Stakeholder Challenges Of Pradhan Mantri Jan Arogya Yojana: A Multi-District Cross-Sectional Study In Meerut Division In Uttar Pradesh

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Abstract

Pradhan Mantri Jan Arogya Yojana (PMJAY) represents India's flagship health care initiative, which intends to ensure good health and well-being for all the inhabitants and aligns well with United Nation's Sustainable Development Goal-3; but the implementation faces various stakeholders. The Meerut Division, with its varied city-country health services, provides a representative microcosm to analyze these implementation barriers.

Objective: To identify and analyze stakeholder-specific challenges in PMJAY implementation throughout the Meerut Division and develop targeted recommendations for improved service delivery.

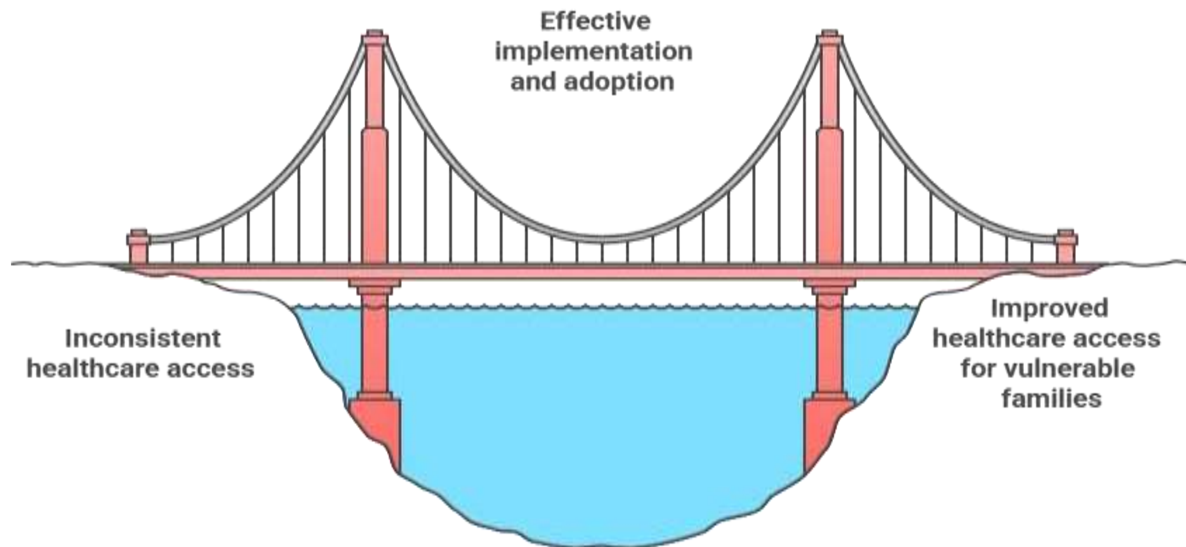
Methods: A cross -sectional study with several districts was conducted over 6 districts in Meerut Division (Meerut, Ghaziabad, Gautam Buddha Nagar, Hapur, Bagpat and Bulandshar), from March 2024 to August 2024. A total of 30 stakeholders each were interviewed (n = 30 each. questionnaires, focus group discussions and important informant interviews.

Results: Healthcare professionals reported moderate satisfaction with empanelment processes (90%), but significant dissatisfaction with the Package rate (26.7% satisfaction). Recipients demonstrated significant awareness gaps (8.3% had still scheme no knowledge)..

Conclusion: Challenges on stakeholder in the Meerut Division require immediate attention to Awareness campaign & Service Provider Infrastructure structures, improvement in consciousness, IT infrastructure development and streamlined administrative processes in all six districts.

1. Introduction

Universal Health Coverage (UHC) provides a wide range of health services, including curative and rehabilitative care as well as preventive and promotional services. UHC is primarily about ensuring that no one is left behind—that individuals and communities can obtain the high-quality healthcare they require without experiencing financial hardship. Not merely a policy, UHC is a dedication to health equity and is hailed as a fundamental human right and the cornerstone of sustainable development. The radical principle established by the UN states that everyone must have unrestricted access to high-quality, basic health services without facing financial hardship, regardless of their income or place of residence.



Ayushman Bharat Pradhan mantri Jan Arogya Yojna is Launched in India in September 2018 which is India's bold jumps against universal health coverage - and promises to pay hospital bills up to ₹5 Lakhs a year for more than 100 Crore vulnerable families. The true acid test of the plan is how effective it is implemented and adopted by players across varying geographical and economic stages.

The Meerut division, which includes the six districts Meerut, Ghaziabad, Gautam Buddha Nagar, Hapur, Baghpat and Bulandshar, and has a population of about 15 million, provides an exciting case study. The area spans both ends of the spectrum, from hectic, urban NCR centers to more lively, rural terrain, making it a microcosm of India's wider delivery of health services.

If we really want to move the needle on the efficiency of politics, it is important to access the people of the people on the ground. This study goes deep into the challenges that four key stakeholders experience - health workers, recipients, bureaucrats and insurance companies - in the context of the specific circumstances of the Meerut division.

2. Literature Review

2.1 Health Insurance Coverage in India

India's path to universal health care has been marked by a slow change in policy. A number of state-specific health insurance programs with differing coverage and efficacy of implementation existed prior to AB-PMJAY (Prinja et al., 2020). Despite these efforts, research by (Karan et al. 2019) and (Garg et al. 2021) showed that out-of-pocket medical expenses continued to be a major source of financial hardship for lower-income households.

2.2 AB-PMJAY Scheme: Structure and Implementation

Nearly 107.4 million poor and vulnerable families are covered under the AB-PMJAY scheme, which provides Rs. 5 Lakhs per family per year for secondary and tertiary care hospital (National Health Authority, 2023). The scheme covers expenses before and after hospitals for approximately 1,393 procedures over 23 specialties (Mohfw, 2022).

In its analysis of implementation trends among states (Sharma & Bergkvist, 2023) observed differences in the hospital's empanelment, degree of registration and claims for settlement. (Kumar et al. 2021) Highlighted problems with public awareness, technology infrastructure and administrative coordination.

2.3 Awareness Studies on Health Insurance Schemes

Prior studies have demonstrated that public knowledge is a crucial factor in determining the adoption of health insurance. According to a multi-state study by Nandi et al. (2022), state-by-state variations in AB-PMJAY awareness ranged from 36% in Bihar to 80% in Kerala. Media exposure, educational attainment, and socioeconomic status all repeatedly showed up as important indicators of awareness (Singh et al., 2021).

Research on Uttar Pradesh in particular (Rawat et al., 2020; Jha & Singh, 2021) revealed that the state has a moderate degree of knowledge, with significant differences between urban and rural areas. However, there is very little research that focuses only on the Meerut Division specially on micro level .

Earlier research has highlighted these hiccups in the rollout of PM-JAY across the states. For example, (Singh et al. 2020) highlighted how delayed payments to service providers in Karnataka threw a wrench in the scheme's smooth functioning. Meanwhile, Prinja et al. (2021) exposed service delivery cracks in Punjab. With the industrial heartland of UP, particularly its more urbanized belts, the research hardly begins to plumb the depths. There still exists a glaring research gap about the unique hurdles encountered by important players in these swiftly emerging neighborhoods. This investigation aims to illuminate.

The Meerut division's proximity to Delhi and its industrial development creates unique dynamics in health services and PM-JAY implementation. Existing literature suggests that inequalities in urban countries in the health care system access and quality significantly affect the scheme efficiency (Kumar et al., 2022)

3. Methodology

3.1 Study Design

A multi-district cross-sectional study was conducted across the Meerut Division from March 2024 to August 2024, employing a mixed-methods approach to capture comprehensive stakeholder perspectives.

3.2 Study Area

The study covered all six districts of Meerut Division:

- **Meerut District**: Industrial hub with mixed urban-rural population
- **Ghaziabad District**: Highly urbanized NCR district
- **Gautam Buddha Nagar**: Technology and industrial center
- **Hapur District**: Predominantly agricultural with emerging industrial sectors
- **Bagpat District**: Agricultural district with traditional rural economy
- **Bulandshahr District**: Mixed agricultural and industrial economy

3.3 Sampling Framework

Table 1: Stakeholder Sampling Distribution

Stakeholder Group	Sample Size	Sampling Method	Districts Covered
Healthcare Service Providers	15	Stratified Random	All 6 districts
Beneficiaries	15	Cluster Sampling	All 6 districts
Total	**30**	-	-

3.4 Data Collection

- **Structured Interviews**: Standardized questionnaires with stakeholder groups
- **Focus Group Discussions**: 2 FGDs with beneficiaries (8-10 participants each)
- **Key Informant Interviews**: all empanelled healthcare providers
- **Document Analysis**: Policy documents, implementation reports, and performance data

3.5 Data Analysis

Quantitative data was analyzed using SPSS 25.0, while qualitative data was analyzed using thematic analysis. Stakeholder satisfaction was measured on a 5-point Likert scale, and challenges were categorized by frequency and severity.

Rate Level on 1 – Strongly Disagree | 2 – Disagree | 3 – Neutral | 4 – Agree | 5 – Strongly Agree

4. Results

4.1 Healthcare Provider Challenges

Healthcare providers (n=30) across the Meerut Division reported varying levels of satisfaction with different PMJAY components.

Table 2: Healthcare Provider Satisfaction Levels

PMJAY Component	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Empanelment Process	90.0	6.7	3.3
Package Rates	70.0	16.7	13.3
Claim Processing	80.0	13.3	6.7

PMJAY Component	Satisfied (%)	Neutral (%)	Dissatisfied (%)
IT Infrastructure	86.7	10.0	3.3
Patient Flow	83.3	10.0	6.7

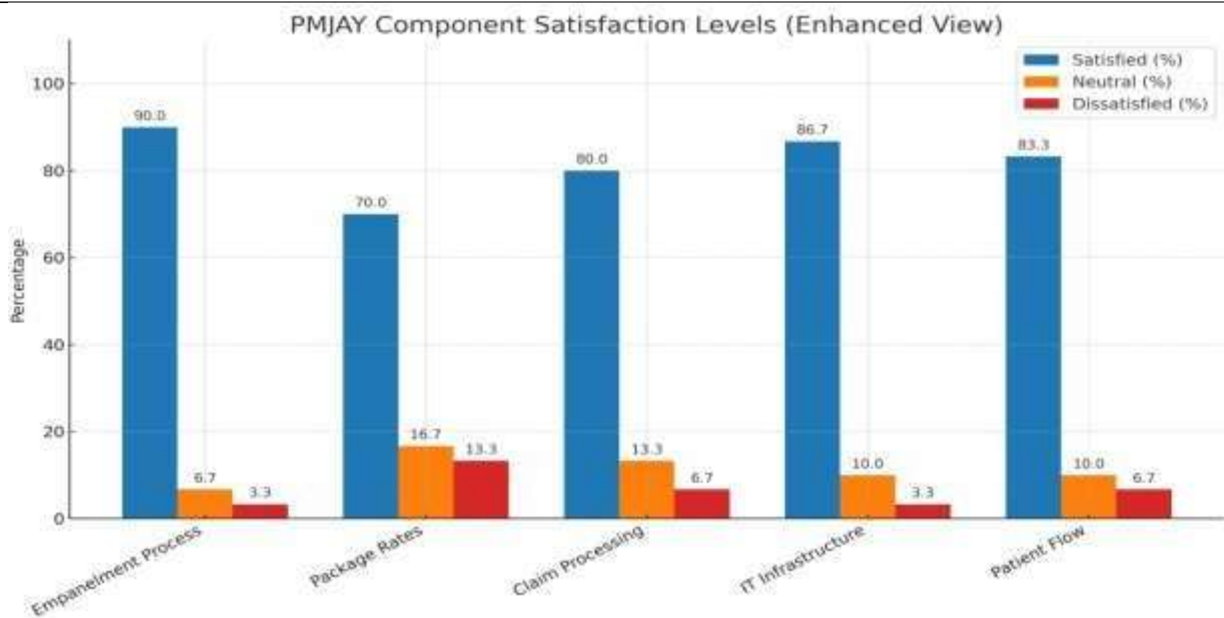


Fig 2: Healthcare Provider Satisfaction Levels

4.2 Beneficiary Challenges

Beneficiaries (n=30) demonstrated significant awareness gaps and access barriers across the division.

Table 3: Beneficiary Awareness and Access Patterns

District	Complete Awareness (%)	Partial Awareness (%)	No Awareness (%)
Ghaziabad	80.0	13.3	6.7
GB Nagar	83.3	10.0	6.7
Meerut	73.3	20.0	6.7
Hapur	66.7	20.0	13.3
Bagpat	70.0	20.0	10.0
Bulandshahr	76.7	16.7	6.7
Average	**75.0**	**16.7**	**8.3**

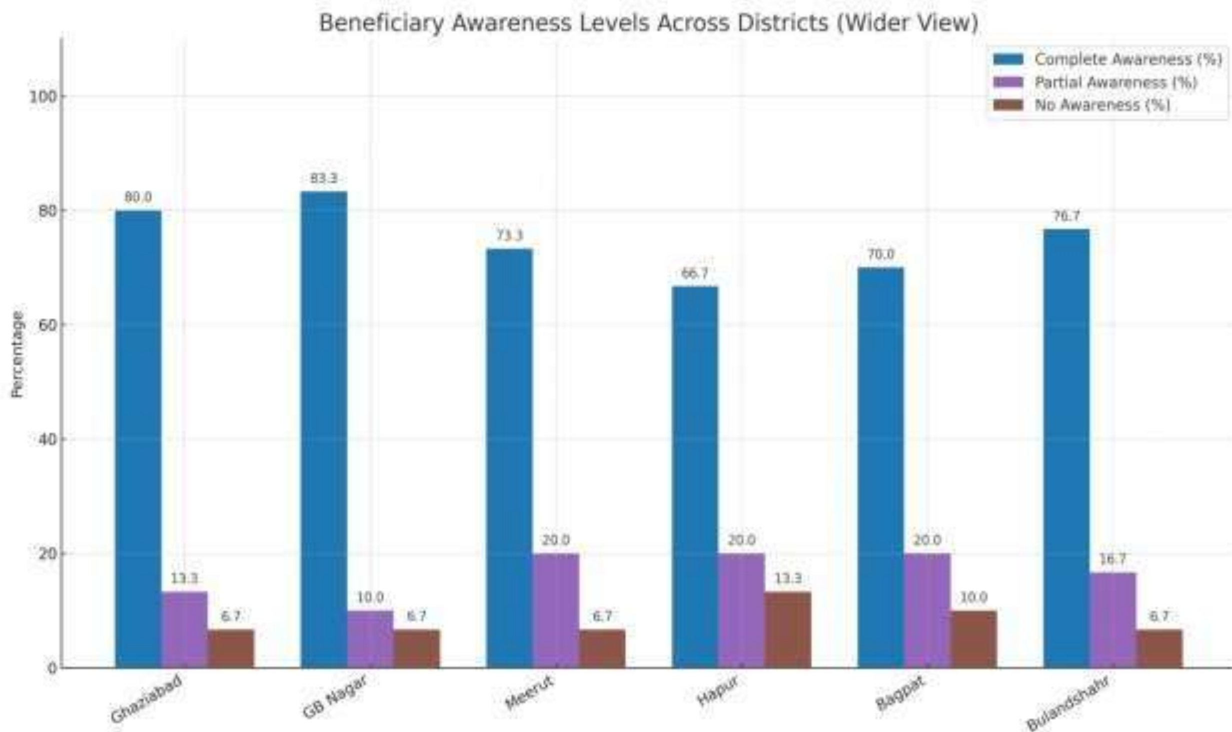


Fig. 3: Beneficiary Awareness and Access Patterns

4.3 Cross-Stakeholder Analysis

The study revealed significant interconnections between stakeholder challenges, creating cascading effects across the implementation ecosystem.

Figure 1: Stakeholder Challenge Interconnection

Health Provider Payment Delays → Reduced Service Quality → Beneficiary Dissatisfaction

↓ ↓ ↓

← IT System Failures ← Insurance Processing Delays

5. Key Findings:

5.1 Health care Service Providers

- Private hospitals reported higher dissatisfaction (60%) compared to government facilities (40%)
- Urban providers (Ghaziabad, GB Nagar) showed better satisfaction with IT infrastructure than rural counterparts

5.2 Beneficiary Providers :- Major Access Barriers Identified from Beneficiaries

- **Card not received**: 35% of eligible beneficiaries

- **Hospital distance**: 40% in rural areas
- **Procedure not covered**: 25% of treatment seekers
- **Quality concerns**: 30% of beneficiaries

5.3 Key Observations:

- NCR districts (GB Nagar, Ghaziabad) showed highest satisfaction levels
- Rural districts (Bagpat, Hapur) demonstrated significant challenges
- Bulandshahr performed slightly better than other rural districts due to better industrial infrastructure
- Administrative satisfaction remained relatively stable across districts

6. Discussion

6.1 Primary Challenges Identified

The study revealed four critical challenge categories affecting PMJAY implementation in Meerut Division:

Financial Challenges: Inadequate financial rates emerged as the most significant provider concern. Ghaziabad & Gautam Budha Nagar comes under NCR region whereas employment rates is higher than others. This aligns with national trends reported in other states (Singh et al., 2020).

Awareness Gaps: With 25% of beneficiaries having partial or no awareness of PMJAY provisions, process & .rights the division mirrors national patterns of information asymmetry in healthcare schemes, particularly acute in rural districts like Bagpat and Hapur.

6.2 Urban-Rural Disparities

The study confirmed significant urban-rural disparities in PMJAY implementation effectiveness. Urban NCR districts (Ghaziabad, GB Nagar) demonstrated higher satisfaction levels compared to rural districts Bulandshahr, despite being largely rural, showed moderate performance due to its emerging industrial base and better connectivity.

6.3 Stakeholder Interdependencies

The research revealed complex stakeholder interdependencies where challenges in one group cascaded to others. Health Service Provider concern delays led to reduced service quality, ultimately affecting beneficiary satisfaction and scheme credibility.

7. Recommendations

i. **Package Rate Revision:** Establish a annuly review mechanism for package prices.
ii. **Awareness campaigns:** Start targeted digital and traditional media campaigns
iii. **IT supports improvement:** Distribute dedicated technical support teams
iv. **Personnel capacity building:** Implementing extensive training programs
v. **Quality Monitoring:** Establish regular quality assessment protocols.
vi. **Technology integration:** Develop integrated digital health platforms
vii. **Policy Framework Enhancement:** Revise Guidelines for Implementation of State Level

viii. **Stakeholder Affiliation:** Create Regular Multi-interest coordination mechanisms
ix. Performance incentives: Introduce performance and quality-based payment systems

8. Limitations

This study has several limitations:

- Moderate sample size (n=60) with equal distribution across stakeholder groups may not fully represent population proportions
- Cross-sectional design prevents causal inferences
- Potential selection bias in stakeholder recruitment
- Limited temporal scope (6 months) may not capture seasonal variations
- Rural-urban representation may not be perfectly balanced across all districts

9. Conclusion

The study reveals that the PMJAY implementation in the Meerut division is facing multifaceted stakeholder challenges that require coordinated interventions in all six districts. While urban NCR districts show better performance, significant gaps persist in all stakeholders, especially in rural districts such as Bagpat and Hapur. The interconnected character of these challenges requires holistic solutions that deal with economic, infrastructural and process -related barriers. Success in PMJAY implementation depends on addressing the supplier's concerns about reimbursement, strengthening the recipient awareness through targeted rural campaigns, strengthening administrative capacity and improving insurance dissemination processes. The division's varied economic profile - from NCR to traditional agriculture - provides opportunities for differentiated intervention strategies that can serve as models for other different regions. Future research should use larger test sizes and longitudinal designs to better understand the timely dynamics of stakeholder challenges and intervention efficiency.

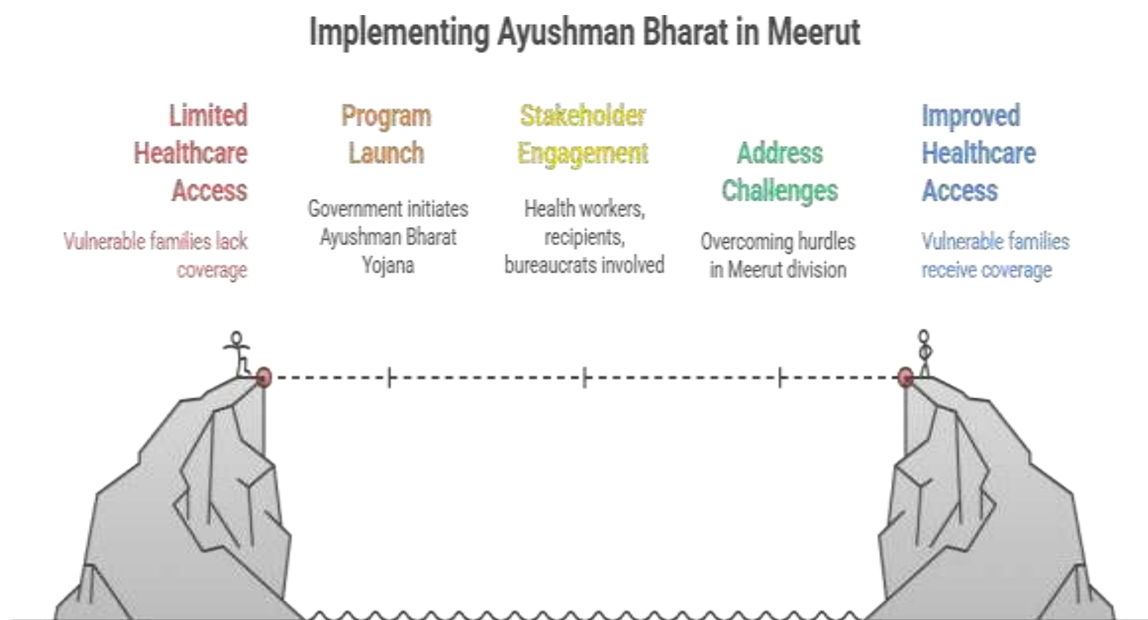


Fig. 4 Paper Summarized journey

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