

# INVESTIGATING THE CHALLENGES AND OPPORTUNITIES OF THE MAHATMA JYOTIBA PHULE JAN AROGYA YOJANA (2013-2020) FOR BPL FAMILIES”

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## **Abstract**

The purpose of this research paper is to investigate the challenges and opportunities of the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) which was launched in 2013-2020 to provide healthcare benefits to families below the poverty line (BPL). The research methodology employed in this paper is a comprehensive literature review of the literature available on the MJPJAY, including policy documents, academic papers, and news articles. The findings of the review indicate that there are numerous challenges facing the MJPJAY, including inadequate infrastructure, weak financial management, and low awareness among BPL families. However, the MJPJAY also presents several opportunities, such as increased access to healthcare services, improved quality of care, and cost savings. This paper concludes that, while there are challenges in the implementation of the MJPJAY, with proper management and public awareness, the MJPJAY can be a successful and beneficial program for BPL families.

**Keywords:** *Challenges, Opportunities, MJPJAY, Healthcare Services.*

## **1. Introduction**

The Mahatma Jyotiba Phule Jan Arogya Yojana (2013-2020) is an ambitious healthcare scheme launched by the Indian Government in 2013 to provide free healthcare services to families living

below the poverty line (BPL). This scheme aims to improve access to healthcare for the most vulnerable communities in India by providing financial protection against catastrophic health expenditures and improving access to comprehensive primary and secondary healthcare services. While the scheme has made considerable progress in its seven years of implementation, it has faced many challenges and opportunities in terms of access, utilization, and quality of care. This research paper will investigate the challenges and opportunities associated with the Mahatma Jyotiba Phule Jan Arogya Yojana (2013-2020) for BPL families in India.

The paper will first provide an overview of the scheme and its objectives. It will then discuss the challenges in implementing the scheme, such as inadequate funding and weak management systems. Next, the paper will identify the opportunities and successes of the scheme, such as improved access to healthcare services and increased awareness of healthcare among the target population. Finally, the paper will conclude by discussing the implications of the research findings and suggest recommendations for improving the scheme in the future.

## **2. LITERATURE REVIEW: -**

(Pawan Kumar Taneja, 2011), Micro health insurance has become a popular form of health

insurance for the underprivileged as a means of escaping the cycle of poverty in developing nations. Due of the hereditary nature of ethical hazards in the insurance industry, economists and policy analysts are opposed to micro-health insurance. The goal of the study is to assess the Rashtriya Swasthya Bima Yojana (RSBY), a ground-breaking mass-scale microinsurance programme launched by the Indian government to address the health care needs of the underprivileged. The study's findings demonstrate how RSBY has improved the health of underprivileged communities, but they also demonstrate how poor families' attitudes towards using medical services have changed (a symptom caused by the presence of ethical hazards). However, the poor's inconsistent behaviour is ethically and socially admirable and signals a step in the right direction for their attempts to raise their own level of living. (Rupali Gujar, 2023) Perceived Service Quality (SRVQAL) was measured by the tool, which consists of a set of questions that mainly focus on the soft skills used by the service provider, allowing patients to express their opinion about the services provided by the hospital. Service quality measurement in the health-care sector is challenging because it is abstract, heterogeneous, indivisible and perishable. So, to measure the quality of service in health care, experts use perceptions and expectations. In this study, ServQual was used to measure patients' perception of the MJPJAY scheme. (Sapkal & Deshpande, 2018) An online management panel allows the administrator to manage the database and the doctor's schedule. The interface allows doctors to view their schedule. The system will come equipped with security tools to deal with numerous security risks like SQL injection, cross scripting, and spamming. For systems that allow patients to arrange appointments with doctors online, this project proposal outlines both functional and non-functional software needs. (Gaikar Vilas B, 2021) The state has a well-developed health facility that provides comprehensive health care to its citizens, especially in rural areas. Major diseases such as

guinea worm and small pox have been largely controlled by this department. At the same time, leprosy and neonatal tetanus have been eradicated in this province. Since 2011, polio patients have not been identified due to the polio vaccination program in Maharashtra. The Ministry has invested Rs 3965.57 crore on public health. Introduction to literature, studies, research methods and public health schemes, data interpretation and recommendations in Maharashtra state are part of this paper. (Rohan P. Parikh, 2019), this research shows the affection of young population predominately and genders inequality, suggesting primarily male disease. PCI is often sought in ACS and CSA is predominately treated medically. Thrombolysis remains the first treatment received by STEMI patients. SVD is the most common angiographic diagnosis with LAD predominately affected vessel. This real world-data on clopidogrel with aspirin as dual antiplatelet therapy and second-generation stent shows negligible event of stent thrombosis and ISR.

### **3. CHALLENGES: -**

**1. Lack of Awareness:** One of the biggest challenges that the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) faces is the lack of awareness among the BPL families. Many people are unaware of the benefits and services that this scheme provides. This lack of awareness affects the participation rate of the BPL families in the scheme.

**2. Lack of Infrastructure:** Another major challenge that the MJPJAY faces is the lack of adequate infrastructure to support the scheme. Many hospitals lack the resources to provide the services and treatments that this scheme provides. This makes it difficult for the BPL families to access the benefits of the scheme.

**3. Limited Coverage:** The scheme is limited in its coverage. Many BPL families are left out of the scheme due to lack of resources or due to the fact that they live in remote areas where the scheme does not provide services. This limits the

reach of the scheme and limits the people who can benefit from it.

**4. Inadequate Funds:** The MJPJAY is funded by the Central and State governments. However, the allocated funds are often insufficient for the scheme to provide the necessary services and treatments to the BPL families. This limits the effectiveness of the scheme in providing much-needed health services to the BPL families.

#### **4. OPPORTUNITIES: -**

**1. Increased Access to Healthcare:** The MJPJAY provides BPL families with access to healthcare that would otherwise be unaffordable. This scheme has enabled BPL families to access treatments and services that they would not have been able to access without the scheme.

**2. Improved Quality of Healthcare:** The scheme has also helped to improve the quality of healthcare that is provided to BPL families. Through the scheme, BPL families have access to better medical facilities and treatments that would have otherwise been unaffordable.

**3. Increased Awareness:** The scheme has also helped to increase awareness among BPL families about the benefits and services that are available to them. This has helped to increase the participation rate of BPL families in the scheme, which in turn has increased the number of people who can benefit from the scheme.

**4. Reduced Healthcare Costs:** The MJPJAY has also helped to reduce the costs of healthcare for BPL families. The scheme has helped to reduce the financial burden of purchasing healthcare services, which has enabled BPL families to access the treatments that they need without facing financial hardship.

#### **5. RESEARCH METHODOLOGY: -**

Research methodology refers to the logic of scientific investigation. The aim of research methodology is merely collection, analysis and interpretation of facts in the systematic manner. For the purpose of this research, a descriptive research method is used.

#### **Data collection: -**

To answer specified research questions, test hypotheses, and assess results, data collection is the act of acquiring and measuring information on variables of interest in a systematic and defined manner.

Primary data is that kind of data which is freshly collected. In this study primary data has not collected. This study is total based on secondary data.

Secondary data means that kind of data which already is available on various platforms and it can be collected using the help of research papers, journals, newspaper articles, personal blogs, etc.

#### **6. CONCLUSION: -**

The Mahatma Jyotiba Phule Jan Arogya Yojana has emerged as a successful public health insurance scheme for BPL families in India. It has provided the poor with access to quality healthcare services and has helped reduce financial burden of families due to medical expenses. The scheme has also enabled better health outcomes for the beneficiaries by strengthening the existing healthcare system. Its implementation has brought about several challenges and opportunities. The challenges include inadequate funds and resources, inadequate infrastructure and staff, and inadequate monitoring and evaluation of the scheme. On the other hand, the opportunities include enabling better access to healthcare services, improved health outcomes, and increased awareness among the BPL families. The Mahatma Jyotiba Phule Jan Arogya Yojana has been a successful scheme in providing better health services to the poor. To ensure its success and sustainability, the government must take steps to address the challenges and maximize the opportunities. This should include strategies such as increased funding, improved infrastructure, better staff training, and effective monitoring and evaluation mechanisms. The scheme can also be extended to other states and can be made more comprehensive by providing coverage for non-

communicable diseases. With the right measures, the scheme can ensure better health services for the poor, which can ultimately lead to improved health outcomes.

### **References**

- Gaikar Vilas B, U. o. (2021). AN EVALUATION OF PUBLIC HEALTH SCHEMES IN INDIA: A CASE STUDY OF MAHARASHTRA STATE . *Journal of Management Information and Decision Sciences* .
- Pawan Kumar Taneja, H. S. (2011). Pros & cons of micro health insurance to eradicate health problems in the Below Poverty Line (BPL) population: empirical evidence from India . *Italian Journal of Public Health*.
- Rohan P. Parikh, S. W. (2019). Retrospective Study of Clinical and Epidemiological Parameters of Patients Undergoing Percutaneous Coronary Intervention with Their Follow-Up. *OPEN ACCESS MACEDONIAN JOURNAL OF MEDICAL SCIENCES*.
- Rupali Gujar, A. M. (2023). Patients' perceived service quality for Mahatma Jyotiba Phule Jan Arogya Yojana: A study conducted at tertiary care hospital in Raigad district. *Journal of Medical Sciences*.
- Sapkal, A. B., & Deshpande, S. (2018). Awareness about Mahatma Jyotiba Phule Jan Arogya Yojna among the residential population of an urban community: a cross sectional study.