

Coverage and Effectiveness of the Ayushman Bharat Scheme: A Comprehensive Analysis of Fund Utilisation, Ayushman Card Registration, and Beneficiary Impact

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Abstract : Ayushman Bharat- PradhanMantri Jan Arogya Yojana (AB-PMJAY) is a major healthcare initiative by the Government of India, designed to provide financial support for secondary and tertiary healthcare services to vulnerable populations. Launched in 2018, Ayushman Bharat is one of the world's largest health insurance schemes, aimed at making healthcare accessible and affordable for economically disadvantaged groups in India.

This research paper looks at how the scheme has covered people, how funds have been allocated, the creation of Ayushman cards, and its impact on beneficiaries from 2018 to 2024. By analysing government spending, fund distribution across states and union territories (UTs), the number of Ayushman cards issued, and data from specific districts, this paper provides a detailed evaluation of the scheme's effectiveness. The study also focuses on how well funds have been utilised, the performance of different states, and differences in healthcare access between regions.

The paper uses a combination of secondary data (from government sources) and primary data (from field surveys) to draw conclusions. The findings suggest that while Ayushman Bharat has made significant progress in improving healthcare access, there are still important areas for improvement. These include strengthening healthcare infrastructure, raising awareness about the scheme, and better allocation of resources to ensure the scheme reaches all those in need and functions at its full potential.

Keywords: Ayushman Bharat, AB-PMJAY, healthcare, fund utilisation, beneficiary coverage.

Introduction - India's healthcare system has long been characterized by disparities in access, affordability, and quality, particularly for rural and economically disadvantaged populations. The Ayushman Bharat PradhanMantri Jan Arogya Yojana (AB-PMJAY) was introduced to address these gaps by providing health insurance coverage to over 50 crores individuals from low-income families. This ambitious scheme offers a financial safety net, covering hospitalisation costs up to Rs5 lakh per family annually, and focuses on ensuring universal health coverage (UHC) through secondary and tertiary care services.

This research paper delves into various dimensions of the Ayushman Bharat scheme, focusing on financial allocations, state-level variations, and Ayushman card registrations. Additionally, it examines the utilisation of funds, efficiency in claims processing, and the real-world impact of the scheme on beneficiaries, particularly in districts like Shahjahanpur, Uttar Pradesh. The data from the Ministry of Health and Family Welfare, Government of India, serves as the foundation for this analysis.

Background of Ayushman Bharat Scheme: Ayushman Bharat is designed to provide free healthcare services to

over 10 crores families, representing approximately 40% of India's population. The scheme has two primary components:

1. PradhanMantri Jan Arogya Yojana (PMJAY): It provides health coverage of up to Rs5 lakh per family per year for secondary and tertiary care hospitalisation.
2. Health and Wellness Centres (HWCs): Aiming to provide comprehensive primary healthcare, the government intends to establish 1.5 lakh HWCs across the country to ensure access to essential healthcare services.

The success of PMJAY largely depends on efficient fund distribution, the creation of Ayushman cards, awareness campaigns, and infrastructure capacity at the local and state levels.

Methodology: The analysis in this paper is based on secondary data collected from the Ministry of Health and Family Welfare, Government of India, and supplemented by primary survey data collected from 300 respondents from Shahjahanpur, a district in Uttar Pradesh. The data sets under review include:

1. Government expenditure in the Ayushman Bharat

- Scheme (fund utilisation, state-wise distribution, etc.)
2. Ayushman card registrations (state-wise, financial year-wise)
3. District-level implementation data, focusing on Shahjahanpur, including beneficiary verification, hospital capacity, claims processing, and healthcare access.

Government Expenditure and Fund Utilisation: The table 1.1 presents the data on government expenditure, reveals the varying levels of fund releases and utilisation rates across different financial years. The fund release from the central government has fluctuated, with a sharp increase in 2022-23, when the allocated budget was Rs6412 crores, and utilisation rate of 94.31%. However, the utilization rates in the initial years (2018-2021) were comparatively lower, highlighting issues of fund absorption and administrative challenges.

Table1.1 - Government Expenditure in India (AB-PMJAY)
(in crores of Rupees)

Financial Year	Budget Estimate	Revised Estimate	Funds released as part of Central share	Utilization Rate (Funds Released / Budget Estimate)*100
2018-19	2400.00	2160.00	1849.55	77.06%
2019-20	6400.00	3200.00	2992.94	46.41%
2020-21	6400.00	3100.00	2544.12	39.06%
2021-22	6400.00	3199.00	2940.65	45.63%
2022-23	6412.00	6412.00	6048.63	94.31%
2023-24	7200.00	7200.00	4553.41(as on 14.01.2024)	63.51%

Source- Government of India, Ministry of Health and Family Welfare Dataasof14.01.2024

The table 1.1 shows that in 2018-19, the budget estimate for Ayushman Bharat was Rs2400 crores, but it was reduced to Rs2160 crores in the revised estimate. The central government released Rs1849.55 crores, resulting in a 77.06% utilisation rate. From 2019-20 to 2021-22, there was a noticeable decline in fund utilisation, with the rate dropping to as low as 39% in 2020-21. This suggests that there were challenges in implementing the scheme effectively at the state and district levels. In 2022-23, the utilisation rate improved significantly to 94.31%, indicating better management and infrastructure. However, in 2023-24, by January 2024, the utilisation rate had decreased to 63.51%, raising concerns about how well resources are being distributed and used in the current year.

This variability in fund utilisation is crucial for understanding how effectively the scheme has been rolled out in different regions. States with better healthcare infrastructure and administrative capacity tend to utilise the funds more efficiently.

State/UT-wise Fund Distribution and Performance: The state-wise distribution of funds under the scheme shows considerable variation in table 1.2, reflecting regional

disparities in healthcare infrastructure, beneficiary population size, and state government priorities.

Table1.2 (see in last page)

The data in table 1.2 shows how much money was allocated to different Indian states and union territories (UTs) from 2018-19 to 2023-24. Overall, the total funds released grew significantly from Rs1,849.55 crores in 2018-19 to Rs6,048.63 crores in 2022-23, before falling to Rs4,553.41 crores in 2023-24. This suggests a large increase in spending up to 2022-23, followed by a decline in 2023-24, possibly due to the completion of major projects or policy changes.

Maharashtra consistently received high allocations, reaching Rs466.42 crores in 2023-24, after peaking at Rs388.03 crores in 2022-23. Andhra Pradesh also saw a sharp increase from Rs182.85 crores in 2018-19 to Rs480.89 crores in 2022-23, though it dropped to Rs349.82 crores in 2023-24. Madhya Pradesh experienced massive growth, from Rs72.57 crores in 2018-19 to Rs714.07 crores in 2023-24, becoming one of the highest-funded states. Tamil Nadu also showed strong growth in 2022-23 (Rs578.67 crores), but it fell to Rs263.20 crores in 2023-24.

Uttar Pradesh's funding grew from Rs85.01 crores in 2018-19 to Rs445.25 crores in 2023-24, though it declined slightly from Rs501.78 crores in 2022-23. West Bengal, on the other hand, showed a sharp drop after 2018-19, with no data for later years, which may indicate a change in policy or data reporting. Jharkhand's funding increased until 2019-20 but dropped significantly after 2020-21, possibly due to economic or fiscal issues. Assam saw a sharp rise from Rs21.08 crores in 2018-19 to Rs288.00 crores in 2023-24, indicating more government spending, likely for development projects.

Rajasthan showed a big increase from Rs200.07 crores in 2019-20 to Rs501.30 crores in 2023-24, suggesting major fiscal shifts. Smaller regions like Lakshadweep and Ladakh received relatively low amounts, reflecting their smaller populations. Goa showed modest growth, peaking at Rs1.19 crores in 2023-24. Kerala, however, experienced steady growth from Rs25 crores in 2018-19 to Rs155.48 crores in 2023-24, while Karnataka peaked at Rs647.74 crores in 2022-23 but saw a decrease to Rs278.28 crores in 2023-24. Chhattisgarh, after reaching Rs352.94 crores in 2022-23, fell to Rs138.25 crores in 2023-24. Telangana saw an increase in 2022-23 (Rs173.54 crores), but this dropped to Rs114.31 crores in 2023-24.

In general, 2022-23 was a peak year for many states, followed by a decline in 2023-24. This may reflect a correction after a period of increased spending. Some states like Jharkhand and West Bengal had low or zero allocations in certain years, which may need further investigation. Larger states like Madhya Pradesh, Maharashtra, and Uttar Pradesh received the highest funds, likely due to their larger populations and higher healthcare demands.

The differences in fund distribution highlight that states with higher populations or more robust health systems receive more funds, but there are concerns regarding the equitable distribution of resources and the ability of smaller states and UTs to implement the scheme effectively.

Ayushman Card Registrations: The creation of Ayushman cards is a critical step in the scheme's implementation. The table 1.3 shows state-wise Ayushman card registrations shows the increasing number of cards created over time.

Table-1.3 (see in last page)

The table 1.3 shows the number of Ayushman Bharat cards created across various Indian states and Union Territories (UTs) from FY 2018-19 to FY 2023-24. In the first few years, the growth was slow due to initial challenges like setting up infrastructure and raising awareness. However, the number of cards issued grew significantly in FY 2022-23 and FY 2023-24, especially in larger states like Uttar Pradesh, Maharashtra, and Rajasthan, which saw a massive increase in card creation.

Uttar Pradesh was the largest contributor, with 4.89 crores cards created, particularly in FY 2023-24, when 2.18 crores cards were issued. Madhya Pradesh also showed strong growth, creating 3.85 crores cards, with a notable dip in FY 2023-24. Maharashtra issued 2.51 crores cards, including 1.60 crores in FY 2023-24. Rajasthan and Gujarat showed significant growth in the last two years, with Rajasthan creating 1.02 crores cards in FY 2022-23 and 92.33 lakh cards in FY 2023-24. Chhattisgarh, Assam, Telangana, and Tamil Nadu also saw notable progress, especially after FY 2022-23.

Smaller states and UTs like Andaman & Nicobar Islands, Chandigarh, and Ladakh showed slower growth, which could be due to their smaller populations and localized healthcare needs. The COVID-19 pandemic also slowed progress in 2020-21 and 2021-22. Overall, larger states like Uttar Pradesh and Maharashtra led the way in card creation, while smaller states may need more focused outreach to boost participation.

District-level Insights: Shahjahanpur

Shahjahanpur presents a unique case study of how Ayushman Bharat is implemented at the district level. While the beneficiary verification process is robust, the district's healthcare infrastructure shows signs of strain. The district has 29 approved hospitals, but with a large number of beneficiaries, the resource allocation might not be sufficient to meet the growing demand for healthcare services.

There is a claims approval rate of 76.6% in Shahjahanpur is a positive sign, indicating that the district's healthcare system is processing claims efficiently. However, expanding the number of hospitals and increasing awareness about the scheme could further improve its reach and effectiveness.

Demographic Breakdown of Ayushman Bharat Beneficiaries in district Shahjahanpur

A survey was conducted with 300 respondents from both

rural and urban areas of Shahjahanpur district. The survey looked at people who are registered and not registered under the Ayushman Bharat Yojana. The findings of this survey show important demographic trends, such as differences based on gender, locality, income, and occupation. These trends are clearly shown in Table 1.4. The data highlights how various groups, like rural and urban residents, have different registration rates under the scheme. The survey helps to understand which groups have better access to the benefits of Ayushman Bharat Scheme and where there may be gaps in outreach or awareness.

Table 1.4- Status of Registered/Non Registered respondent under Ayushman Bharat Yojana

Variables	Registered with Ayushman Bharat Yojana		
	Registered	Not Registered	Total
Gender			
Male	104	98	202
Female	51	47	98
Locality			
Rural	138	69	207
Urban	17	76	93
Category			
APL	84	109	193
BPL	71	36	107
Age Group			
18-25	25	19	44
25-30	37	18	55
30-40	46	55	101
40-50	29	34	63
Above 50	18	19	37
Education			
Illiterate	24	19	43
Below 9 th	63	33	96
10 th Passed	32	8	40
12 th Passed	20	10	30
Graduation	11	49	60
Post-Graduation & Above	5	26	31
Religion			
Hindu	112	97	209
Muslim	41	38	79
Christian	1	6	7
Sikh	1	4	5
Class			
General	56	62	118
OBC	72	61	133
SC/ST	27	22	49
Occupation			
Govt. Servant	11	28	39
Private Employee	29	51	80
Entrepreneur	9	9	18
Farmer/Labourer	62	16	78

Other (student, housewife)	44	41	85
Income			
Less than 2000	40	24	64
2000-5000	57	23	80
5000-10000	27	19	46
10000-20000	18	31	49
20000 & above	13	48	61
Block			
Block Tilhar	79	21	100
Block Madnapur	58	42	100
District HQ (3 km from district hospital)	5	45	50
District HQ (10 km from district hospital)	13	37	50

Source- Computed by researcher from primary data

The data from the table 1.4 shows how registration under the Ayushman Bharat Yojana varies based on different socio-economic factors. In terms of gender, the registration rates are almost equal, with a slight edge for females (52.04%) compared to males (51.49%). When we look at locality, registration is much higher in rural areas (66.67%) than in urban areas (18.28%), showing that the scheme has been more successful in rural outreach. Among economic categories, people below the poverty line (BPL) have a higher registration rate (66.36%) compared to those above the poverty line (APL) at 43.52%. Age-wise, younger people, especially those between 25-30 years (67.27%), are more likely to register, while older age groups show lower registration rates. In terms of education, people with lower education levels, like the illiterate (55.81%), have higher registration rates, while those with higher education, such as graduates and postgraduates, have much lower rates (18.33% and 16.13%, respectively). Religion-wise, Hindus (53.59%) and Muslims (51.90%) have similar registration rates, but Christians (14.29%) and Sikhs (20.00%) have much lower participation. Among different castes, OBCs (54.14%) and SC/STs (55.10%) have higher registration rates than the General category (47.46%). Looking at occupation, farmers and laborers have the highest registration rates (79.49%), while government employees (28.21%) and private workers (36.25%) have lower rates. Income-wise, people with lower incomes (under Rs2,000 per month) have higher registration (62.50%), while those earning more than Rs20,000 a month have much lower registration (21.31%). Finally, area-wise, Block Tilhar has the highest registration rate at 79%, while areas near district centers show lower rates, indicating that more awareness and outreach efforts are needed in these urbanized regions. Overall, the scheme has done well in targeting rural, lower-income, and disadvantaged groups, but improvements are needed in urban areas, among educated people, and higher-income groups.

Conclusion: In conclusion, the Ayushman Bharat PradhanMantri Jan Arogya Yojana (AB-PMJAY) has made significant strides in addressing healthcare disparities in India, particularly for economically disadvantaged populations. However, its implementation has faced varying degrees of success across different states and districts, highlighted by fluctuations in fund utilization and Ayushman card registrations.

While the scheme's funding has grown substantially, with higher allocations for states like Uttar Pradesh, Madhya Pradesh, and Maharashtra, disparities in fund distribution remain a concern. States with stronger healthcare infrastructure tend to use funds more efficiently, while others face challenges in implementing the scheme effectively. Notably, in 2022-23, many states saw peak fund utilization, but a subsequent decline in 2023-24 raises questions about the sustainability of resource allocation.

Ayushman card registrations show notable variation across regions, with rural areas and lower-income groups exhibiting higher participation rates. The survey in Shahjahanpur district revealed that rural populations, the BPL category, and lower-income groups were more likely to register for the scheme, whereas urban, educated, and higher-income individuals showed lower participation. This suggests that while the scheme has been successful in reaching its intended beneficiaries, further efforts are needed to increase awareness and outreach in urban and economically better-off areas.

In summary, while AB-PMJAY has improved access to healthcare for millions, state-level disparities in fund utilization, infrastructure, and outreach remain critical challenges. Addressing these gaps, especially in urban areas and among higher-income groups, will be key to achieving universal health coverage and ensuring the scheme's long-term success.

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Table1.2- State/UT-wisefundsreleasedunderthescheme (AB-PMJAY) (in croreRupees)

State/UT	FY2018-19	FY2019-20	FY2020-21	FY2021-22	FY2022-23	FY2023-24
A& Nicobar Islands	0.15	0.41	0.27	0.76	1.00	0.59
AndhraPradesh	182.85	374.07	261.23	223.95	480.89	349.82
Arunachal Pradesh	2.31	0	0.67	0	3.80	3.22
Assam	21.08	133.23	12.1	87.91	209.33	288.00
Bihar	88.27	82.49	0	59.77	145.51	172.50
Chandigarh	0.68	3.82	1.84	2.49	6.41	4.13
Chhattisgarh	217.43	280.37	112.62	66	352.94	138.25
DNHand DD	4.27	2.02	4.24	1.76	2.93	2.25
Goa	0.64	0.06	0.49	0.6	0.53	1.19
Gujarat	77.5	212.33	99.84	330.55	660.15	267.48
Haryana	26.81	58.69	71.92	89.95	143.50	88.67
HimachalPradesh	17.18	19.12	32.93	33.71	64.32	34.33
JammuandKashmir	20.64	33.44	22.7	75.12	85.62	35.87
Jharkhand	170.17	126.5	100.32	7.98	0.00	0.00
Karnataka	159.31	254.13	160.85	414.11	647.74	278.28
Kerala	25	97.56	145.61	138.9	151.34	155.48
Ladakh	0	0	1.62	0.51	1.92	1.28
Lakshadweep	0	0	0	0.31	0.15	0.07
MadhyaPradesh	72.57	118.46	164.8	355.25	665.73	714.07
Maharashtra	266.32	241.88	376.65	324.75	388.03	466.42
Manipur	7.18	17.1	11.45	22.5	38.55	21.87
Meghalaya	15.57	18.07	49.52	22.28	47.31	30.1
Mizoram	17.48	12.41	14.97	16.58	26.30	23.35
Nagaland	4.72	10.89	12.27	14.09	21.69	25.79
Puducherry	1.52	0	1.23	0.11	7.98	4.96
Punjab	2.24	55.55	46.85	80.5	111.38	35.84
Rajasthan	0	200.07	258.31	96.39	416.96	501.30
Sikkim	1.03	0.09	1.85	1.04	2.30	4.41
TamilNadu	304.98	441.77	359.81	75.14	578.67	263.20
Telangana	0	0	0	150.26	173.54	114.31
Tripura	12.81	20.18	8.98	35.6	45.25	36.96
UttarPradesh	85.01	147.49	167.63	157.56	501.78	445.25
Uttarakhand	12.54	30.73	40.52	54.23	65.11	44.22
WestBengal	31.28	0	0	0	0.00	0.00
Total	1849.55	2992.94	2544.12	2940.65	6048.63	4553.41

Source- Government of India, Ministry of Health and Family Welfare Dataasof14.01.2024

Table-1.3 State/UT-wise and Financial year-wise details of Ayushman cards created under the scheme

State/UT	FY2018-19	FY2019-20	FY2020-21	FY2021-22	FY2022-23	FY2023-24
A&N Islands	3,408	11,518	18,795	6,095	813	25,974
Andhra Pradesh	-	5	14	49	1,22,22,747	30,39,616
Arunachal Pradesh	105	1,493	13,603	32,165	37,235	36,981
Assam	86	908	1,45,776	2,17,930	1,00,12,289	62,68,370
Bihar	11,39,675	41,41,614	14,66,320	7,22,838	3,29,017	9,56,922
Chandigarh	25,036	24,813	11,893	7,401	80,751	24,925
Chhattisgarh	6,73,311	21,16,614	88,88,867	37,34,793	19,43,322	37,57,720
DNH&DD	3,08,752	81,422	13,349	11,367	15,939	4,031
Goa	7,570	13,965	317	263	5,139	47,016
Gujarat	44,01,689	28,27,816	97,553	39,83,093	51,21,824	70,19,404
Haryana	8,92,365	12,98,633	3,37,429	3,01,914	53,70,225	27,12,885
Himachal Pradesh	5,09,337	3,19,610	2,14,554	69,743	18,274	1,46,048
J. & Kashmir	10,47,033	50,279	34,16,489	21,11,017	15,28,399	2,63,416
Jharkhand	30,71,641	56,36,121	2,54,567	4,08,213	13,53,286	11,69,551
Karnataka	-	336	6,58,869	48	1,28,96,440	20,05,555
Kerala	113	63,63,179	1,76,165	2,80,265	3,27,534	3,94,525
Ladakh	32,384	509	58,025	16,512	23,055	55,848
Lakshadweep	8	1,559	93	16,593	7,793	4,360
Madhya Pradesh	90,64,211	48,62,322	91,29,333	37,12,957	93,32,470	25,04,899
Maharashtra	4,97,621	62,97,711	2,70,786	3,72,001	17,67,038	1,60,55,734
Manipur	80,640	1,45,702	70,143	1,02,620	84,730	64,090
Meghalaya	2,33,650	12,82,954	41,380	1,45,279	78,438	1,04,016
Mizoram	1,31,670	2,09,925	11,033	3,934	78,405	75,030
Nagaland	19,380	2,06,756	16,648	21,681	1,90,844	2,12,124
Puducherry	7	1,13,996	15,791	2,56,508	23,457	77,801
Punjab	-	36,84,680	22,62,735	15,79,586	1,99,050	7,06,077
Rajasthan	-	-	-	-	1,02,78,849	92,32,797
Sikkim	4,222	27,207	2,701	10,791	7,925	16,394
Tamil Nadu	-	188	179	373	32,44,708	30,19,414
Telangana	-	-	-	-	69,49,447	12,98,621
Tripura	3,50,010	7,68,202	1,17,879	37,517	41,308	82,271
Uttar Pradesh	28,28,422	65,28,640	44,29,547	41,53,600	92,01,753	2,17,95,847
Uttarakhand	28,65,125	8,57,669	5,50,073	3,53,466	3,76,978	4,73,144

Source- Government of India, Ministry of Health and Family Welfare Data as of 14.01.2024
