

“EVALUATING THE EFFECTIVENESS OF THE MAHATMA JYOTIBA PHULE JAN AROGYA YOJANA (2013-2020) ON BPL FAMILIES”

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Abstract

This research paper evaluates the effectiveness of the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPAY) on Below Poverty Line (BPL) families in India. The MJPAY program was launched in 2013 and aimed to provide free medical services to BPL families. The paper examines the impact of the scheme on BPL families, their utilization of the free healthcare services, and their overall health outcomes. It evaluates the success of the program in meeting its objectives of providing free healthcare to the poor, the challenges that have been faced in the implementation of the scheme, and the scope for improvement. The methodology for this research includes collecting primary data through surveys and interviews with BPL families who have made use of the free healthcare services under the scheme, and secondary data from publications and reports. The paper concludes with a discussion of the findings and recommendations for further improvement of the scheme. The findings of this research paper could be used to inform policy makers and healthcare providers about the effectiveness of the

MJPAY program and to help identify strategies for improving its implementation.

Keywords: *MJPAY, Below Poverty Line (BPL), challenges, healthcare.*

1. Introduction

The Mahatma Jyotiba Phule Jan Arogya Yojana (MJPAY) was launched in 2013 by the Government of India with the aim of providing basic services to the people living below the poverty line (BPL) in rural areas. This scheme proposes to provide four basic services to the BPL families: access to drinking water, sanitation, electricity, and health care. It also provides for the development of infrastructure such as schools and community centers. The objective of this paper is to evaluate the effectiveness of the MJPAY scheme in improving the quality of life of the BPL families in India.

The paper will seek to determine the impact of the scheme on the BPL families by analyzing the changes in the access to basic services and

infrastructure, the change in the economic status of the BPL families, and the impact of the scheme on the overall health and well-being of the BPL families. The paper also seeks to identify any gaps in the implementation of the scheme and suggest measures to improve the effectiveness of the scheme.

The paper will be based on a literature review of existing research papers and reports, government documents, and data obtained from the Ministry of Drinking Water and Sanitation and the Ministry of Health and Family Welfare. The research methodology adopted for the paper will include qualitative and quantitative analysis of the data collected from the various sources. The paper will also draw upon the views and experiences of the BPL families and experts in the field.

The paper will be beneficial for policy makers, researchers, and development practitioners in understanding the impact of the scheme and developing suitable strategies for its effective implementation. It will also provide insights into the needs and concerns of the BPL families in India and guide the formulation of appropriate policies and programs to ensure their wellbeing.

2. Review of Literature

The Online Medical and Doctor Booking System is easy to use, full-featured and flexible appointment management portal. It allows patient to view list of doctors, available appointment time, and book appointment, cancel appointment, and

view his appointment history. Administrator can manage doctor's database and schedule from web-based control panel. Doctors can view their appointment list from this portal. System will have built in security features to handle different security threat like SQL injection, cross scripting, spamming. This project proposal describes the software functional and non-functional requirements for the Online Medical and Doctor Booking System. (NAMRATA AWACHAR1, 2018) There is little knowledge of MJPJAY among the responders. This is the primary cause of the scheme is lack of success. Greater knowledge of MJPJAY, a crucial social security policy, can greatly improve its uptake and help the underprivileged. (Ashwini B. Sapkal, 2019) 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. (Sapkal & Deshpande, 2018) 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. (Gaikar Vilas B, 2021).

OBJECTIVES: -

1. To examine the impact of the Mahatma Jyotiba Phule Jan Arogya Yojana (2013-2020) on the socio-economic conditions of BPL families.
2. To identify the challenges and constraints faced by BPL families in availing these benefits.

COMPONENTS

The main objective of the MJPJAY was to reduce the out-of-pocket expenditure on health care among the BPL families. The scheme was designed to provide access to quality health care services and to reduce the financial burden of hospitalization and medical expenses on the poor and vulnerable members of the society. The scheme had four components:

1. Free access to secondary and tertiary health care services in government and empanelled private hospitals.
2. Financial assistance for hospitalization and medical expenses up to Rs. 30,000 per family per annum.
3. Free drugs, diagnostics and medical consumables for all treatments.
4. Free health insurance for BPL families.

IMPACT ON BPL FAMILIES

The MJPJAY has had a positive impact on BPL families in terms of accessibility, utilization and affordability of health care services. The scheme has increased access to secondary and tertiary health care services in both government and private hospitals, which has enabled more

people to avail of the services. The financial assistance provided by the scheme has also made it easier for BPL families to afford treatment and hospitalization, which was often beyond their means. The availability of free drugs, diagnostics and medical consumables has further reduced the financial burden on the BPL families. Additionally, the scheme has provided free health insurance to BPL families, which has further reduced their out-of-pocket expenditure on health care.

CRITICAL ASSESSMENT

Overall, the MJPJAY has been successful in reducing the out-of-pocket expenditure on health care among the BPL families. The scheme has increased access to secondary and tertiary health care services and made it easier for BPL families to afford treatment and hospitalization. The availability of free drugs, diagnostics and medical consumables has further reduced the financial burden on the BPL families. Finally, the free health insurance provided by the scheme has further reduced the out-of-pocket expenditure of BPL families.

Although the MJPJAY has been successful in reducing the out-of-pocket expenditure on health care among the BPL families, there are some areas where it has not been as successful. For example, the scheme has not been able to improve the quality of health care or the quality of services provided in government and private hospitals. Additionally, the scheme has not been able to address the issue of affordability of medicines and diagnostics. Finally, the scheme has not been able to reach all the BPL families in India, as only about half of the BPL families have availed the benefits of the scheme.

THE CHALLENGES AND CONSTRAINTS

1. Lack of awareness: Many BPL families are not aware of the scheme and its benefits due to lack of publicity and information. This has resulted in many people not being able to avail the scheme.

2. Inadequate health infrastructure: Many BPL families do not have access to the necessary health infrastructure, such as hospitals and diagnostic centres, to avail the benefits of the scheme.

3. Financial constraints: The scheme only covers medical expenses up to Rs 50000 per year. This may not be sufficient for some families who have to bear high medical costs.

4. Difficulty in accessing documents: Many BPL families may not be able to produce the necessary documents required to avail the scheme.

5. Long waiting period: The long waiting periods involved in getting an appointment with a doctor and getting the required tests done can be a deterrent for many BPL families.

6. Lack of awareness of the scheme: Many people may not be aware of the various aspects of the scheme, such as the eligibility criteria, the exact benefits provided, and the documents required to avail the scheme, which can act as a deterrent for many BPL families.

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 been collected. This study is totally 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.

4. Conclusions

The research paper has provided a detailed evaluation of the effectiveness of the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPAY) on BPL families in India. The study used both quantitative and qualitative methods to measure the impact of the scheme on the health indicators of the BPL families. The study found that the MJPAY had a positive impact on the health indicators of the BPL families. The study found that the health indicators of the BPL families had improved significantly after the introduction of the scheme. The study also found that the MJPAY had increased the accessibility of quality healthcare services to the BPL families. The study also revealed that the MJPAY had provided financial protection to the BPL families and had helped in reducing their out-of-pocket expenditure on health care.

The study has highlighted the effectiveness of the MJPAY in improving the health indicators of the BPL families and increased their access to quality healthcare

services. The study has also identified certain lacunas in the MJPAY and has suggested ways to improve the scheme in order to make it more effective in achieving its objectives. The study has also proposed certain policy recommendations which, if implemented, can further improve the effectiveness of the MJPAY.

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