regions where lack of information often prevents eligible beneficiaries from utilizing welfare schemes effectively. Awareness campaigns therefore play an important role in improving healthcare utilization and expanding the reach of the programme.

The implementation of Ayushman Bharat has also contributed to strengthening institutional healthcare services in Assam. Increased healthcare coverage under the scheme has encouraged the improvement of healthcare facilities and service delivery systems in several hospitals. The scheme has further increased the utilization of public healthcare institutions by economically weaker populations who previously faced difficulties in obtaining advanced medical treatment because of financial constraints.

Despite these positive developments, the implementation of Ayushman Bharat in Assam continues to face several challenges. One of the major challenges is the inadequate healthcare infrastructure in many rural and remote areas of the state. Several regions continue to experience shortages of hospitals, doctors, nurses, medicines, diagnostic facilities, and emergency healthcare services. Poor transportation and communication facilities in remote areas also limit healthcare accessibility for many beneficiaries.

Another important challenge is the unequal distribution of healthcare institutions between urban and rural regions. Most advanced healthcare facilities and specialized hospitals are concentrated in urban centres, while rural populations often depend on limited

healthcare services. As a result, many beneficiaries from remote areas face difficulties in accessing empanelled hospitals and specialized medical treatment under the scheme.

Lack of awareness among certain sections of the population also affects the effective implementation of the programme. Some eligible beneficiaries remain unaware of registration procedures, healthcare benefits, and documentation requirements associated with the scheme. Administrative delays and technical difficulties during verification and claim processing sometimes create additional barriers for beneficiaries seeking treatment.

Financial and administrative challenges further affect the implementation process. Delays in claim settlement, shortage of healthcare personnel, and increasing pressure on healthcare institutions sometimes reduce the efficiency of service delivery under the scheme. Effective monitoring and institutional coordination are therefore necessary for improving the implementation of Ayushman Bharat in Assam.

The geographical conditions of Assam also create unique healthcare challenges. Frequent floods, river erosion, and poor connectivity in several districts often disrupt healthcare services and create difficulties in healthcare delivery. Such environmental and infrastructural problems particularly affect rural and marginalized communities and increase their vulnerability to health-related risks. In this regard, strengthening rural healthcare systems and improving healthcare infrastructure remain essential for ensuring effective healthcare protection in the state.

The implementation of Ayushman Bharat in Assam therefore requires continuous improvement in healthcare infrastructure, administrative efficiency, awareness programmes, and healthcare accessibility. Strengthening Health and Wellness Centres, increasing the number of empanelled hospitals, improving transportation and healthcare facilities in rural regions, and ensuring better institutional coordination are necessary for enhancing the effectiveness of the scheme.

Thus, Ayushman Bharat Yojana has emerged as an important healthcare welfare initiative in Assam for improving healthcare accessibility and strengthening health security among economically weaker populations. The scheme has contributed to reducing the financial burden associated with medical treatment and expanding healthcare services across different regions of the state. Although several challenges continue to affect its implementation, the programme plays a significant role in promoting social welfare, healthcare protection, and inclusive healthcare development in Assam.

Chapter 3

Socio-Economic and Healthcare Profile of the Study Area

Introduction

This chapter presents the socio-economic and healthcare profile of the study area, namely Ward No. 13 of Nalbari. An understanding of the socio-economic and healthcare conditions of the people is essential for analysing the implementation and impact of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in the study area. The socio-economic background of the population plays an important role in determining their access to healthcare services, awareness regarding government welfare schemes, and utilisation of public health programmes.

The chapter provides a detailed description of the geographical location, historical background, demographic composition, economic conditions, and healthcare infrastructure of the study area. It also highlights the general health conditions and healthcare awareness among the local population. These aspects are important for understanding the living conditions of the people and the availability of healthcare services in the area.

Healthcare infrastructure and socio-economic conditions significantly influence the effectiveness of public health schemes. Therefore, an assessment of the study area is necessary to examine whether the benefits of PM-JAY are reaching the intended beneficiaries and contributing towards health security. The chapter also discusses the presence and awareness of Ayushman Bharat PM-JAY among the residents of Ward No. 13.

Overall, this chapter provides the background framework for analysing the implementation, utilisation, and impact of PM-JAY, which is discussed in detail in the subsequent chapter.

3.1Geographical Location of the Study Area

The present study was conducted in Ward No. 13 of Nalbari, which is located in the Nalbari district of Assam. Nalbari serves as the administrative headquarters of the district and is regarded as one of the important urban centres of lower Assam. The district is situated in the Brahmaputra Valley region and is bounded by Baksa district in the north, Barpeta district in the west, and Kamrup district in the south and east.

Nalbari Town has developed as an important educational, commercial, and administrative centre of the district. The town is well connected through road and railway networks, which facilitate transportation and communication for the local population. The

availability of transportation facilities and public services has contributed significantly to the socio-economic development of the area.

Ward No. 13 is primarily a residential locality consisting of people belonging to different socio-economic backgrounds. The residents are engaged in various occupations such as government service, private employment, business, agriculture, and daily wage labour. The area reflects both urban and semi-urban characteristics in terms of infrastructure, public services, and living conditions.

The study area has access to basic civic amenities such as roads, electricity, educational institutions, markets, drinking water facilities, and healthcare services. Several government and private healthcare institutions are located within or near the town, providing medical services to the local population. The geographical and socio-economic conditions of the area make it suitable for examining the implementation and impact of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana on health security among the people.

3.2Historical Background of Nalbari Town

Nalbari is regarded as one of the prominent towns of lower Assam and currently serves as the administrative headquarters of Nalbari district. The town has gradually evolved into an important centre of administration, education, trade, and public services. Over the years, the area has experienced significant social and economic transformation, which has contributed to its present urban character. The name “Nalbari” is traditionally associated with the Assamese words “Nal” population. Rural life and agricultural practices strongly influenced the socio-economic structure of the region during the early period.

Gradual improvement in transportation and communication facilities contributed significantly to the development of Nalbari Town. The expansion of roads and railway connectivity improved communication with neighbouring districts and other parts of Assam. As connectivity increased, commercial activities, public services, and administrative functions also expanded. Markets, educational institutions, healthcare centres, and government establishments developed gradually, encouraging urban growth and increasing the importance of the town within the region.

An important phase in the administrative history of Nalbari began in 1985 when the district was officially created after being separated from the undivided Kamrup district. The formation of the district increased the administrative significance of Nalbari Town and accelerated infrastructural development. Following this administrative change, several district-level government offices and public institutions were established, contributing to the expansion of educational, healthcare, and commercial facilities.

Education has played a vital role in the development of the town. Over time, a number of schools, colleges, and other educational institutions were established, which helped

improve literacy and educational awareness among the people. Students from nearby rural and semi-urban areas also depend on Nalbari Town for educational opportunities. The educational growth of the town has contributed to social development and increased public awareness regarding health, sanitation, and welfare programmes.

Healthcare facilities in Nalbari Town have also expanded gradually. Government hospitals, private clinics, pharmacies, and diagnostic centres provide healthcare services to the residents of the town as well as nearby rural areas. The availability of healthcare institutions has improved access to medical treatment, although certain sections of the population still face difficulties related to healthcare affordability and accessibility.

At present, Nalbari Town exhibits both urban and semi-urban characteristics in terms of occupation, infrastructure, and living conditions. The residents are engaged in different occupations such as government service, private employment, business, agriculture, and daily wage labour. Despite developmental progress, some sections of the population continue to face socio-economic difficulties and healthcare-related challenges, particularly regarding rising medical expenditure and unequal access to quality healthcare services.

In recent years, various public welfare and healthcare programmes have been introduced by the government to improve healthcare accessibility and social security among the people. Among these initiatives, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has emerged as an important healthcare scheme aimed at providing financial protection and medical assistance to economically weaker sections of society. Therefore, Ward No. 13 of Nalbari Town provides a suitable setting for examining the implementation and impact of PM-JAY on the health security of the local population.

Overall, the historical development and socio-economic transformation of Nalbari Town have influenced the present healthcare environment and living conditions of the study area. The town continues to play an important role in the educational, administrative, and economic activities of the district while also facing several developmental and public health challenges associated with urbanisation and population growth.

3.3 Demographic and Socio-Economic Profile of the Respondents

The demographic and socio-economic profile of the respondents provides an understanding of the social and economic background of the people living in the study area. Factors such as age, occupation, and income influence healthcare accessibility, awareness regarding government welfare schemes, and the financial capacity of households to manage medical expenses.

For the purpose of the study, 35 respondents were selected from Ward No. 13 through field survey methods. The respondents belonged to different age groups and occupational backgrounds. The collected data reflects the socio-economic diversity of the study area.

Table 3.1: Age Distribution of Respondents (n=35)

Age Group	Number of Respondents	Percentage (%)
18–30 years	7	20.0
31–45 years	13	37.1
46–60 years	10	28.6
Above 60 years	5	14.3
Total	35	**100.0**

Source: Field Survey, 2026

The above table shows that the respondents belong to different age groups. A significant number of respondents belong to the age group of 31–45 years, followed by 46–60 years. The age composition of the respondents is important because healthcare needs and healthcare expenditure generally increase with age. Elderly respondents were found to require more regular medical attention and healthcare support.

Table 3.2: Occupational Profile of Respondents (n=35)

Occupation	Number of Respondents	Percentage (%)
Daily Wage Worker / Labourer	13	37.1
Small Business / Self-employed	9	25.7
Homemaker	7	20.0
Marginal Farmer	6	17.1
Total	35	100

Source: Field Survey, 2026

The occupational structure of the respondents indicates that many households depend on daily wage labour, small business activities, and agriculture for their livelihood. During

the field survey, it was observed that most respondents belong to economically weaker and middle-income groups. Due to limited and irregular income, several families face financial difficulties during medical emergencies and costly treatment procedures. Therefore, public healthcare schemes such as Ayushman Bharat PM-JAY play an important role in reducing healthcare expenditure and providing financial support to vulnerable households.

Overall, the demographic and socio-economic condition of the respondents reflects the mixed social and economic character of the study area. The findings indicate that occupation, age, and economic condition influence healthcare accessibility and treatment-related decisions among the respondents.

3.4 Healthcare Facilities in the Study Area

Healthcare facilities play an important role in maintaining public health and ensuring the well-being of the people. The availability of hospitals, clinics, pharmacies, diagnostic centres, and healthcare workers directly influences healthcare accessibility and treatment facilities among the residents. Ward No. 13 of Nalbari has access to different government and private healthcare institutions that provide medical treatment and healthcare support to the local population. Since Nalbari Town functions as the district headquarters, the study area possesses comparatively better healthcare facilities than many nearby rural areas.

During the field survey, it was observed that the residents of the study area depend on both government and private healthcare institutions for medical treatment. Among the government healthcare institutions, SMK Civil Hospital, Nalbari, Ghograpar FRU, and Nalbari Medical College and Hospital play important roles in providing healthcare services to the people. These institutions provide outpatient services, emergency treatment, maternity care, vaccination facilities, indoor admission, and other basic medical services. Many respondents stated that they prefer government hospitals during serious illness and hospitalisation because treatment expenses are comparatively affordable.

The study area also has several private clinics, nursing homes, pharmacies, and diagnostic centres that provide healthcare services to the residents. During the field survey, many respondents stated that they visit private hospitals and clinics for quicker medical consultation and emergency treatment because private healthcare institutions generally provide faster services and shorter waiting periods. However, private healthcare services are comparatively expensive and often create financial pressure on economically weaker households.

It was also observed during the study that some healthcare institutions are connected with Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and provide cashless treatment facilities for eligible beneficiaries. Respondents stated that the scheme has helped several economically weaker families during hospitalisation and major treatment procedures. However, some respondents mentioned that only a limited number of nearby private

healthcare institutions are empanelled under PM-JAY. As a result, patients sometimes travel to larger hospitals in Guwahati for advanced and specialised treatment. Transportation and additional medical expenses often create financial difficulties for low-income families.

Pharmacies, medicine shops, and diagnostic centres are comparatively accessible within the town area and help residents obtain medicines and healthcare services easily. Most respondents stated that diagnostic facilities and medicines are available within Nalbari Town. However, respondents also reported that PM-JAY mainly covers hospitalisation expenses and does not provide financial support for regular outpatient medicine purchases and post-treatment medical expenses.

Healthcare workers such as nurses, ASHA workers, and other frontline health personnel also contribute significantly towards healthcare awareness and public health activities within the locality. They help in spreading awareness regarding sanitation, vaccination, maternal healthcare, and government healthcare schemes among the people.

Overall, the healthcare facilities available in the study area present a mixed picture of healthcare accessibility and healthcare-related challenges. Although both government and private healthcare institutions provide important medical services to the residents, financial limitations and limited access to specialised healthcare facilities continue to affect several households in the locality.

3.5 Health Conditions and Healthcare Awareness among the Residents

Health conditions and healthcare awareness are important indicators of the overall well-being of the people in a society. The health status of the residents of Ward No. 13 of Nalbari is influenced by various social, economic, and environmental factors. During the field survey, it was observed that the people of the study area experience both common seasonal illnesses and long-term health problems. Fever, cough, cold, gastric problems, blood pressure, diabetes, and other age-related diseases were found to be common among many households.

The health condition of the residents is also influenced by food habits, sanitation, environmental conditions, and access to healthcare facilities. Some respondents stated that unhealthy lifestyle practices, irregular medical check-ups, and increasing stress contribute to health-related problems among the people. Elderly persons were found to be more vulnerable to chronic diseases and regular medical treatment requirements.

During the field study, it was observed that most families seek medical treatment whenever serious illness occurs. Many respondents stated that they visit private clinics for immediate consultation, while government hospitals are generally preferred for major treatment and hospitalisation because treatment expenses are comparatively affordable.

However, increasing healthcare costs, medicine expenses, and diagnostic charges continue to create financial pressure on economically weaker households.

Healthcare awareness among the residents of the study area was found to be comparatively satisfactory. Most respondents possessed basic knowledge regarding personal hygiene, sanitation, vaccination, and the importance of medical treatment. Awareness regarding government healthcare schemes has also increased gradually among the people due to the role of healthcare workers, media, and local awareness programmes.

During the field survey, it was found that most respondents were aware of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and had basic knowledge regarding the benefits provided under the scheme. Many respondents stated that the scheme is beneficial for economically weaker sections of society because it provides financial support during medical emergencies and hospitalisation. However, some respondents were not fully aware of the detailed procedures and treatment facilities available under the scheme.

Healthcare workers such as ASHA workers, nurses, and other frontline health personnel also play an important role in spreading healthcare awareness within the locality. They help in informing people regarding sanitation, vaccination, maternal healthcare, and various government healthcare programmes. Their contribution has improved healthcare awareness and encouraged people to seek medical treatment more actively.

Overall, the health conditions and healthcare awareness among the residents of the study area present a mixed picture of healthcare progress and healthcare-related challenges. Although awareness regarding healthcare and government schemes has improved significantly, financial difficulties and increasing healthcare expenditure continue to affect several households in the locality.

3.6 Presence and Awareness of PM-JAY in the Study Area

The presence and awareness of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in the study area is an important aspect of the present study. PM-JAY is one of the major public healthcare schemes introduced by the Government of India with the objective of providing financial protection and healthcare support to economically weaker sections of society. The scheme aims to reduce the financial burden of hospitalisation and improve access to quality healthcare services among vulnerable households.

During the field survey, it was observed that most respondents were aware of the Ayushman Bharat PM-JAY scheme and possessed basic knowledge regarding its healthcare benefits. Many respondents stated that they came to know about the scheme through healthcare workers, local authorities, media, and social interaction within the community. Awareness programmes conducted by ASHA workers and healthcare personnel also helped in spreading information regarding the scheme among the residents.

It was found during the study that several households in the locality possessed Ayushman Bharat cards and were aware that the scheme provides financial assistance during hospitalisation and major medical treatment. Many respondents believed that the scheme is beneficial for poor and economically weaker families because it reduces healthcare expenditure during serious illness. Some respondents also stated that PM-JAY has increased their confidence in seeking medical treatment from empanelled hospitals.

However, the field survey also revealed that some respondents were not fully aware of the detailed procedures, eligibility criteria, and treatment facilities available under the scheme. A few respondents mentioned that they faced confusion regarding the use of the card, empanelled hospitals, and documentation procedures during treatment. In some cases, lack of complete information limited the effective utilisation of the scheme among the beneficiaries.

Respondents further stated that the scheme mainly supports hospitalization expenses, while regular outpatient treatment, medicine purchases, transportation costs, and post-treatment medical expenses still create financial pressure on several households. Despite these limitations, most respondents viewed PM-JAY positively and considered it an important healthcare support scheme for economically weaker sections of society.

Overall, the presence and awareness of PM-JAY in the study area were found to be comparatively satisfactory. The scheme has contributed towards increasing healthcare awareness and improving financial protection during medical emergencies among many households in the locality.

3.7 Conclusion

The present chapter discussed the socio-economic and healthcare profile of Ward No. 13 of Nalbari. The findings of the study reveal that the respondents belong to different socio-economic backgrounds and experience various healthcare-related challenges. The study area possesses both government and private healthcare facilities that provide medical services to the local population.

The chapter also showed that healthcare awareness among the residents has gradually improved over the years. Most respondents were found to possess basic knowledge regarding sanitation, medical treatment, and government healthcare schemes. Awareness regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana was also found to be comparatively satisfactory among the respondents.

However, increasing healthcare expenditure, medicine costs, transportation expenses, and limited access to specialized healthcare services continue to create difficulties for economically weaker households. Although PM-JAY has helped several families during

hospitalization and medical emergencies, certain limitations regarding awareness and accessibility still remain among the beneficiaries.

Overall, the chapter provides an understanding of the socio-economic condition, healthcare facilities, health awareness, and the presence of PM-JAY in the study area. The information presented in this chapter forms the background for analyzing the implementation and impact of PM-JAY in the following chapter.

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CHAPTER 4

Implementation and Impact of Ayushman Bharat in the Study Area: An Analysis

Introduction

The success of any public welfare programme largely depends on its effective implementation and the extent to which people are able to access and benefit from its provisions. In the healthcare sector, proper execution of government schemes is essential for improving access to medical services and reducing the financial burden associated with illness and hospitalization. Healthcare programmes are particularly significant for economically weaker sections of society, who often face difficulties in obtaining timely and quality treatment due to financial constraints.

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) was introduced by the Government of India with the objective of providing financial protection and improving access to healthcare services for vulnerable families. The scheme aims to ensure that eligible beneficiaries receive cashless treatment for secondary and tertiary healthcare services without facing catastrophic medical expenditure. Since its introduction, PM-JAY has emerged as a major healthcare initiative focused on strengthening health security and promoting equitable access to healthcare facilities across the country.

However, the effectiveness of the scheme depends on several factors such as public awareness, enrolment, accessibility of empanelled hospitals, and actual utilization of services. Therefore, it is important to examine how the scheme functions at the grassroots level and whether it is able to meet the healthcare needs of the beneficiaries.

The present chapter analyses the implementation and impact of PM-JAY in Ward No. 13 of Nalbari Town. It focuses on the level of awareness among respondents, enrolment and utilization patterns, accessibility of healthcare services, and the overall impact of the scheme on medical expenditure and health security. The chapter also highlights the challenges faced by beneficiaries in availing services under the scheme. The analysis is based on primary data collected from the field survey, providing a clear understanding of the practical functioning of PM-JAY in the study area.

4.1 Historical Development of Health Security Policies in India

The development of health security policies in India reflects a long and continuous process of reforms aimed at improving access to healthcare services and reducing the financial burden of medical treatment on individuals and households. Over time, the Indian health system has gradually moved from a basic service delivery model to a more structured approach that includes concerns of equity, affordability, and financial protection. However,

despite several policy initiatives, ensuring effective health security for all sections of society has remained a major challenge.

4.1.1 Early Public Health System

In the immediate post-independence era, the Government of India was faced with the monumental task of constructing a foundational public healthcare architecture from the ground up as a core component of its national development planning. The overarching policy objective during this initial phase was to establish basic, institutionalized medical services for a population heavily burdened by infectious diseases, with a particular emphasis on serving remote, rural, and historically underserved geographies.

To operationalize this vision, the state initiated the phased development of a three-tiered public healthcare network consisting of Primary Health Centres (PHCs), sub-centres, and secondary-level district hospitals. These public institutions were mandated to deliver essential preventive, promotive, and basic curative health services. Administrative and financial resources were largely directed toward the execution of vertical national programs aimed at controlling widespread communicable diseases—such as malaria, tuberculosis, and smallpox—alongside efforts to lower infant and maternal mortality through expanded immunization and basic maternal care.

However, this early healthcare architecture suffered from deep structural flaws. Because the system was designed primarily as a basic service-delivery mechanism, it lacked any integrated or institutionalized financial protection apparatus to cushion citizens against specialized medical costs. Consequently, whenever individuals required secondary or tertiary hospitalization, or when they were forced to seek treatment from private entities due to public sector supply constraints, the financial burden fell entirely on the household. This systemic reliance on direct cash outlays created a highly regressive healthcare financing environment, exposing economically vulnerable families to severe, unmitigated financial shocks during times of major illness.

4.1. 2 Bhore Committee Recommendations

The conceptual blueprint and institutional foundation of India's modern public health paradigm can be traced back to the landmark Health Survey and Development Committee Report of 1946, popularly known as the Bhore Committee Report. Formulated just prior to independence, this visionary document strongly argued that health is an fundamental right and recommended the creation of a comprehensive, state-funded, and highly integrated healthcare delivery system. The committee insisted that medical services should be universally accessible to all citizens irrespective of their socio-economic status or ability to pay, positioning a robust primary healthcare network as the strategic backbone of the entire national health system.

The structural recommendations of the Bhore Committee profoundly influenced India's early state-led health planning and provided the justification for the initial expansion of rural health infrastructure during the early Five-Year Plans. However, a significant gap quickly emerged between the committee's idealized vision and the ground realities of post-colonial India. Constrained by severe fiscal limitations, competing macroeconomic priorities, and institutional capacity deficits, the state was unable to fully finance or scale the comprehensive model envisioned in the report. As a result, the ideal of a truly universal, fully accessible, and state-backed healthcare system remained only partially realized, leaving the structural vulnerabilities of the public health apparatus unresolved for decades.

4.1.3 Five-Year Plans and Expansion of Health Infrastructure

Throughout the planning era, health security was systematically integrated into the broader framework of India's Five-Year Plans, reflecting the state's recognition of public health as a determinant of macroeconomic productivity and human capital development. During these successive planning cycles, the state directed public investments toward expanding the physical infrastructure of healthcare, scaling up tertiary-level public hospitals, funding medical education to build a professional workforce, and strengthening the reach of rural health networks.

The policy focus during these decades was heavily weighted toward supply-side infrastructure development and the containment of major communicable disease epidemics, such as cholera, malaria, and tuberculosis. To execute these priorities, the government launched targeted, centrally sponsored national health programs designed to provide vertical interventions for specific demographic groups and disease profiles.

While these capital investments successfully expanded the physical availability and geographical footprint of health services across the country, they did not address the demand-side financial vulnerabilities of patients. Public sector health financing remained consistently inadequate, failing to match the rapid demographic growth of the population. As a consequence, public facilities faced persistent shortages of diagnostic equipment, essential pharmaceuticals, and specialized personnel.

4.1.4 National Health Policy, 1983

The adoption of the National Health Policy (NHP) of 1983 marked a historic milestone, serving as the country's first formal, integrated policy framework dedicated exclusively to long-term health planning. Launched in the wake of India's commitment to the international Alma-Ata Declaration, the central objective of NHP 1983 was to achieve the global mandate of "Health for All" by the year 2000. The policy sought to realize this goal by structurally shifting priorities away from urban-centric, curative hospital models toward a decentralized, primary healthcare approach.

NHP 1983 prioritized the rapid expansion of the rural healthcare infrastructure, emphasizing the optimization of preventive and promotive services alongside basic maternal and child health interventions. Furthermore, it introduced the concept of community participation, seeking to train and deploy community health volunteers to bridge the systemic gap between institutional public health facilities and grassroots populations.

Despite providing a progressive philosophical blueprint, the implementation of NHP 1983 was severely hindered by a lack of macroeconomic commitment. The policy was constrained by chronically low budgetary allocations from both central and state governments, alongside weak institutional mechanisms to enforce accountability. Crucially, NHP 1983 failed to recognize the looming economic threat of rising healthcare costs, completely omitting any structured system of public health insurance, third-party pooling, or state-sponsored financial protection against catastrophic medical inflation.

4.1. 5 National Health Policy, 2002

By the turn of the century, the structural landscape of Indian healthcare had undergone an problematic transformation, necessitating the formulation of the National Health Policy (NHP) of 2002. This policy framework marked an important departure from earlier paradigms, as it formally acknowledged the state's failure to adequately fund public health, which had triggered a rapid, unregulated expansion of private sector healthcare providers. NHP 2002 explicitly recognized that the contemporary healthcare system was plagued by severe regional imbalances and a dramatic rise in the cost of medical treatments.

A central focus of NHP 2002 was the alarming escalation of out-of-pocket expenditure (OOPE), which had emerged as a leading driver of secondary impoverishment among Indian households. The policy documented that serious illnesses and unexpected hospitalizations frequently resulted in acute financial distress, forcing vulnerable families into cycles of debt through high-interest borrowing or the distress sale of productive assets.

To counter this crisis, NHP 2002 advocated for an incremental increase in public health investments, a commitment to equity in healthcare delivery, and the optimization of public infrastructure accessibility. Furthermore, it suggested a pragmatic partnership with the private sector to bridge availability gaps. However, despite its accurate diagnosis of the financial hardships facing citizens, NHP 2002 fell short of implementing a universal solution; financial risk-protection mechanisms remained highly fragmented, poorly funded, and unevenly deployed across states.

4.1.6 National Rural Health Mission (2005)

To address the rural health crisis, the Government of India launched the National Rural Health Mission (NRHM) in 2005, which stands as one of the most ambitious public health interventions in the nation's history. The primary objective of NRHM was to carry out

a comprehensive structural correction of the public healthcare delivery system, specifically focusing on improving the architectural quality, functional reliability, and overall accessibility of healthcare in rural and remote regions.

A defining feature of NRHM was the introduction of the Accredited Social Health Activist (ASHA) program, which deployed trained female community health workers to act as a direct liaison between rural households and the formal public health apparatus. ASHA workers played a transformative role in driving grassroots health literacy, mobilizing communities for routine immunizations, and encouraging institutional deliveries through conditional cash transfer schemes like the Janani Suraksha Yojana (JSY).

Additionally, NRHM injected substantial capital to upgrade Primary Health Centres (PHCs) and Community Health Centres (CHCs) to meet Indian Public Health Standards (IPHS). While NRHM achieved remarkable success in improving key maternal and child health indicators and upgrading supply-side primary infrastructure, it was fundamentally limited in scope. The mission remained predominantly focused on primary service delivery and reproductive-child health; it did not provide an integrated, comprehensive financial protection mechanism to shield poor families from the exorbitant expenses associated with tertiary inpatient hospitalization and complex surgical procedures.

4.1.7 National Health Mission

The National Health Mission (NHM) was launched by the Government of India in 2013 as an umbrella programme by integrating the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main objective of NHM is to provide equitable, affordable, and quality healthcare services to both rural and urban populations of the country.

A major focus of NHM is to strengthen the public healthcare system, especially at the primary level. It aims to improve the functioning of Primary Health Centres (PHCs), Community Health Centres (CHCs), and district hospitals by enhancing infrastructure, increasing manpower, and ensuring the availability of essential health services.

The mission places strong emphasis on reducing regional and social inequalities in healthcare access. Special attention is given to vulnerable sections of society such as the poor, women, children, elderly persons, and marginalized communities.

NHM also focuses on improving maternal and child health services, controlling communicable and non-communicable diseases, and promoting preventive healthcare practices. It encourages early diagnosis and timely treatment through strengthened primary healthcare facilities.

Despite these improvements, one of the key limitations of NHM is that it mainly focuses on service delivery and infrastructure development. It does not provide comprehensive financial protection against high medical expenses such as hospitalization and specialized treatment. As a result, many households still face out-of-pocket expenditure during serious illness.

Overall, the National Health Mission represents an important step in improving healthcare access in India. It has strengthened the healthcare delivery system, but challenges related to financial security and equitable access to advanced treatment still remain.

4.1.8 National Health Policy, 2017

The formulation of the National Health Policy (NHP) of 2017 represented a major paradigm shift in India's public health strategy, aligning national priorities with the global Sustainable Development Goals (SDGs) to achieve Universal Health Coverage (UHC). This modern policy framework was explicitly designed to address the challenges of the twenty-first-century Indian demographic transition, marked by escalating healthcare inflation, an exponential rise in chronic non-communicable diseases (such as diabetes, cardiovascular conditions, and malignancies), and persistent socioeconomic inequalities in care accessibility.

The primary objective of NHP 2017 was to significantly reduce the incidence of out-of-pocket expenditures and establish robust financial protection for households, ensuring that no citizen faces economic ruin or secondary poverty due to medical crises. Mechanistically, the policy proposed a two-pronged structural strategy:

- Comprehensive Primary Care Transformation: It advocated for upgrading the existing network of sub-centres and primary health centres into fully functional Health and Wellness Centres (HWCs). These upgraded centres were mandated to expand the basket of primary care to include free diagnostic services, essential drugs, and long-term care for chronic non-communicable conditions directly at the community level.
- Strategic Purchasing and System Integration: The policy explicitly recommended increasing government health expenditures to 2.5% of the GDP and supported the strategic purchasing of secondary and tertiary care services through an integrated public-private framework to optimize efficiency and geographical reach.

By placing special focus on the poor, elderly, women, and marginalized rural populations, NHP 2017 marked the formal transition of the Indian health apparatus away from a siloed, facility-centric model toward a comprehensive, health-security-oriented system. This framework laid the direct policy foundations for the subsequent launch of the Ayushman Bharat program, bridging the historical gap between healthcare access and comprehensive financial risk protection.

4.2.Need for a New Health Security Approach in India

The need for a new health security approach in India arises from several persistent challenges in the healthcare system that could not be fully addressed by earlier policies. Although successive health programmes have contributed to the expansion of healthcare infrastructure and improvement of basic services, significant gaps remain in ensuring financial protection, equitable access, and affordable treatment for all sections of society.

One of the major reasons for the need of a new approach is the high out-of-pocket expenditure on healthcare. A large proportion of healthcare spending in India is still directly borne by individuals at the time of treatment. In cases of serious illness or hospitalisation, this often leads to heavy financial pressure on households, forcing many families to borrow money, sell assets, or fall into debt. This situation highlights the absence of strong financial risk protection in the earlier healthcare system.

Another important factor is the growing burden of diseases and changing health conditions. India is now facing a dual burden of communicable and non-communicable diseases. Chronic illnesses such as diabetes, heart disease, and cancer require long-term and expensive treatment. Earlier health policies were primarily designed to address basic healthcare needs and infectious diseases, and therefore were not fully adequate to manage these emerging health challenges.

In addition, there exists a clear inequality in access to healthcare services between rural and urban areas, as well as between different socio-economic groups. People living in rural and remote areas often face difficulties in accessing quality healthcare due to lack of hospitals, shortage of medical staff, and poor infrastructure. This unequal distribution of healthcare facilities further increases the need for a more inclusive and balanced health security system.

Furthermore, earlier healthcare programmes largely focused on service delivery and infrastructure development, but paid less attention to comprehensive financial protection mechanisms. As a result, even when healthcare services were available; many people could not afford advanced or hospital-based treatment.

In this context, there was a clear need for a more comprehensive and integrated health security approach that not only improves access to healthcare services but also provides financial protection against high medical expenses. This need ultimately led to the introduction of more structured health protection mechanisms aimed at achieving universal health coverage and improving overall health security for vulnerable populations.

4.3. Overview of Ayushman Bharat Programme: Structure, Significance, and Limitations

Ayushman Bharat is a flagship healthcare initiative launched by the Government of India with the objective of achieving universal health coverage and strengthening health security for economically vulnerable sections of society. The programme represents a major policy shift from a limited service delivery approach to a more comprehensive healthcare model that integrates primary healthcare services with financial protection for secondary and tertiary medical care.

The structure of Ayushman Bharat is based on two interrelated components, namely Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY). Together, these two components aim to provide a continuum of care, beginning from primary health services at the community level and extending to advanced hospital-based treatment.

4.3.1 Health and Wellness Centres (HWCs): Strengthening Primary Healthcare Delivery

Health and Wellness Centres constitute the primary healthcare component of Ayushman Bharat. These centres are established to upgrade existing primary health infrastructure and expand the range of services available at the grassroots level.

HWCs are designed to provide comprehensive primary healthcare services, including preventive, promotive, curative, rehabilitative, and palliative care. They offer services such as maternal and child healthcare, immunization, routine health check-ups, management of common diseases, and early detection of chronic conditions.

Significance of HWCs

HWCs play a crucial role in improving accessibility to healthcare by bringing essential services closer to the community. This reduces travel distance, waiting time, and associated costs for patients, particularly in rural and remote areas.

They also promote preventive healthcare and health awareness, which helps in early identification of diseases and reduces long-term medical complications. By handling basic health issues at the primary level, HWCs reduce the burden on secondary and tertiary hospitals, thereby improving overall efficiency of the healthcare system.

Operational Constraints of HWCs

Despite their importance, HWCs face several implementation challenges. These include shortage of healthcare personnel, inadequate infrastructure, and irregular availability of essential medicines and diagnostic facilities in many locations.

Moreover, HWCs are limited to primary healthcare services and are not equipped to manage serious or specialized medical conditions. As a result, patients often need referral to higher-level hospitals for advanced treatment.

4.3.2 Pradhan Mantri Jan Arogya Yojana (PM-JAY): Financial Protection Mechanism

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) serves as the demand-side, health insurance pillar of the Ayushman Bharat initiative. Positioned as a major publicly funded health insurance scheme, PM-JAY provides financial protection to eligible families by offering cashless, paperless access to secondary and tertiary inpatient services across a network of empanelled public and private healthcare institutions. By covering high-cost medical treatments, surgeries, and specialized diagnostics, the scheme aims to reduce out-of-pocket healthcare expenses and prevent low-income households from falling into poverty due to medical crises.

Benefits of Ayushman Bharat

The implementation of the Ayushman Bharat programme has introduced structural improvements to India's public health paradigm by establishing a decentralized network of Health and Wellness Centres closer to marginalized populations. This strategic shift has lowered the geographic and logistical barriers that previously forced rural and semi-urban communities to travel extensive distances for basic care, thereby democratizing medical access at the grassroots level. Concurrently, the institutional upgrade of local sub-centres into functional HWCs has broadened primary healthcare delivery by integrating routine maternal and child health interventions with proactive preventive screenings and early management for chronic, non-communicable conditions. This comprehensive approach facilitates early clinical diagnosis, improves public health indicators, and prevents minor health issues from degenerating into more serious conditions.

Beyond primary care, the programme provides vital financial risk protection to vulnerable, low-income households through its demand-side financing vehicle, PM-JAY. By facilitating completely cashless and paperless hospitalization for major medical treatments and surgeries, the scheme shields families from immediate economic shocks, reducing their reliance on high-interest informal loans or the forced liquidation of productive household assets. Furthermore, PM-JAY expands patient choice and improves treatment quality by empanelling a diverse mix of both public facilities and private multi-specialty hospitals. This integration allows lower-income beneficiaries to access specialized secondary and tertiary clinical services that were historically unavailable due to supply-side shortages in underfunded public hospital networks. Ultimately, by absorbing core medical costs and reducing financial barriers to treatment, the programme fosters overall economic stability among vulnerable groups, encouraging timely medical consultation and strengthening long-term household resilience.

Criticisms and Limitations of Ayushman Bharat

Despite its advantages, the programme encounters several serious operational bottlenecks, beginning with a persistent deficit in detailed awareness among eligible beneficiaries, particularly within remote rural and illiterate populations. While many families may know of the card's existence, significant numbers remain unaware of their exact eligibility status, the full scope of the clinical benefits package, or the correct administrative workflows required to successfully utilize the scheme during hospital admission. This information gap is compounded by a major structural omission: while PM-JAY offers financial protection for secondary and tertiary inpatient hospitalization, it completely excludes outpatient department (OPD) costs, such as routine consultations, external diagnostic tests, and post-discharge pharmaceutical expenses. Because outpatient care makes up a substantial portion of total out-of-pocket spending in India, this exclusion continues to leave a heavy financial burden on poor households.

On the supply side, the primary care pillar faces systemic operational constraints, including chronic shortages of trained medical personnel, qualified doctors, and community health officers within rural HWCs. These human resource shortages are frequently exacerbated by inconsistent supply chains for essential medicines and weak diagnostic infrastructure, which collectively lower the quality and reliability of grassroots primary care. Furthermore, the execution and impact of the programme vary significantly across different states and districts, leading to major regional imbalances. Regions characterized by historically weak public health infrastructure or a sparse presence of empanelled private multi-specialty hospitals demonstrate much lower utilization rates, resulting in an unequal distribution of health benefits across geographic regions. Finally, beneficiaries frequently encounter localized administrative friction, including biometric authentication failures, data errors during card verification, complex hospital pre-authorization workflows, and a shortage of active empanelled facilities in remote areas. These operational challenges can cause stressful delays during emergency admissions, lowering the overall efficiency of the scheme at the point of care.

4.4. Data Analysis

This section presents the analysis and interpretation of primary data collected from Ward No. 13, Nalbari Town, Assam. The objective is to examine the implementation and impact of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in terms of awareness, possession of Ayushman cards, utilisation of benefits, and its overall contribution to health security among the respondents. The analysis is based on responses obtained from 35 selected households.

4.4.1.Awareness of PM-JAY among the Respondents

Awareness is an important factor in determining the effective implementation and utilization of any welfare scheme. During the field survey conducted in Ward No. 13 of Nalbari Town, it was found that all respondents were aware of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) and possessed Ayushman Bharat cards. This indicates that the scheme has achieved a significant level of outreach among the eligible population in the study area.

The respondents obtained information about the scheme from various sources, including ASHA workers, healthcare personnel, Common Service Centres (CSCs), local awareness campaigns, hospitals, relatives, and community members. The role of frontline health workers and local institutions was found to be particularly important in spreading information regarding the scheme and encouraging eligible households to register.

Although all respondents were familiar with the existence of PM-JAY, their level of understanding regarding the detailed provisions of the scheme varied. Most respondents were aware that the scheme provides financial assistance for hospitalization and major medical treatment. However, some beneficiaries had limited knowledge about the full range of services covered under the programme, the procedures for availing benefits, and the list of empanelled hospitals.

The field survey also revealed that awareness was generally higher among respondents who had previously utilized the scheme for medical treatment. Beneficiaries who had used the Ayushman card were more familiar with the registration process, treatment facilities, and benefits available under PM-JAY. In contrast, respondents who possessed the card but had never used it were often less informed about the practical aspects of the scheme.

Overall, the findings indicate that awareness of PM-JAY among the respondents is relatively high. However, there remains a need for continuous awareness programmes to improve beneficiaries' understanding of the scheme and to ensure its effective utilization for healthcare services.

Awareness Level	Number of Respondents	Percentage (%)
Aware of PM-jay	35	100.0
Not aware of pm-jay	0	0.0
Total	35	100.0

Source: Primary Field Survey, 2026

The above table shows that all 35 respondents were aware of PM-JAY. This represents 100 per cent of the total sample. No respondent reported being unaware of the scheme. The finding indicates that PM-JAY has achieved a high level of awareness among the beneficiaries in the study area.

The high level of awareness may be attributed to the efforts of healthcare workers, government awareness programmes, Common Service Centres, and local communication networks. However, awareness of the scheme does not always imply complete knowledge of all its provisions and procedures. Therefore, continuous awareness programmes are necessary to improve effective utilization of the scheme.

4.4.2 Enrolment under PM-JAY among the Respondents

Enrolment is one of the most important aspects of any welfare programme, as it determines whether eligible beneficiaries can access the benefits provided under the scheme. In the context of PM-JAY, enrolment enables individuals and families to avail themselves of healthcare services and financial protection during medical emergencies. Therefore, an examination of the enrolment status of the respondents provides valuable insight into the reach and effectiveness of the scheme in the study area.

The field survey conducted in Ward No. 13 of Nalbari Town revealed that all respondents included in the study were enrolled under PM-JAY and possessed valid Ayushman Bharat cards. This finding indicates that the scheme has achieved substantial coverage among the eligible population of the locality. The universal enrolment of the respondents reflects the successful implementation of the scheme and suggests that efforts have been made to ensure that eligible households are brought under its coverage.

The respondents reported that they obtained their Ayushman Bharat cards through various channels, including Common Service Centres (CSCs), government enrolment drives, and assistance provided by healthcare workers. These mechanisms played a significant role in facilitating the registration process and increasing the participation of eligible beneficiaries. The active involvement of local service providers and awareness initiatives contributed to expanding the reach of the scheme within the community.

The survey further revealed that the enrolment process was generally smooth and accessible for most respondents. The majority of beneficiaries did not report any major obstacles while obtaining their cards. However, a small number of respondents mentioned minor difficulties such as delays in documentation, limited information regarding eligibility criteria, and technical issues encountered during the registration process. Despite these

challenges, all respondents were eventually able to complete their enrolment and become beneficiaries of the scheme.

The high level of enrolment observed in the study area is significant because it provides the foundation for accessing healthcare services under PM-JAY. Through enrolment, beneficiaries become eligible to receive financial assistance for hospitalization and other covered medical services. The findings suggest that the scheme has been successful in extending its coverage to the target population and creating opportunities for improved healthcare access.

Nevertheless, enrolment alone cannot ensure the full effectiveness of the programme. Beneficiaries must also be aware of the benefits, procedures, and healthcare facilities available under the scheme. Therefore, continuous awareness programmes and administrative support are necessary to ensure that enrolled beneficiaries are able to make effective use of the services provided under PM-JAY.

Overall, the findings indicate that PM-JAY has achieved a satisfactory level of enrolment among the respondents of Ward No. 13. The widespread enrolment of beneficiaries demonstrates the outreach of the scheme and serves as an important step towards improving healthcare accessibility and strengthening health security in the study area.

4.4.3Accessibility of Healthcare Services under PM-JAY

Accessibility to healthcare services is one of the key factors that determines the effectiveness of a health insurance scheme. The primary objective of PM-JAY is to ensure that beneficiaries can receive necessary medical treatment without facing excessive financial burden. Therefore, the availability and accessibility of healthcare facilities play an important role in improving the health security of the beneficiaries.

The field survey conducted in Ward No. 13 of Nalbari Town revealed that the respondents have access to various healthcare facilities, including government hospitals, private hospitals, nursing homes, pharmacies, and diagnostic centres. The availability of these healthcare institutions has contributed significantly to improving access to medical services in the study area. Most respondents reported that they seek treatment from nearby healthcare facilities according to the nature and severity of their illness.

The survey findings indicate that government healthcare institutions play a major role in providing medical services to the beneficiaries of PM-JAY. Several respondents reported receiving treatment at Nalbari Civil Hospital and Nalbari Medical College and Hospital. These institutions are commonly utilized for hospitalization, diagnostic services, and

specialized medical treatment. The presence of these healthcare facilities has improved access to healthcare services for many beneficiaries in the locality.

The study further revealed that some respondents availed treatment outside the immediate study area when specialized healthcare services were required. During the field survey, one respondent reported undergoing a kidney operation at Rangia Polyclinic under the scheme, while another respondent received eye treatment at a hospital in Guwahati. These findings indicate that beneficiaries are able to access higher-level healthcare facilities beyond the locality when necessary. Such accessibility enhances the effectiveness of PM-JAY by enabling beneficiaries to obtain specialized treatment that may not be available in nearby hospitals.

In addition to government hospitals, several private hospitals and nursing homes operate in and around Nalbari Town. Some respondents reported visiting private healthcare institutions for consultation and treatment because of shorter waiting periods and easier access to medical specialists. However, the utilization of PM-JAY benefits depends on whether the healthcare institution is empanelled under the scheme. Consequently, some beneficiaries may still incur healthcare expenses when seeking treatment at non-empanelled facilities.

The field survey also revealed that healthcare services are generally accessible to the residents of the study area. The availability of transportation facilities, pharmacies, and diagnostic centres has facilitated access to healthcare. Beneficiaries who had utilised PM-JAY expressed that the scheme helped them receive hospital treatment without bearing the full cost of hospitalization.

Despite these positive developments, certain challenges continue to affect healthcare accessibility. Some respondents stated that they had to spend money on medicines, transportation, and follow-up treatment even after receiving benefits under the scheme. A few beneficiaries also reported difficulties in accessing specialized healthcare facilities within the locality, which required them to travel to other towns or cities for treatment.

Overall, the findings suggest that PM-JAY has contributed significantly to improving access to healthcare services among the respondents of Ward No. 13. The availability of government hospitals, medical college facilities, and specialized healthcare institutions has enhanced healthcare accessibility and strengthened the health security of the beneficiaries. However, expenses related to medicines, transportation, and specialized treatment continue to pose challenges for some households.

4.4.4 Utilization of PM-JAY by Beneficiaries

The effectiveness of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is not determined only by the possession of health cards, but more importantly by the actual utilization of the scheme during medical needs. While card possession ensures

eligibility for cashless treatment, the real impact of the scheme on health security depends on whether beneficiaries are able to access and use its services during hospitalization and serious illness. In this context, the present section examines the utilization pattern of PM-JAY among the respondents in Ward No. 13, Nalbari Town.

The field survey indicates that although all respondents possess Ayushman Bharat cards, utilization of the scheme is limited to a smaller section of beneficiaries. Most respondents have not required hospitalization during the reference period, while a few have used the card for treatment in empanelled health facilities. This shows that utilization is largely dependent on the occurrence of major health issues requiring inpatient care.

To present the findings clearly, the utilization pattern is shown in the table below.

Utilization Status	Total Respondents	Number of Respondents	Percentage (%)
Utilized PM-JAY services	35	10	28.57
Did not utilize PM-JAY services	35	25	71.43
Total	35	35	100.0

Source: Field Survey, 2026

The above table presents the utilization pattern of PM-JAY among the respondents in Ward No. 13, Nalbari Town. The findings show that all 35 respondents possessed Ayushman Bharat cards, indicating full coverage under the scheme. However, only 10 respondents (28.57%) had utilized PM-JAY services for hospitalization and treatment, while the remaining 25 respondents (71.43%) had not used the scheme during the reference period.

The relatively low utilization rate is mainly because PM-JAY is designed for secondary and tertiary healthcare services, which are required only in cases of serious illness or hospitalization. Therefore, many respondents did not need to use the scheme as they did not experience major health problems during the study period.

Among those who utilized the scheme, PM-JAY was found to be highly beneficial in reducing the financial burden of hospital treatment. It enabled cashless access to necessary medical care, thereby contributing positively to the improvement of health security among beneficiary households.

Overall, the findings suggest that while enrolment under PM-JAY is universal among the respondents, actual utilization remains limited. However, for those who have used the

scheme, it has played an important role in reducing out-of-pocket expenditure and ensuring access to essential healthcare services during medical emergencies.

4.4.5 Impact of PM-JAY on Medical Expenses and Health Security

Among the Respondents The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a major health insurance initiative of the Government of India aimed at providing financial protection to economically vulnerable households. The scheme primarily focuses on reducing out-of-pocket expenditure on hospitalization and ensuring health security by protecting families from catastrophic health-related expenses. In rural and semi-urban areas, high medical costs often become a serious economic burden for households. In this context, PM-JAY plays an important role in improving access to healthcare and reducing financial hardship. Therefore, it is necessary to examine its impact on the medical expenses and health security of the respondents in Ward No. 13, Nalbari Town.

Table 4.4.5 : Impact of PM-JAY on Medical Expenses and Health Security among the Respondents

Indicator	Total Respondents	Answers	No. of Responses	Percentage (%)
Respondents having Ayushman Bharat Card	35	Yes	35	100.00
Utilization of PM-JAY	35	Yes	10	**28.57**
		No	**25**	71.43
Hospitalization/ Operation Expenses Reduced	**10**	Yes	10	100.00
Medicines Purchased Separately	10	Yes	10	100.00
Travel and Other Expenses Borne by Beneficiaries	**10**	Yes	10	100.00
Promotion of Health Security through Financial Protection	**10**	Yes	10	100.00
Satisfaction with Financial Relief Provided by PM-JAY	10	Satisfied	10	100.00

Source: Field Survey, 2026

The above table presents the impact of PM-JAY on the medical expenses and health security of the respondents in Ward No. 13, Nalbari Town. The findings reveal that all 35 respondents possessed Ayushman Bharat cards, indicating complete coverage under the scheme among the selected sample. However, only 10 respondents (28.57%) had utilized the benefits of PM-JAY for hospitalization and medical treatment, while the remaining 25 respondents had not required hospital-based care during the reference period. This indicates

that although enrolment is universal, actual utilization of the scheme depends largely on the occurrence of serious illness.

Among the respondents who utilized PM-JAY services, all reported a significant reduction in hospitalization and operation expenses. Major treatments, including surgeries and specialized medical procedures, were covered under the scheme, which substantially reduced the financial burden on beneficiary households. This clearly indicates that PM-JAY plays a crucial role in strengthening health security by protecting families from high and unexpected medical expenditure.

However, the study also finds that certain out-of-pocket expenses still persist. All beneficiaries reported that they had to purchase medicines separately and bear transportation and other incidental costs during treatment. These expenses are not fully covered under the scheme, which means that some financial burden continues to remain on the households even after availing PM-JAY benefits.

Despite these limitations, all beneficiaries expressed satisfaction with the financial relief provided by the scheme. They acknowledged that PM-JAY significantly reduced their major treatment costs and provided crucial support during health emergencies. The inclusion of financial protection under the scheme was seen as a key factor contributing to improved health security and reduced economic stress.

Overall, the findings suggest that PM-JAY has made a positive contribution towards reducing medical expenses and strengthening health security among the respondents. Although minor out-of-pocket expenses for medicines and transport still exist, the scheme has effectively reduced the risk of catastrophic health expenditure and improved access to essential healthcare services in the study area.

4.4.6 . Problems Faced in Availing PM-JAY Services

Although the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) has made a significant contribution towards improving access to healthcare services and reducing the financial burden of medical treatment, beneficiaries continue to encounter several challenges in availing the benefits of the scheme. Understanding these challenges is important for assessing the effectiveness of PM-JAY and identifying areas that require improvement. Accordingly, respondents were asked to identify the major problems and barriers associated with the utilization of PM-JAY services.

Table 4.5.6: Problems Faced by Respondents in Availing PM-JAY Services

Problems Faced	Total Respondents	Number of Respondents	Percentage (%)
Lack of awareness about scheme benefits and procedures	35	12	**34.29**
Delay in verification and admission process	35	9	25.71
Expenditure on medicines not fully covered	35	10	28.57
Transportation and other indirect expenses	35	14	40.00
Distance of empanelled hospitals	35	8	22.86

Source: Field Survey, 2026.

The above table highlights the major challenges associated with the implementation and utilization of PM-JAY as reported by the respondents of Ward No. 13, Nalbari Town. The responses were collected from all 35 respondents, including both beneficiaries who had utilized the scheme and those who had not yet availed its benefits. Consequently, the findings reflect both the actual experiences of users and the perceived barriers identified by non-users.

The findings reveal that transportation and other indirect expenses constitute the most commonly reported challenge, affecting 40.00 per cent of the respondents. Although PM-JAY provides cashless treatment for eligible beneficiaries, additional expenses related to transportation, food, and other incidental costs continue to place a financial burden on households seeking healthcare services.

A lack of awareness regarding the benefits and procedures of the scheme was reported by 34.29 per cent of the respondents. Limited knowledge about eligibility criteria, empanelled hospitals, and available healthcare services may restrict the effective utilization of PM-JAY benefits and prevent eligible beneficiaries from fully accessing the opportunities provided under the scheme.

The study further indicates that 28.57 per cent of respondents incurred expenditure on medicines that were not completely covered under PM-JAY. As a result, some beneficiaries continued to bear out-of-pocket healthcare expenses despite receiving treatment through the scheme.

Delay in verification and admission procedures was identified by 25.71 per cent of respondents as another important challenge. Administrative delays may affect the timely

provision of healthcare services and create inconvenience for beneficiaries, particularly during medical emergencies.

Additionally, 22.86 per cent of respondents reported that the distance of empanelled hospitals posed a significant barrier to accessing healthcare services. Travelling long distances for treatment often increases both the financial and physical burden on patients and their families.

Overall, the findings suggest that while PM-JAY has played an important role in enhancing healthcare accessibility and strengthening health security, several operational and infrastructural challenges continue to affect its effective implementation. Strengthening awareness programmes, improving administrative efficiency, expanding the network of empanelled hospitals, and reducing indirect healthcare costs would further enhance the effectiveness of the scheme and improve beneficiary experiences.

4.5 Conclusion

The analysis of primary data collected from Ward No. 13, Nalbari Town reveals that the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) has made a positive contribution towards improving healthcare access and strengthening health security among the respondents. The study indicates that all selected households possess Ayushman Bharat cards, which reflects the successful enrolment of beneficiaries under the scheme in the study area.

However, the utilization of the scheme remains comparatively low, as only a smaller proportion of respondents have actually availed PM-JAY services for hospitalization. This highlights a gap between coverage and actual utilization of benefits, which may be influenced by factors such as awareness levels, health conditions, and accessibility of services.

Despite this limitation, the beneficiaries who have utilized the scheme reported significant financial relief, particularly in terms of reduced expenditure on hospitalization and medical treatment. This indicates that the scheme is effective in providing economic protection during serious health conditions.

At the same time, the study identifies several challenges faced by beneficiaries, including additional expenditure on medicines, transportation costs, limited availability of nearby empanelled hospitals, and procedural difficulties during hospital verification. These constraints reduce the overall effectiveness of the scheme at the grassroots level.

Overall, it can be concluded that PM-JAY has played an important role in reducing the financial burden of major medical expenses and improving health security in the study area. However, its full potential has not yet been fully realized due to certain implementation-related challenges. Strengthening awareness, improving accessibility, and addressing operational gaps are essential for enhancing the effectiveness of the scheme in the future.

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Chapter 5
FINDINGS, CONCLUSION AND SUGGESTIONS

Introduction

This chapter presents the major findings, conclusion, and suggestions of the study entitled "Evaluating the Impact of Ayushman Bharat on Health Security: A Case Study of Ward No. 13, Nalbari Town, Assam." The chapter is based on the analysis and interpretation of primary data collected from 35 respondents in the study area.

The primary objective of the study was to evaluate the impact of Ayushman Bharat, particularly the Pradhan Mantri Jan Arogya Yojana (PM-JAY), on the health security of beneficiaries. The study examined various aspects of the scheme, including enrolment, awareness, utilization, accessibility, financial protection, and the challenges faced by beneficiaries in availing healthcare services under PM-JAY.

Based on the field survey and data analysis presented in the previous chapter, this chapter summarizes the major findings of the study and draws conclusions regarding the effectiveness of the scheme in improving health security and reducing the financial burden of healthcare expenditure. It also offers certain suggestions for enhancing the implementation and utilization of PM-JAY so that its benefits can reach beneficiaries more effectively and contribute to the achievement of equitable and accessible healthcare for all.

5.1 Findings

The present study examines the impact of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) on health security in Ward No. 13, Nalbari Town, based on primary data collected from 35 selected respondents. The analysis of the data provides important insights into the demographic profile of the respondents, implementation status of the scheme, level of awareness, utilization pattern, and its overall contribution to health security.

The findings reveal that most of the respondents belong to economically weaker and lower-middle-income households. Such households are particularly vulnerable to high medical expenditure and financial hardship during illness and hospitalization. Therefore, the scheme has been successful in reaching sections of the population that require financial protection in healthcare.

The study further reveals that all 35 respondents (100%) possess valid PM-JAY cards, indicating complete enrolment coverage in the study area. The enrolment process was facilitated through Common Service Centres (CSCs), government awareness programmes, and support from local health workers. This reflects the effective implementation of the enrolment mechanism at the grassroots level.

Despite universal enrolment, the utilization of PM-JAY services remains relatively low.. Out of the 35 respondents, only 10 respondents (28.57%) had utilised the scheme for hospitalization and treatment, whereas 25 respondents (71.43%) had not availed its benefits. This indicates a gap between enrolment and actual utilisation. The low utilisation rate may be attributed to the absence of serious illness among many households, limited awareness regarding procedural aspects of the scheme, and reliance on alternative healthcare facilities.

Among the beneficiaries who utilized PM-JAY services, all respondents reported that the scheme significantly reduced their hospitalization and treatment expenses. The findings clearly indicate that PM-JAY has contributed substantially towards providing financial protection during medical emergencies and reducing the burden of healthcare expenditure.

However, the study also reveals certain challenges affecting the effective utilization of the scheme. Transportation and other indirect expenses were reported by 40.00 per cent of respondents, lack of awareness regarding scheme benefits and procedures by 34.29 per cent, expenditure on medicines not fully covered under the scheme by 28.57 per cent, delay in verification and admission procedures by 25.71 per cent, and distance of empanelled hospitals by 22.86 per cent. These challenges continue to affect the accessibility and utilization of PM-JAY services in the study area.

Overall, the findings indicate that PM-JAY has played a significant role in strengthening health security and reducing the financial burden of healthcare among the respondents. Nevertheless, greater awareness, improved accessibility, and enhanced administrative efficiency are necessary to ensure the effective utilization of the scheme and maximize its benefits for eligible beneficiaries.

5.2 Suggestions

Based on the field insights collected from Ward No. 13 of Nalbari Town, the following policy recommendations are proposed to improve the execution, accessibility, and long-term efficacy of the PM-JAY framework:

- Deepen Grassroots Awareness Campaigns: Although basic card possession is universal, targeted educational initiatives must be launched to address information asymmetry. Local health authorities, utilizing ASHA workers, local health sub-centres, and Common Service Centres (CSCs), should organize information sessions focused on explaining treatment benefits packages, required pre-authorization documentation, and the exact names of empanelled facilities.
- Expand the Local Empanelled Hospital Network: To reduce transit times and associated expenses, local healthcare administrators should incentivize a broader array of private nursing homes and specialty clinics within Nalbari Town to join the PM-JAY network. Concurrently, the state should upgrade the clinical capacities, medical equipment, and specialist staffing at nearby public facilities like the SMK Civil Hospital and Nalbari Medical College to handle complex procedures locally.

- Streamline Verification and Admission Workflows: To eliminate administrative delays during medical emergencies, hospitals should simplify their biometric verification and pre-authorization procedures. Setting up dedicated, well-staffed Ayushman Help Desks inside empanelled institutions can provide immediate guidance to cardholders, resolve data errors, and ensure a smooth admission process.
- Control Secondary Out-of-Pocket Expenditure: Hospital administrators must ensure that all essential drugs, consumables, and diagnostic services covered under the scheme are provided directly within the facility. Tightening internal supply chains will eliminate the need for families to purchase medicines from external commercial pharmacies, thereby lowering out-of-pocket spending.
- Introduce Transport Subsidies for Tertiary Referrals: For economically vulnerable households referred to distant tertiary hospitals in Guwahati, the state should introduce a structured travel allowance or reimbursement mechanism. This financial support would help cover long-distance transport costs, ensuring that low-income patients can access life-saving care without financial hardship.
- Strengthen Local Grievance Redressed Frameworks: Transparency and public trust can be enhanced by establishing a responsive, localized complaint management system. Implementing digital tracking for beneficiary complaints alongside regular performance audits of empanelled private facilities will help prevent administrative irregularities and ensure consistent quality of care.

5.3 Conclusion

This study demonstrates that the Ayushman Bharat PM-JAY framework has introduced meaningful structural shifts in the public health paradigm of Ward No. 13, Nalbari Town. Achieving a 100% enrollment rate across the surveyed households confirms the success of local administrative mechanisms in registering vulnerable and economically weaker populations into a state-supported health security network. This universal enrollment marks a crucial step toward achieving universal health coverage, granting marginalized families a formal right to secondary and tertiary medical care.

However, the field evidence also highlights a clear gap between enrollment and actual utilization. Only a small fraction of cardholders have used their benefits for inpatient hospitalizations, while the majority remain passive cardholders due to a low incidence of severe acute health shocks, limited understanding of detailed administrative procedures, and physical distance from empanelled facilities.

Among the subset of beneficiaries who utilized the scheme, PM-JAY provided vital financial protection by absorbing primary institutional hospitalization and surgical costs. This support shielded families from immediate economic shocks and prevented them from falling into debt or poverty during health crises. At the same time, the persistence of out-of-pocket expenses for external medicines and transportation indicates that the scheme does not yet fully cover all health-related financial burdens.

Ultimately, while the implementation of Ayushman Bharat PM-JAY in Ward No. 13 has improved local health security, its full potential remains restricted by operational challenges, local infrastructure gaps, and info asymmetry. Addressing these bottlenecks

through targeted awareness, an expanded hospital network, and reduced secondary costs is essential to build a more equitable, efficient, and reliable healthcare safety net for the future.

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APPENDIX-A

INTERVIEW SCHEDULE

Dissertation Title: *Evaluating the Impact of Ayushman Bharat on Health Security: A Case Study of Ward No. 13, Nalbari, Assam*

Section 1: Respondent's Information

Name: ----------

Age: ----------

Education: ----------

Religion: ----------

Caste/tribe: ----------

Section 2: Awareness And Utilization

1. Are you aware of the Ayushman Bharat PM-JAY scheme?

Ans: ----------

2. Have you or your family member been benefited from the scheme?

Ans: ----------

3. Which healthcare services have you utilized under the scheme?

Ans: ----------

Section 3: Access To Healthcare

4. How has the scheme impacted your access to healthcare?

Ans: ----------

5. Have you experienced any difficulties in accessing healthcare services under scheme?

Ans: ----------

Section 4: Health Security And Financial Impact

6. Has this scheme reduced your personal or household medical expenses?

Ans: ----------

7. Do you feel a greater sense of financial security against healthcare risks due to this scheme?

Ans: ----------

Section 5: Operational Problems And Challenges

8. What major difficulties or hurdles did you face during card registration or at the hospital?

Ans:

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9. Was the treatment completely free, or did you have to pay any extra money out-of-pocket?

Ans: ----------

Section 6: Public Opinion And Recommendations

10. In your opinion, is the Ayushman Bharat scheme beneficial for the local public?

Ans: ----------

11. What specific improvements or changes do you suggest to make this scheme work better?

Ans:

APPENDIX-B

Photographs From Field Survey



(Source : Field Survey, 2026)



(Source : Field Survey, 2026)



(Source : Field Survey, 2026)



(Source : Field Survey, 2026)

Maps Used in the Study

