

EVALUATION OF DEEN DAYAL SWASTHYA SEVA YOJANA IN GOA

A Dissertation for

Course code and course title: Eco-651 Dissertation

Credits: 16

Submitted in partial fulfilment of Master of Arts in Economics

By

YOGITA DINKAR KHANDEKAR

22p0100053

167889662744

201901350

Under the supervision of

Ms. AVINA KAVTHANKAR

Co-guide: Prof. PRANAB MUKHOPADHYAY

Goa Business School

Economics



GOA UNIVERSITY

Date: April 2024

Pranab Mukhopadhyay
Examined by:



Seal of the School

DECLARATION BY STUDENT

I hereby declare that the data presented in this Dissertation report entitled, "Evaluation of Deen Dayal Swasthya Seva Yojana (DDSSY) in Goa" is based on the results of investigations carried out by me in the Economics Department at the Goa Business School, Goa University under the Supervision of Mrs Avina Kavthankar and Co-guide: Prof. Pranab Mukhopadhyay the same has not been submitted elsewhere for the award of a degree or diploma by me. Further, I understand that Goa University or its authorities will not be responsible for the correctness of observations / experimental or other findings given the dissertation.

I hereby authorize the University authorities to upload this dissertation to the dissertation repository or anywhere else as the UGC regulations demand and make it available to anyone as needed.

Date:

Place: Goa University



Signature

Yogita Dinka Khandekar
Seat no: 22p0100053

COMPLETION CERTIFICATION

This is to certify that the dissertation report "Evaluation of Deen Dayal Swasthya Seva Yojana (DDSSY) in Goa" is a bonafide work carried out by Ms Yogita Dinkar Khandekar under my supervision in partial fulfilment of the requirements for the award of the degree of Masters of Arts in Economics in the Discipline at the Goa Business School, Goa University.

Prof. Pranab Mukhopadhyay

Signature and Name of Supervising Teacher

Prof. Pranab Mukhopadhyay

Date: *April 2024*



[Signature]

Signature of Dean of the School/HoD of Dept

Dept Stamp

Date: *09/05/2024*

Place: Goa University

PREFACE

As I begin my research on the Evaluation of Deen Dayal Swasthya Seva Yojana in Goa (DDSSY). This project is all about understanding how well the DDSSY scheme is working for eligible people in Goa. and I want to see how this healthcare program is making a difference. I will be exploring a few key things like how many people know about this DDSST scheme, how they're using it to get healthcare, and how it's affecting their lives and families. by looking at all these aspects, I will get to know what's working well and where there's a need for improvement.

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to Mrs Avina Kavthankar and under Co-guide: Prof. Pranab Mukhopadhyay for their invaluable guidance, mentorship, and unwavering support throughout this project. their expertise and insights have been instrumental in shaping the direction and methodology of this research.

I am also deeply thankful to the Economics department at Goa Business School, Goa University for providing the necessary resources and facilities to conduct this study. Their commitment to academic excellence has been a constant source of inspiration

I extend my heartfelt appreciation to the participants of this study, whose willingness to share their experiences and insights has enriched the depth and breadth of my findings. their contributions are invaluable and greatly appreciated

Furthermore, I would like to acknowledge the support of my friends and family, whose encouragement and understanding have been a source of strength throughout this journey. their unwavering belief in my abilities has been a driving force behind the completion of this project.

Your support has been indispensable, and I am truly thankful

TABLE OF CONTENT

TITLE PAGE	
DECLARATION	
CERTIFICATE	
PREFACE	I
ACKNOWLEDGEMENT	II
TABLE OF CONTENTS	III
LIST OF TABLES	IV
LIST OF FIGURES	V
ABSTRACT	VI
Chapter1: INTRODUCTION	1-4
1.1 Background	1
1.2 Objectives	3
1.3 Significance of study	3
1.4 Scope of the study	4
1.5 Research Questions	4
1.6 Limitations	4
Chapter 2: REVIEW OF LITERATURE	5-18
2.2 Review of Literature	5
Chapter 3: METHODOLOGY	19-20
3.1 Introduction	19

3.2 Data Collection	19
3.3 Sampling	20
3.4 Data analysis	20
3.5 Ethical Considerations	20
 Chapter 4: DATA ANALYSIS	 21-51
4.1 Introduction	21
4.2 Results	21
 Chapter 5: FINDINGS AND CONCLUSION	 52-56
5.1 Introduction	52
5.2 Main Findings	52
5.3 Conclusion	56

LIST OF TABLES

Table no.	Title	Page no.
4.2.1	Employment Status	30
4.2.2	Income of the respondents	30
4.2.3	Enrolment process of DDSSY card	32
4.2.4	Healthcare services utilized the most by the respondents	36
4.2.5	Purpose of using the DDSSY card	37
4.2.6	Availing any other schemes besides DDSSY	39
4.2.7	Faced any challenges by the respondents under DDSSY	47
4.2.8	Utilized any Digital healthcare services under DDSSY	51
4.2.9	Any specific healthcare services or treatment should be included under DDSSY	51
4.2.10	Suggestion	53

LIST OF FIGURES

Figure no.	Title	Page no.
4.2.1	Age of the respondents	24
4.2.2	The gender of the respondents	25
4.2.3	The locality of the respondents	26
4.2.4	Family members registered under DDSSY	27
4.2.5	Family members aged 60 or above utilized the DDSSY card	28
4.2.6	The level of education of the respondents	29
4.2.7	Taluka's which respondents leave	31
4.2.8	Have you used the DDSSY card	33
4.2.9	If yes, how many times have you used it	34
4.2.10	Frequency of visits to healthcare	35
4.2.11	From where did the respondents use the DDSSY card	38
4.2.12	The number of respondents having health insurance	40
4.2.13	How satisfied are you with the availability of primary care services under DDSSY	41
4.2.14	The DDSSY scheme reduced my "out-of-pocket" expenditure for healthcare	42
4.2.15	Do DDSSY adequately addresses your healthcare needs	43
4.2.16	Rate the overall satisfaction level of the DDSSY scheme	44

4.2.17	To what extent does DDSSY respect your preferences and values	45
4.2.18	DDSSY contributes to improving your overall quality of life	46
4.2.19	Satisfied with the amount allotted under DDSSY	47
4.2.20	How informed are you about the healthcare services under DDSSY	48
4.2.21	From where did you come to know about the DDSSY scheme	49
4.2.22	How many times have you renewed the DDSSY card	50

ABSTRACT

The Deen Dayal Swasthya Seva Yojana (DDSSY) is a healthcare program implemented in Goa to address the healthcare needs of eligible beneficiaries who are residing in Goa. This study evaluates the awareness, utilisation, and socio-economic impact of the DDSSY scheme on eligible beneficiaries in Goa. **Introduction:** The DDSSY scheme wants to make healthcare affordable for everyone in Goa, especially targeting those people with low income. It gives eligible beneficiaries to access good medical care through a DDSSY card. But not everyone knows about it or uses it enough. **Objectives:** To examine the awareness level of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa, To assess the utilisation pattern of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa and To analyse the socio-economic impact of the scheme on the livelihood and well-being of the beneficiaries in Goa. The study aims to analyze the enrolment process, and service delivery **Methodology:** In this study, 100 people were asked about their experiences with the DDSSY program using an online survey. Then, the study have also looked at the awareness to see what people thought. **Findings:** The study has found out that many people don't know much about the DDSSY scheme and don't use it much either. Some people have said it helped them to spend less money on healthcare, but others didn't think it was very helpful. **Conclusion:** Even though the DDSSY scheme has good intentions, it has some problems. People need to know more about it benefits, and some things could be improved. The study can help make the DDSSY program better so that more people can get the care they need in Goa.

Chapter 1. Introduction

1.1 Background

Set against the backdrop of the stunning state of Goa, the Deen Dayal Swasthya Seva Yojana (DDSSY) is a powerful health insurance program that was introduced on May 30, 2016, to address the healthcare needs of the population. The program is intricately designed, offering affordable and easy access to essential medical services, making it an indispensable intervention in enhancing healthcare accessibility, effectiveness, and overall impact in Goa.

The program is primarily aimed at assisting the economically weaker sections of society and extends health coverage to every resident of the state, who has been living in Goa for five years or more. Eligible individuals and families receive a healthcare insurance card, which grants them access to top-notch treatment at empanelled hospitals. The enrolment process is seamless, offering both online and offline registration options, with online registration requiring a visit to the official DDSSY website, while offline registration can be done at the nearest DDSSY Kendra.

Registration fees are reasonable, with Rs. 200 for families with three or fewer members and Rs. 300 for families with four or more members. The insurance coverage is substantial, reaching up to Rs. 2.50 lakhs per annum for smaller families and up to Rs. 4.00 lakhs for larger families. Importantly, individuals can opt for higher coverage by paying a premium without impacting government policy and facilities.

The scheme covers expenses for prescribed medications and necessary implants, offering comprehensive coverage of 447 medical procedures, surgeries, and treatments, including critical ones like cancer treatment, organ transplant, and dialysis. The DDSSY is administered by Deen Dayal Sahayaks, who facilitates pre-authorisation requests to ISA pre-authorisation doctors. Beneficiaries can approach empanelled healthcare providers and access necessary treatments covered under the scheme after consultations and diagnostic tests.

Recognising the burden of out-of-pocket expenses in Goa, where out-of-pocket expenditure reaches Rs. 26,432, the DDSSY emerges as a crucial intervention. The scheme's forward-thinking approach includes plans to enable Goans to access specialized medical treatments not only within Goa but also outside the state. Collaborations with institutions like Prasad Netralaya and the consideration of incorporating advanced surgeries like laser and cosmetic procedures underscore the government's commitment to enhancing the healthcare program.

This study aims to meticulously examine the execution and various facets of the DDSSY, including its implementation, coverage, financial sustainability, outcomes, and quality of healthcare services. By delving into the enrolment process, service delivery, infrastructure, and service quality, this research seeks to shed light on the scheme's overall impact through increased awareness and utilization. The findings of this study aim to pinpoint weaknesses in the DDSSY scheme in Goa, providing valuable recommendations for its improvement.

Elevating awareness and utilization of government health insurance schemes, such as DDSSY, will undoubtedly ensure broader access to quality and affordable healthcare services, ultimately leading to improved health outcomes for the community. The scheme covers a network of 35 private hospitals, 6 government hospitals, 1 government-aided hospital in Goa, and 10 private hospitals outside Goa with empanelment. It offers substantial coverage of up to Rs. 4.00 lakhs for larger families, and individuals can opt for higher coverage by paying a premium. The DDSSY provides coverage for prescribed medications and necessary implants and offers comprehensive coverage of 447 medical procedures, surgeries, and treatments, including critical ones like cancer treatment, organ transplant, and dialysis.

The program is administered by Deen Dayal Sahayaks, who facilitates pre-authorisation requests to ISA pre-authorisation doctors. Beneficiaries can approach empanelled healthcare

providers and access necessary treatments covered under the scheme after consultations and diagnostic tests.

Through this study, the government aims to shed light on the scheme's overall impact, seeking to pinpoint weaknesses in the DDSSY scheme in Goa, and providing valuable recommendations for its improvement. Overall, the DDSSY is a crucial intervention in improving healthcare accessibility and effectiveness in Goa. (*Deen Dayal Swasthya Seva Yojana - DDSSY New Registration Online*, n.d.; N. Team, 2021; P. M. Y. Team, 2023)

1.2 Objectives

The objectives of this evaluation are to examine the awareness level of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa, To assess the utilisation pattern of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa and To analyse the socio-economic impact of the scheme on the livelihood and well-being of the beneficiaries in Goa. The study aims to analyze the enrolment process, service delivery, infrastructure, and quality of healthcare services provided under the scheme and also assess the scheme's effectiveness in improving health outcomes, patient satisfaction, and timeliness of services.

1.3 Significance of the study

- This will aid in determining the level of awareness regarding the program and whether individuals are utilizing it.
- The research will demonstrate the impact of the program on individuals' lives and how it facilitates access to medical care.
- The results of the study can contribute to the development of improved healthcare programs in the future.

1.4 Scope of the study

The focus of this study is to examine the implementation of the DDSSY healthcare scheme across the state of Goa. It will cover various aspects such as the enrolment process, infrastructure, quality of healthcare services, and awareness of the scheme. Additionally, the research will analyze the impact of the scheme on healthcare accessibility, including its effect on reducing out-of-pocket expenditure and increasing the utilization of healthcare services. The study aims to provide insights into the effectiveness of the scheme in terms of health outcomes, patient satisfaction, and timeliness of services. This will help identify the strengths, weaknesses, challenges, and limitations of the DDSSY scheme.

1.5 Research Questions

- What is the extent of awareness and utilization among eligible beneficiaries of the Deen Dayal scheme in Goa?
- How has the implementation of the Deen Dayal scheme influenced the socio-economic status and overall well-being of the beneficiaries in Goa?

1.6 Limitations

- Respondents might not always share their feelings in their surveys, affecting the accuracy of responses.
- Relying on government reports might miss what people think and how the program is working in Goa.
- Due to time constraints, the survey only had 100 respondents, which may not fully represent everyone's opinions.

CHAPTER 2: LITERATURE REVIEW

1. (Bai, 2021)The study titled “A Study on Customer Awareness towards Pradhan Mantri Bharatiya Jananaushadi Kendra’s concerning Shimoga” stated that this study targets the degree of knowledge of individuals about Jan Aushadhi Medical Store. The primary objectives of this study were To study the degree of general knowledge of people about Jan Aushadhi Medical Store, To study the people’s awareness of Jan Aushadhi Medical schemes, To know the willingness of people to buy generic medicines, To study understanding and people’s perception of generic medicines, to study the satisfaction level of customers towards quality, price, availability, accessibility, affordability of these medicines, To know about how the government initiative measures reach among the people. The study was conducted using both primary and secondary data they collected data using SPSS, and interviews with structured questionnaires. The findings of this paper were out of 50 respondents, 60% of males and 20% are females who avail of the benefits of PMBJK 60% of the respondents visit these stores frequently, and 70% of them are committed, 56% of the respondents are happy with the quality of the medicines, and 60% of the respondents say that the price of the medicines is underpriced.

2. (Thomas et al., 2023) The study titled "A Study of awareness, enrolment, and utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in Gujarat, India" was conducted to assess the current status of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Gujarat. The study aimed to determine the level of awareness, card possession, and program utilization among its beneficiaries. The researchers collected primary data from a random sample of individuals and analyzed it using the Statistical Package for Social Sciences (SPSS). The findings revealed that

the utilization rate of the program is only 43.3%, which suggests that while many are aware of the program, a significant number of them may need to fully comprehend its benefits. As a result, not all eligible individuals are availing of the program to receive healthcare, and many are still paying for their medical bills out of pocket.

3. (Srinivasan, n.d.) The study titled "Social Awareness of Pradhan Mantri Schemes concerning Tiruchirappalli District" focuses on the awareness of Pradhan Mantri Schemes in Tiruchirappalli District, Tamil Nadu, India. The goal of the research is to promote economic development and financial inclusion. The study investigates the differences in awareness levels of respondents towards PM schemes based on their annual income. The research utilized both primary and secondary data, and the sample size comprised 110 respondents. The study employed statistical analysis tools such as Anova, cross-tabulation, and chi-square tests. The findings of the study indicate that there is a need for improved awareness and understanding of the benefits offered under the Pradhan Mantri Schemes, especially among low-income individuals. The study emphasizes the significance of the schemes in economic development and encourages people to open bank accounts to access various benefits.

4. (Mahapatro et al., 2018) The study conducted a thorough analysis of the effectiveness of health insurance schemes in addressing the issue of out-of-pocket spending and promoting equality in health expenditure. The research utilized data from the 71st round National Sample Survey conducted in 2014. The study findings revealed that while health insurance programs succeeded in reducing out-of-pocket spending on hospitalization to some extent, there were significant disparities in health expenditure,

particularly under government-funded schemes. The poorest economic group was found to be spending a substantial portion of their household budget on healthcare. To address these challenges and ensure equitable access to healthcare, the study recommended expanding the benefits package these schemes offer, increasing service coverage and financial incentives, and enhancing enrollment. Furthermore, the study's findings may have broader implications for other developing countries that are experiencing similar socio-economic and demographic changes in their healthcare systems

5. (Thakur, 2016) The study titled "A Study of Awareness, Enrolment, and Utilization of Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme) in Maharashtra, India" delves into the current status of the National Health Insurance Scheme, RSBY, in Maharashtra. Through a comprehensive evaluation of awareness, enrolment, and utilization, the study utilized both primary and secondary data to provide detailed insights into the success of the scheme in the region. However, the study found that RSBY had very limited success in Maharashtra, with only 29.7% of the 6,000 households surveyed being aware of the scheme. Additionally, just 21.6% were enrolled between 2010 and 2012, indicating a significant gap in the coverage of health insurance in the region.
6. (*"DATA ANALYSIS OF THE GOVERNMENT HEALTHCARE SCHEMES AVAILED BY THE LOWER INCOME POPULATION: A CASE STUDY OF DELHI - Google Search*, n.d.) The study delves into the in-depth analysis of the government healthcare schemes that are accessible to the lower-income population in Delhi, India. It

underlines the crucial role of healthcare in human development and well-being and highlights the need for accessible healthcare policies for every citizen, regardless of their financial status. The primary objective of the study is to identify the health benefits available to the lower-income group in Delhi and explore the statistical relationship between their family monthly income and the government policies availed. To achieve this, the study conducted an extensive health-related survey on 431 urban poor families in Delhi and analyzed the findings. The survey findings revealed that a significant percentage of people were unaware of the available policies, which indicates a lack of knowledge or awareness among the lower-income group regarding their healthcare rights. Moreover, the study found that only 23% of people earning less than ₹5000 per month were availing the healthcare facilities provided by the government. This finding underscores the need for increased awareness and improved implementation of healthcare policies for the lower-income group in Delhi.

7. (*Understanding the “Cash-Less” Nature of Government-Sponsored Health Insurance Schemes*, n.d.) The research article titled "Understanding the 'Cash-less' Nature of Government-Sponsored Health Insurance Schemes: Evidence from Rajiv Gandhi Jeevandayee Aarogya Yojana in Mumbai" aimed to investigate the effectiveness of the Rajiv Gandhi Jeevandayee Aarogya Yojana (RGJAY) in reducing the out-of-pocket (OOP) expenditure for tertiary care in Mumbai, India. The study utilized both qualitative and quantitative research methods to assess the extent to which the beneficiaries of the scheme were able to avail of cashless benefits while receiving treatment at RGJAY-accredited facilities. The findings of the study revealed that there

was a low level of awareness about the scheme and its components among the hospitalized beneficiaries who had utilized the scheme. This highlights the need for better awareness campaigns to ensure that the benefits of the scheme reach the intended beneficiaries and to promote financial inclusion and economic development in the region.

8. (Lahariya, 2018) The review article titled "SPECIAL 'Ayushman Bharat' Program and Universal Health Coverage in India" analyzes the Ayushman Bharat Program's potential to reform the Indian healthcare system to achieve universal health coverage (UHC). The program aligns with the National Health Policy 2017 and aims to improve the accessibility, availability, and affordability of primary, secondary, and tertiary-care health services in India. The program consists of two initiatives- Health and Wellness Centers and the National Health Protection Scheme, which was later renamed as Pradhan Mantri Rashtriya Swasthya Suraksha Mission. The second component, PM-RSSM, has garnered significant attention from the public, political, and media spheres, pushing health higher on the political agenda. The paper elaborates on India's key health challenges, including limited access, insufficient availability, suboptimal or unknown quality of health services, and high out-of-pocket expenditure (OOPE) contributing to rural and urban poverty. It also highlights the unprecedented public, political, and media attention received by the program after its announcement in the Union budget 2018-19. The review analyzes the program and provides critical reflections, suggestions, and a way forward for its rapid and effective implementation. The review outlines the budget allocation to the Health and Wellness Centers and the National Health Protection Scheme, discussing the potential impact of

the program on poverty alleviation and economic growth. It also presents a SWOT (strengths, weaknesses, opportunities, threats) analysis of the Ayushman Bharat Program, evaluating its potential strengths and limitations. It suggests various ways of improving the implementation effectiveness of the program, the need for strengthening and scaling up ongoing initiatives, and the establishment of institutional mechanisms to bring stakeholders together.

9. (*Penetration and Coverage of Government-Funded Health Insurance Schemes in India - ScienceDirect*, n.d.) A study titled “Penetration and Coverage of government-funded health insurance schemes in India”. The paper delves into an analysis of the government-funded health insurance schemes in India, drawing on official and survey data. The study reveals that the actual coverage was way below what was claimed, with coverage amounts varying across different schemes. The paper highlights the challenges faced in achieving equitable access to healthcare, with a particular emphasis on the non-poor and urban populations. Additionally, the study underscores the increasing role that health insurance plays in financing total health expenditure. However, it concludes that improved healthcare utilization does not always translate to reduced out-of-pocket expenditures or higher financial risk protection. Overall, the paper offers valuable insights into the current state and challenges of these schemes, underscoring the need for continued evaluation and improvement to ensure equitable access to healthcare and effective financial risk protection.

10. (Kumar & Sohal, 2018) The study provides an in-depth analysis of different health insurance schemes in India, including their coverage, benefits, and launch dates. This

information provides a comprehensive understanding of the healthcare financing landscape in India, offering insights into the challenges and potential solutions to improve the system. The research paper sheds light on a crucial issue in the Indian healthcare system the need for significant reforms to reduce the burden of out-of-pocket expenditure and protect people from catastrophic health costs. The paper highlights the importance of payment methods, including prospective and retrospective models, in achieving this goal. Overall, the paper serves as a valuable resource for policymakers, healthcare professionals, and anyone interested in understanding healthcare expenditures, payment methods, and health insurance schemes in India.

11. ((PDF) *Measuring the Effect of Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojna (AB-PMJAY) on Health Expenditure among Poor Admitted in a Tertiary Care Hospital in the Northern State of India*, n.d.) The research conducted was aimed at investigating the impact of the Ayushman Bharat Pradhan Mantri Jan Aarogya Yojna (AB PMJAY) on the catastrophic health expenses (CHE) incurred by poor individuals who were admitted to a public tertiary hospital in Himachal Pradesh, India. The study, entitled "Measuring the effect of Ayushman Bharat-Pradhan Mantri Jan Aaroya Yojna (AB-PMJAY) on Health Expenditure among the poor admitted to a Tertiary Care Hospital in the Northern State of India", collected data between August 2020 and October 2021. During this period, the study recorded the socio-demographic details, total monthly family expenses, out-of-pocket expenses, and indirect illness-related expenses of the participants before and after hospital admission. The research found that the AB-PMJAY scheme was effective in reducing the CHE among the

participants, thereby providing them with the financial protection they required. The study also emphasized that providing adequate health infrastructure and services is essential to maximizing the effectiveness of the scheme, particularly during challenging times like the COVID-19 pandemic. Overall, the study's results provide a clear insight into the importance of providing accessible and affordable healthcare services to the underprivileged sections of society.

12. (Agyepong et al., 2016) The study examines the obstacles faced by Ghana in achieving universal health coverage through its National Health Insurance Scheme (NHIS). Despite the NHIS's objective of ensuring coverage for all, only around 40% of the population is currently enrolled. The study identifies several factors that affect enrollment, including the need for mandatory enrollment, attention to stakeholder incentives, and responsive program design. The research was conducted in the Volta region of Ghana, with a focus on both urban and rural districts. The study employed a mixed-methods approach, using document review, routine data analysis, interviews, and focus group discussions. The findings indicate that policy and program design, as well as implementation factors, are crucial to achieving universal population coverage. The study recommends that countries, including those in sub-Saharan Africa, learn from Ghana's experience, as well as from countries like South Korea and Thailand, in attaining near-universal population coverage.

13. (Raiturcar et al., 2019) The study aimed to assess the level of knowledge, attitude, and practices about glaucoma among patients who were diagnosed with glaucoma and were receiving treatment. A cross-sectional, hospital-based study was conducted

among 200 consecutive glaucoma patients presenting to the outpatient department at Goa Medical College and Hospital. The study revealed that while 79% of the patients were aware that they were suffering from glaucoma, only 10% of them could describe their disease briefly, and 18% were aware of the familial nature of the disease. Moreover, it was found that most patients relied on intraocular pressure as a measure of glaucoma control, and only 36 (18%) patients were aware of the familial nature of the disease. The study also revealed that the patients living in urban areas, the higher educated groups, and the higher socio-economic classes had better knowledge about glaucoma, and followed proper practices such as compliance with therapy and regular follow-ups. The study concluded that irreversible damage from glaucoma can be prevented by increasing the level of awareness about glaucoma and health education.

14. (*Impact of Health Insurance for Tertiary Care on Postoperative Outcomes and Seeking Care for Symptoms: Quasi-Experimental Evidence from Karnataka, India / BMJ Open*, n.d.) The study evaluated the impact of the Vajpayee Arogyashree Scheme (VAS), a government insurance program providing free tertiary care to households below the poverty line in Karnataka, India. The study found that households eligible for VAS were more likely to seek treatment for their symptoms, particularly cardiac conditions, and experienced better postoperative outcomes and post-hospitalization well-being. Insured patients also had a lower incidence of infection and rehospitalization. The study suggests that insurance for tertiary care can improve health outcomes by increasing treatment-seeking and access to better-quality facilities. The study has some limitations, such as the quasi-experimental design and inability to directly link increased treatment seeking to better outcomes.

15. (Meng et al., 2018) This paper examines the impact of healthcare insurance on the health of the senior floating population in China using data from the 2015 China Migrants Dynamic Survey. The study finds that participating in medical insurance programs significantly improves the self-rated health of the senior floating population. It is also observed that the health status of individuals affects their choice of healthcare insurance program. Senior migrants with poor health are more likely to choose high-paying, wide-coverage healthcare insurance available for urban employees. The study also identifies that where senior migrants with poor health tend to enrol in healthcare insurance programs at their place of settlement. The study has some limitations, including the use of self-rated health as the only measurement of health status and the study's conclusions can only be generalized to China's senior floating population, not the entirety of China's senior population.

16. (*Effect of Health Insurance Program for the Poor on Out-of-Pocket Inpatient Care Cost in India: Evidence from a Nationally Representative Cross-Sectional Survey - PubMed*, n.d.) This research examines the impact of public health insurance programs for the poor on hospitalizations and inpatient out-of-pocket costs in India. The study finds that enrolment in these programs increases the utilization of inpatient healthcare, but has no effect on the duration of hospitalizations or inpatient out-of-pocket costs. The study recommends expanding insurance coverage to cover outpatient services to discourage overutilization of inpatient services and reduce out-of-pocket costs. The study suggests that insurance coverage should be extended to cover all family members, rather than restricting coverage to a specific maximum defined. The study

also finds that chronic illness, household size, and age of the individual have significant effects on hospitalization incidence, while days of hospital stay, education and age of the patient, using a private hospital for treatment, admission in a paying ward, and having specific comorbidities had significant positive effects on out-of-pocket costs.

17. (Saxena et al., 2022) This paper examines how the hospital-based transactions in India's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) are being implemented and how they can be improved to strengthen the scheme's operation. The study found that there is a need to broaden capacity-building efforts and empower frontline workers to streamline processes and reduce out-of-pocket expenses. The study also offers suggestions to hospitals, program managers, and policy planners to strengthen PM-JAY operations, including empowering and informing AMs, evaluating and streamlining hospital-based processes, and revising package rates to make them feasible for the program to pay and attractive enough for providers to want to provide services to PM-JAY beneficiaries.

18. (*The “Universal” in UHC and Ghana’s National Health Insurance Scheme: Policy and Implementation Challenges and Dilemmas of a Lower Middle Income Country / BMC Health Services Research / Full Text*, n.d.) This study explores the barriers to achieving universal population coverage in the National Health Insurance Scheme (NHIS) in Ghana. The study found that the failure of many who had ever enrolled in the NHIS to renew annually as required by the policy is one of the reasons for the stagnation in population coverage. The study identified several factors that affect the

client experience of the scheme, including national policy and program arrangements, implementation arrangements, and contextual factors. The study recommends that UHC policy and program design needs to be such that enrolment is effectively compulsory in practice., The policy needs to be responsive to actual and potential subscriber, purchaser, and provider incentives and related behaviour generated at implementation levels. The study provides insights for Ghana and other low and middle-income countries (LMICs) to attain the goal of universality in universal health coverage.

19. (Kumari et al., 2016) This study evaluates the Central Government Health Scheme (CGHS) based on a survey of 412 beneficiaries across 6 cities. The findings show that patients are satisfied with both empanelled private healthcare providers and CGHS dispensaries/polyclinics but more satisfied with the former. The study suggests improving the quality of healthcare in CGHS dispensaries and addressing concerns of empanelled private healthcare providers for better healthcare delivery and a sustainable public-private partnership. The study introduces patient-centred treatment practices, incentives for doctors and supporting staff and increasing the availability of necessary medicines and drugs at CGHS facilities. The study also suggests increasing beneficiaries' financial contribution towards the scheme to ensure long-term sustainability. The study recommends reviewing the exit fee and bank guarantee clauses for better management of the scheme and improving the quality of partnerships with private healthcare providers.

20. (Kumar et al., 2020) The article discusses the Pradhan Mantri Suraksha Bima Yojana (PMSBY) scheme in India, which aims to provide affordable insurance coverage for all citizens, especially those in rural and underprivileged areas. The scheme's success depends on the efforts of participating banks and post offices. However, limited coverage, lack of investor interest, and competition act as barriers to success. The article suggests that aggressive financial literacy campaigns should be organized to create awareness about the scheme, and that maximum entry and minimum renewal ages should be reconsidered. The government should also partner with NGOs and use attractive advertisements in local languages to increase awareness. The article concludes that the PMSBY scheme has the potential to achieve absolute success if the government and partnering banks organize a more aggressive financial literacy campaign.

Chapter 3. Research Methodology

3.1. Introduction

In this chapter, I have detailed the methodology to investigate the Evaluation of Deen Dayal Swasthya Seva Yojana in Goa (DDSSY). The research objectives guided the choice of data collection methods and techniques. Primary data were collected by using a structured questionnaire administered through an online survey to gather information from a sample of 100 respondents. The research design is descriptive research

3.2. Data Collection

Primary data has been used in the form of a structured questionnaire to address the research objectives, focusing on the awareness level of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa, To assess the utilisation pattern of the Deen Dayal Swasthya Seva Yojana (DDSSY) scheme among eligible beneficiaries in Goa and, To analyse the socio-economic impact of the scheme on the livelihood and well-being of beneficiaries in Goa. The questionnaires underwent pilot testing to ensure clarity and relevance. The online survey was conducted using a Google form, with measures to protect participant privacy and data integrity.

3.3. Sampling

The research is designed to achieve the above-mentioned objectives, to carry out this project, random sampling methods are used to select individuals eligible to participate in the survey. The sample population including age, gender, and socioeconomic status, were documented for analysis. A sample size of 100 participants was chosen based on consideration of representativeness.

3.4. Data Analysis

In this study, descriptive research was considered the most appropriate approach, as it allowed for the collection of detailed information on the participants' opinions and perceptions. To analyze the primary data collected from the respondents, various tools and techniques were used, including scatter plots, graphics, tables, and pie charts. These tools were used to represent the data clearly and concisely, enabling to identification of patterns, trends, and other key findings.

3.5. Ethical Considerations

Ethical considerations were paramount throughout the research process. Informed consent was obtained from all participants before they participated in the survey. Additionally, ethical guidelines were followed to safeguard participants' welfare and data integrity.

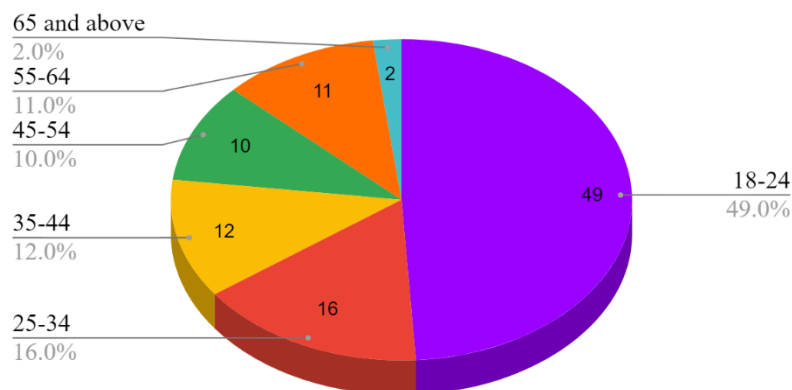
Chapter 4. Data Analysis

4.1 Introduction

In Chapter 4, the data analysis process is discussed. The study was based on primary data collected from 100 respondents in Goa, with 50 from South Goa and 50 from North Goa. A structured questionnaire was used to determine the opinions of people regarding the benefits they receive from the Deen Dayal Scheme. Descriptive research was considered the most appropriate for this study, and the primary data collected from the respondents were analyzed using graphics, tables, and pie charts. The results of this survey are presented in this chapter to evaluate the benefits received by eligible beneficiaries in Goa.

4.2 Results

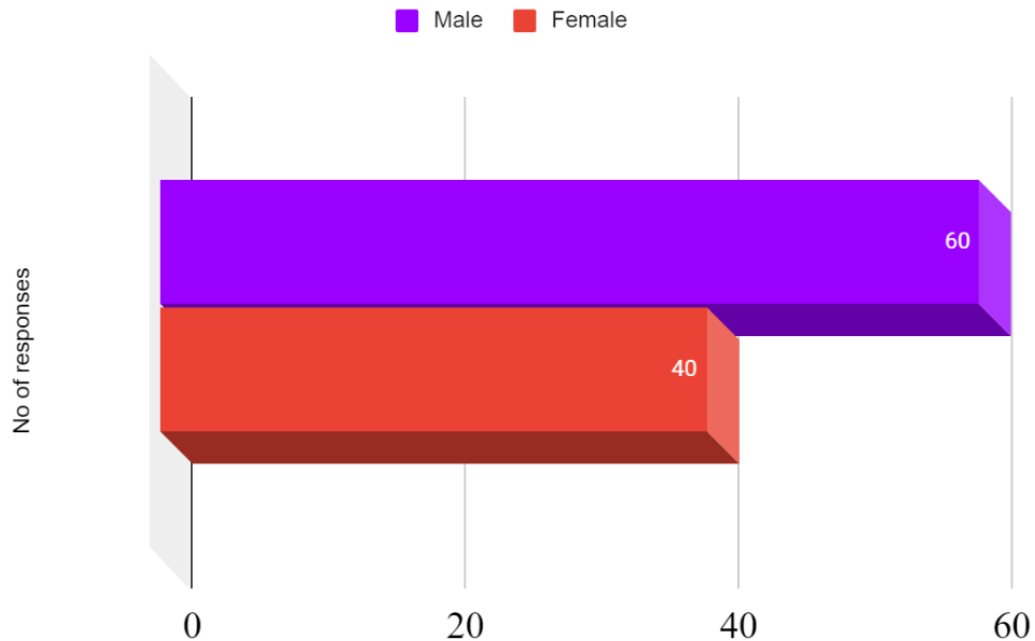
Fig 4.2.1. Age of Respondents



The chart presented in Figure 4.2.1., illustrates the distribution of respondents based on their age range. The data shows that the majority of the respondents, which is 49%, belong to the age range of 18-24. This indicates that the study has a higher participation rate from the younger population. The second most represented age group is between 25-34 years old, comprising 16% of the total respondents. The data also shows that respondents between the ages of 35-44, 45-54, and 55-64 represent 12%, 10%, and 11% of the total respondents, respectively. This suggests that the study has a relatively balanced participation rate among respondents from these age groups. However, only a small percentage of respondents, which is 2%, are aged 65 and above. Overall, the study shows that

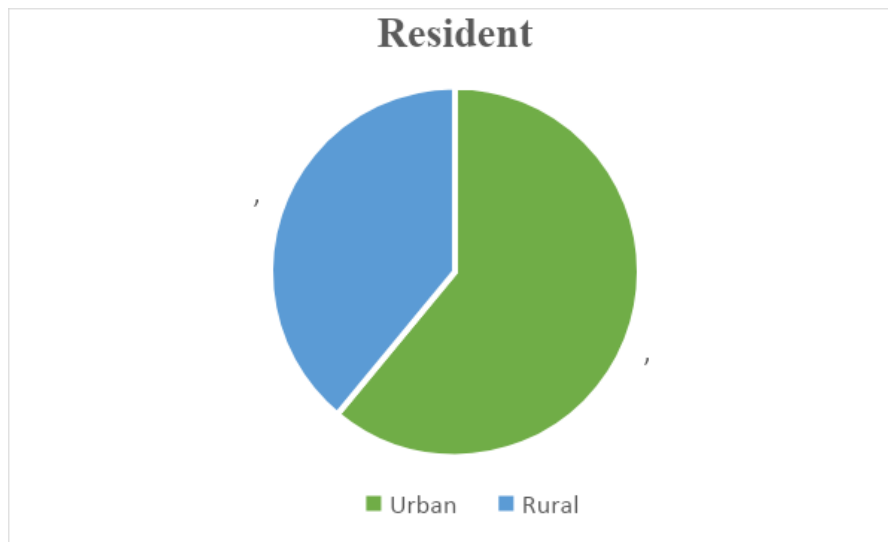
respondents from different age groups participated, but the youngest age category has the highest percentage of respondents. This information is useful in understanding the demographics of the respondents and provides insights into the study's target audience.

Fig 4.2.2. The gender of the respondents

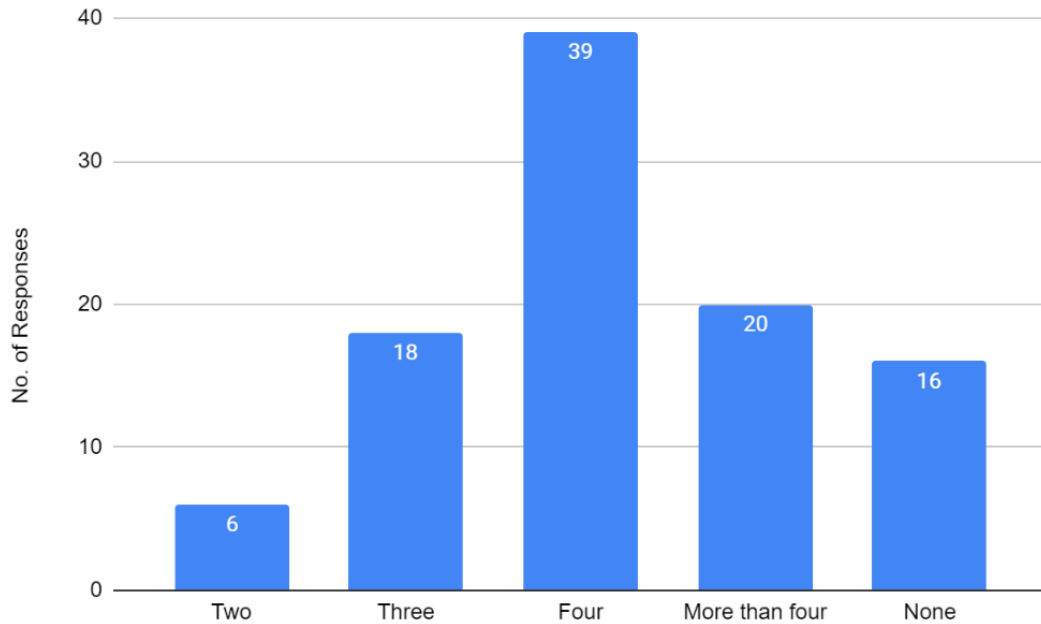


According to Figure 4.2.2., the responses to the second question regarding gender, it was found that 60% of the respondents identified themselves as male, while 40% of respondents identified themselves as female. No responses indicated the "others" gender category. This information provides us with a clear overview of the gender distribution among the respondents. The majority of the respondents identify as male, while the remaining 40% identify as female. None of the respondents chose the "others" gender category. These findings suggest that the survey was able to attract a diverse group of respondents, with a significant representation of both male and female participants.

Fig 4.2.3. The locality of the respondents



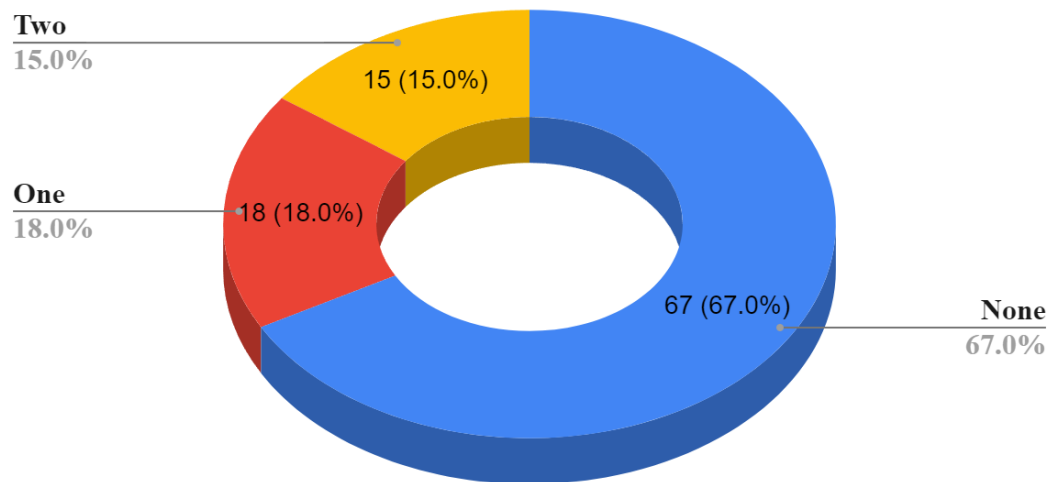
According to Figure 4.2.3., results, the majority of respondents, representing 61% of the total, reported that they reside in urban areas. On the other hand, 39% of the respondents indicated that they live in rural areas. This information can provide valuable insights into the geographical distribution of the survey participants and help in concluding their lifestyle, preferences, and needs based on the area they live in.

Fig 4.2.4. Family members registered under DDSSY

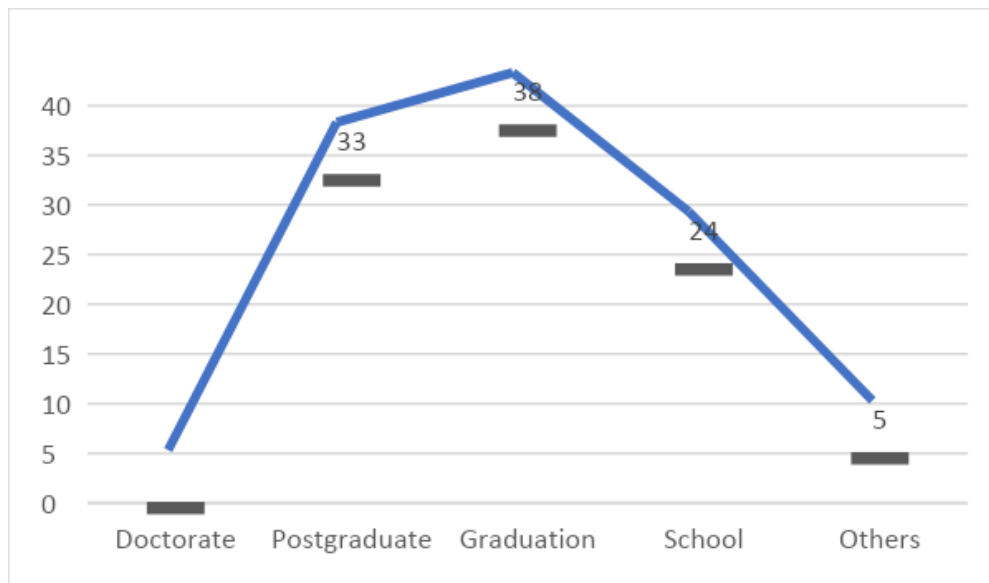
The data presented in Figure 4.2.4., shows the number of family members who are registered under DDSSY (Deen Dayal Swasthya Seva Yojana). The results of the study indicate that out of all the respondents, 6% have two family members who are registered under DDSSY, 18% have three family members registered, 39% have four family members registered, and 20% have more than four family members registered. Additionally, 16% of respondents indicated that none of their family members are registered under DDSSY. Furthermore, the data reveals that the majority of respondents (39%) have four family members registered under DDSSY. This is followed by 20% of respondents who have more than four family members registered, 18% of respondents who have three family members registered, 6% of respondents who have two family members registered, and 16% of respondents who have none of their family members registered under DDSSY. This information provides valuable insights into the level of awareness and utilization of the DDSSY program among the respondents. It also highlights

the need for further efforts to promote the program and encourage more people to register themselves and their family members.

Fig 4.2.5. Family members aged 60 or above utilized the DDSSY card



According to Figure 4.2.5., the survey revealed that 67% of the respondents reported none of their family members aged 60 or above have used the DDSSY card. 18% of respondents stated that one family member aged 60 or above had utilized the DDSSY card. 15% of respondents indicated that two family members aged 60 or above have utilized the DDSSY card. No responses were given indicating that more than two family members aged 60 or above have used the DDSSY card. The majority of respondents reported that none of their family members in this age group used the DDSSY card, followed by one or two family members. No responses indicated more than two family members utilizing the card.

Fig 4.2.6. Level of education of the respondent

According to the survey results, 38% of the respondents have completed graduation, while 33% of them have completed postgraduation. 24% of the respondents indicated that they have completed their education up to the school level, while only 5% of the respondents have other education levels. Interestingly, none of the respondents indicated that they had completed a doctorate. The majority of the respondents have completed graduation, followed by postgraduation and school-level education. A small percentage of respondents indicated having other education levels, but none of them indicated having a doctorate.

Table 4.2.1. Employment Status

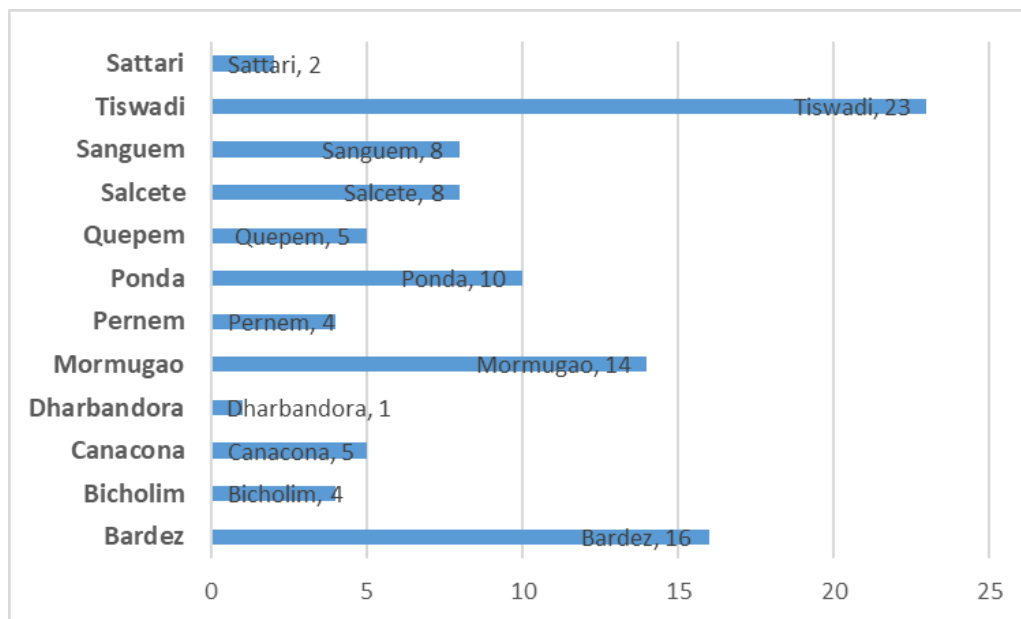
Status of the respondents	Frequency
Employed	(57%)
Unemployed	(43%)

The table above displays the results of a survey conducted among a group of respondents. The survey aimed to gather information about the employment status of the participants. According to the survey findings, the majority of the respondents, which is 57%, reported that they are currently employed. On the other hand, 43% of the respondents who participated in the survey indicated that they are currently unemployed.

Table 4.2.2. Income of the respondents

Monthly Income	Count	Percentage
Below Rs. 10000	32	(32%)
Rs.11000 – Rs.20000	29	(29%)
Rs.21000 – Rs.30000	10	(10%)
Above Rs.30000	13	(13%)
None	16	(16%)

According to the survey results, 32% of the participants reported having an income below Rs. 10,000. Meanwhile, 29% of the respondents stated that their income ranged between Rs. 11,000 and Rs. 20,000. 10% of the participants reported earning between Rs. 21,000 and Rs. 30,000, while 13% reported having an income above Rs. 30,000. Lastly, 16% of the respondents reported no income at all. The majority of the participants, a significant portion, have an income level below Rs. 20,000, while others have none at all.

Fig 4.2.7. Taluka's which respondents leave

According to above Figure 4.2.7., The majority of the respondents from North Goa reside in Tiswadi taluka (23%), Bardez (16%), and Mormugao (14%). For South Goa, the highest representation is from Mormugao (14%) and Salcete (8%). The total percentage of responses from North Gao is 59% and from South Goa is 41%. In North Gao, Tiswadi has the highest percentage of responses (23%), making it the majority taluka in North Gao. In South Goa, Mormugao has the highest percentage of responses (14%) making it the majority taluka in South Goa.

North Goa Talukas:

- Bardez: 16%
- Bicholim: 4%
- Pernem: 4%
- Ponda: 10%
- Tiswadi: 23%
- Sattari: 2%

Total for North Goa: 59%

South Goa Talukas:

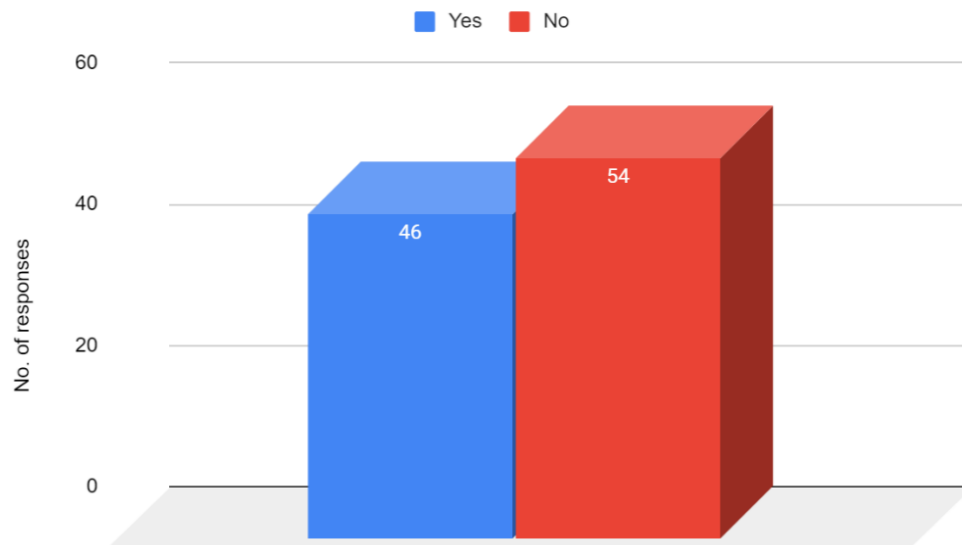
- Canacona:5%
- Dharbandora:1%
- Mormugao:14%
- Quepem:5%
- Salcete:8%
- Sanguem:8%

Total for South Goa: 41%

Table 4.2.3. Enrolment process of DDSSY card

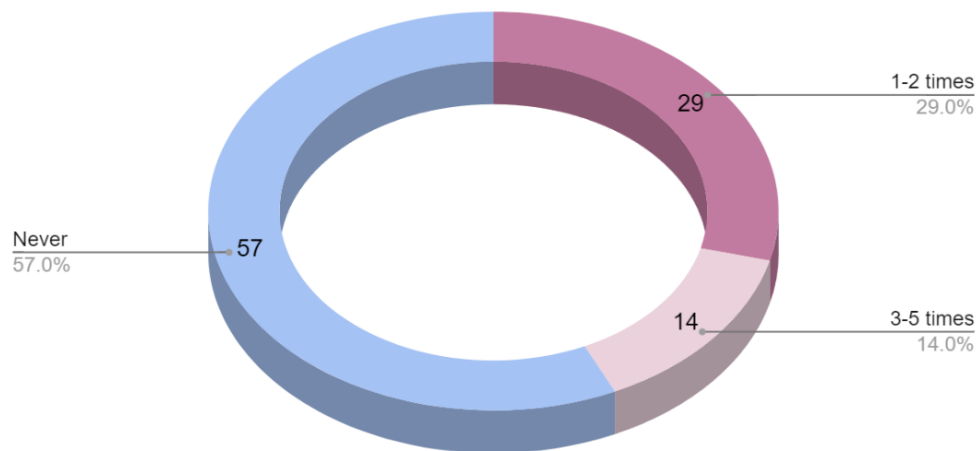
Year	Count	Percentage
2016 - 2017	50	(58.8%)
2018 - 2019	22	(25.9%)
2020 - 2021	7	(8.2%)
2022 - 2023	6	(7.1%)

The above table presents a comprehensive analysis of the enrolment trends of DDSSY over the years. The table indicates that a significant percentage of the respondents, 2016-2017 58.8%, enrolled for DDSSY during the year. Out of the total respondents, 25.9% enrolled in the year 2018-2019, 8.2% enrolled in the year 2020-2021, and 7.1% enrolled in the year 2022-2023. Moreover, the majority of the respondents enrolled in the program during the initial year, i.e., 2016-2017, followed by enrolment in the subsequent years. The enrolment figures show that the program has gained popularity over time, with a growing number of respondents enrolling in the following years. Overall, the table provides valuable insights into the enrolment trends of DDSSY, highlighting the program's success in attracting a significant number of respondents over the years.

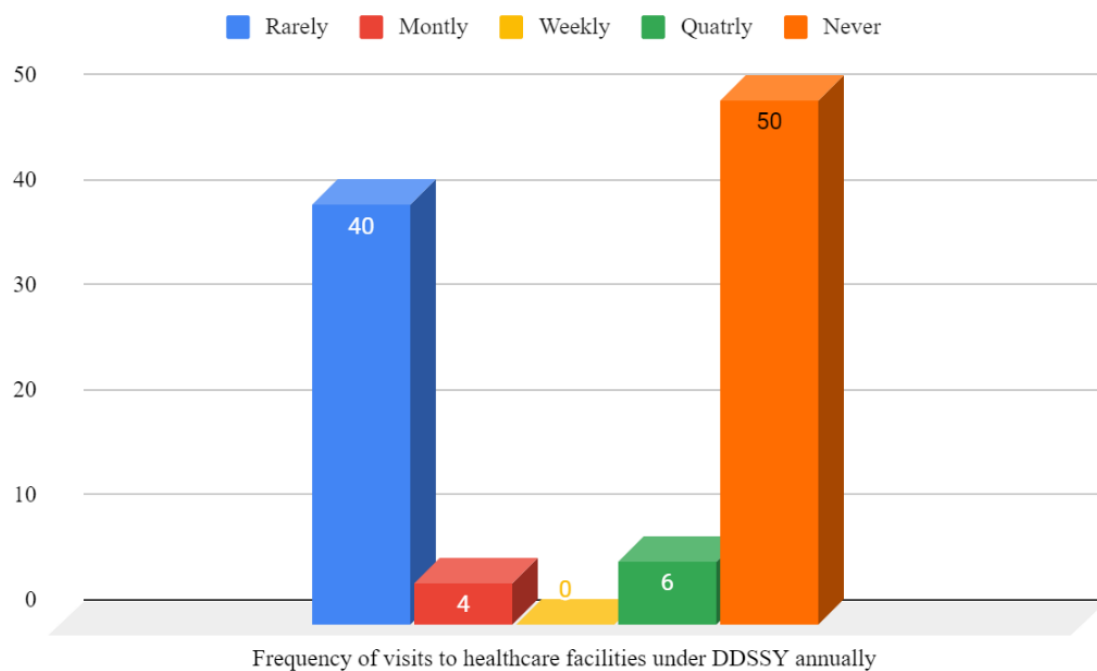
Fig 4.2.8.. Have you used the DDSSY card

According to the data presented in Figure 4.2.8., it can be inferred that 46% of the respondents have reported using the DDSSY card, while 54% of the respondents stated that they have not used it. This indicates that the DDSSY card is not yet widely used among the respondents. The fact that the majority of the respondents have not used this card suggests that there might be a lack of awareness regarding the benefits of using this card. On the other hand, a minority of the respondents have utilized this card, which implies that some are aware of the benefits of using the DDSSY card. However, it is unclear why the rest of the respondents have not used this card, which could be due to a lack of access, trust, or understanding of the card's benefits.

Fig 4.2.9. If yes, how many times have you used it



The data presented in the given figure displays the frequency of usage of the DDSSY card among the respondents who participated in the survey. As per the data, it was found that 57% of the respondents have never used the DDSSY card, while 29% of the respondents have used it 1-2 times. Additionally, 14% of the respondents have used the DDSSY card 3-5 times. No responses were recorded for the usage of the DDSSY card 6-10 times or more than 10 times. The data also indicates that the majority of the respondents have never used the DDSSY card. However, a few respondents have used it 1-2 times and 3-5 times. It's worth noting that no respondents have reported using the DDSSY card 6-10 times or more than 10 times. Overall, the data suggests that the usage of the DDSSY card is relatively low among the respondents who participated in the survey.

Fig 4.2.10. Frequency of visits to healthcare

According to the survey results, which measured the frequency of visits to healthcare facilities under DDSSY annually, 40% of the respondents reported that they rarely visit healthcare facilities under DDSSY. Only 4% of the respondents indicated that they visit these facilities monthly, while 6% of the respondents visit quarterly. Half of the respondents (50%) reported that they never visited healthcare facilities under DDSSY. It is worth mentioning that no responses indicated weekly visits to these facilities. These findings suggest that the majority of the respondents either rarely or never visit these facilities, while a smaller percentage of respondents visit monthly or quarterly.

Table 4.2.4 Healthcare services utilized the most by the respondents

Which types of healthcare services have you utilized the most? (specify)	Count
Surgery/Operation	7
Health Checkup	2
Cardiac Treatment	2
Government Healthcare Services	3
Accidental Treatment	2
Medical Treatment	1
Dental Healthcare Services	1
Orthopaedic Treatment	1
Chemotherapy	1
Miscellaneous/Other	30

In the table above, we can observe that DDSSY scheme beneficiaries have utilized various healthcare services. The most commonly utilized service is "Surgery/Operation," with a total of seven respondents mentioning different types of surgeries and operations provided by DDSSY. Two respondents reported utilizing "health checkup" services, which were also provided by DDSSY. Additionally, two respondents mentioned "Cardiac-related treatments," including procedures for cardiac issues. DDSSY beneficiaries have also utilized government healthcare services, with three respondents seeking medical treatment. Two individuals reported accidents or emergencies requiring medical attention. One respondent mentioned receiving medical treatment provided under DDSSY. "Dental health services" were utilized by one respondent, reflecting the inclusion of dental care within the DDSSY scheme. "Orthopedic treatment" was mentioned by one respondent, indicating specialized orthopaedic care under DDSSY. "Chemotherapy," a critical treatment for cancer patients, was mentioned by one respondent, indicating cancer-related services under DDSSY. Several miscellaneous healthcare services were utilized by respondents, ranging from healthcare expenses and

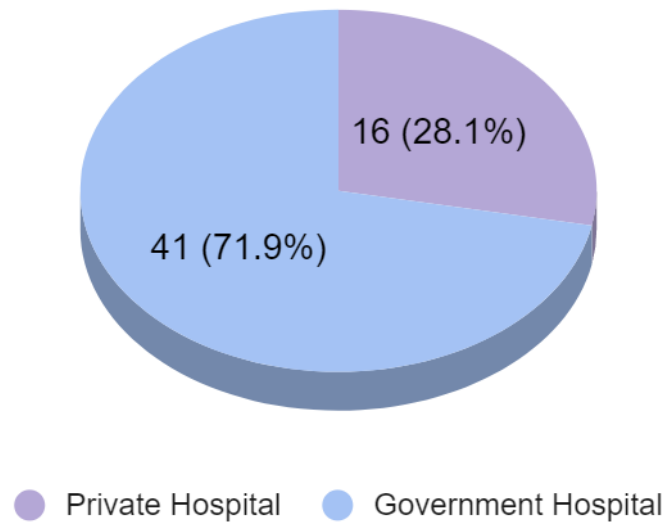
medical checkups to specialized treatments like laser operations and neurological surgeries. Some respondents reported receiving no healthcare services under DDSSY.

Fig 4.2.5. Purpose of using the DDSSY card

What was the purpose or specify the reason	Count
Accident-related	6
Medical Procedures	17
Health Issues	5
Financial/Utilization Reasons	3
Others	69

In the table above, 6 respondents mentioned that they utilized the DDSSY card due to accidents. 17 respondents utilized the DDSSY card for various medical purposes such as surgeries like a root canal, ENT surgery, major operations, cardiac surgery, brain tumour, heart surgery, dental checkups, and other health-related treatments. 5 respondents mentioned that they utilized the DDSSY card for health issues such as fever, cancer, sickness, and general health concerns. 3 respondents mentioned that they utilized the DDSSY card for financial considerations or for covering the operation and medical costs provided by the DDSSY scheme for medical expenses. Additionally, 69 responses included situations where the DDSSY card was utilized for generic health purposes, medical bills, or when the card was not needed due to good health (N/A).

Fig 4.2.11. From where did the respondents used the DDSSY card



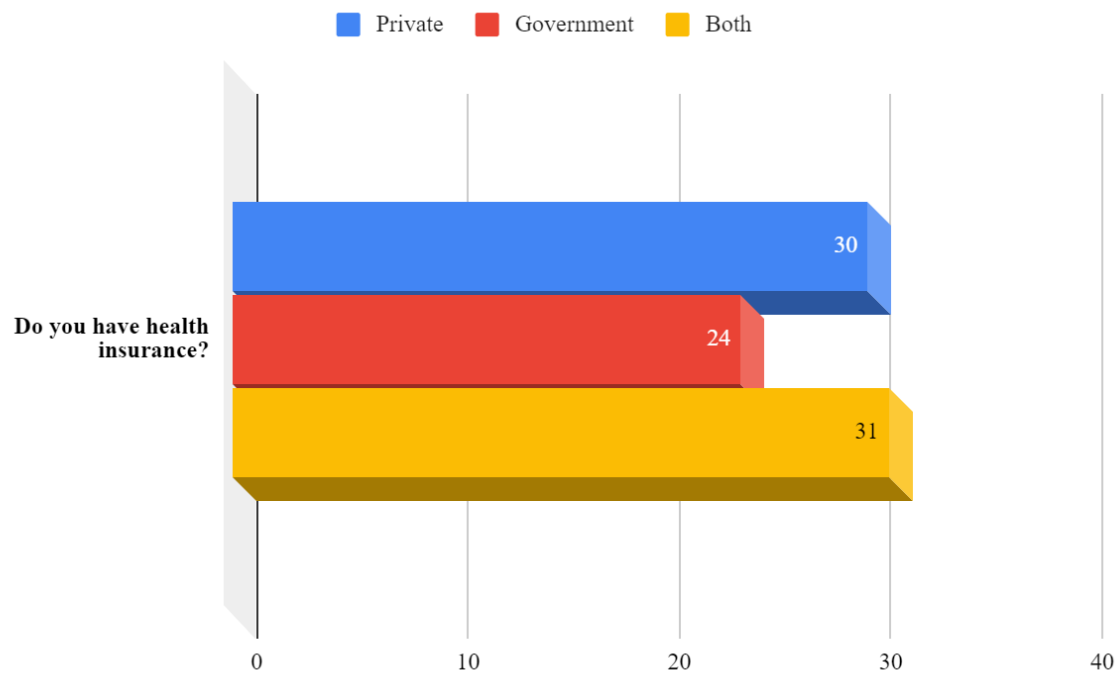
Based on the data presented in Figure 4.2.11., it can be observed that a significant number of respondents have utilized the DDSSY card for availing of healthcare services. Specifically, 71.9% of the respondents reported using the DDSSY card at a government hospital, while 28.1% of the respondents reported using it at a private hospital. This data suggests that the DDSSY card is primarily being used by patients at government hospitals. Overall, the DDSSY card seems to be a popular choice for patients seeking healthcare services at both government and private hospitals.

Table 4.2.6. Availing any other schemes besides DDSSY

Opinions	Count	Percentage
Yes	15	(15%)
No	85	(85%)

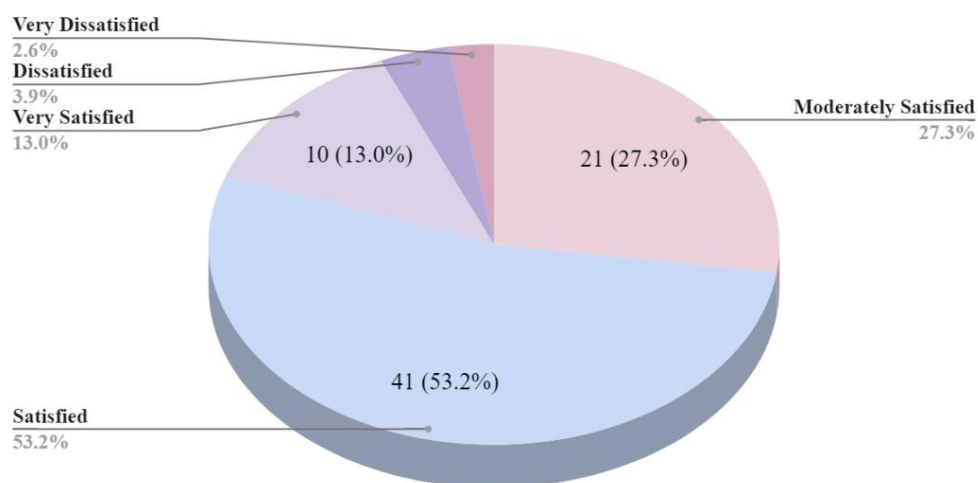
According to the table provided, it was found that the responses were based on the utilization of healthcare schemes in addition to DDSSY. Out of all the respondents, a significant majority of 85% stated that they are relying on DDSSY and are not availing of any other healthcare schemes. On the other hand, 15% of the respondents indicated that they are utilizing other healthcare schemes besides DDSSY. It was observed that the majority of respondents are not availing of any other healthcare schemes, while only a minority are taking advantage of other healthcare schemes along with DDSSY.

Fig 4.2.12. The number of respondents having health insurance



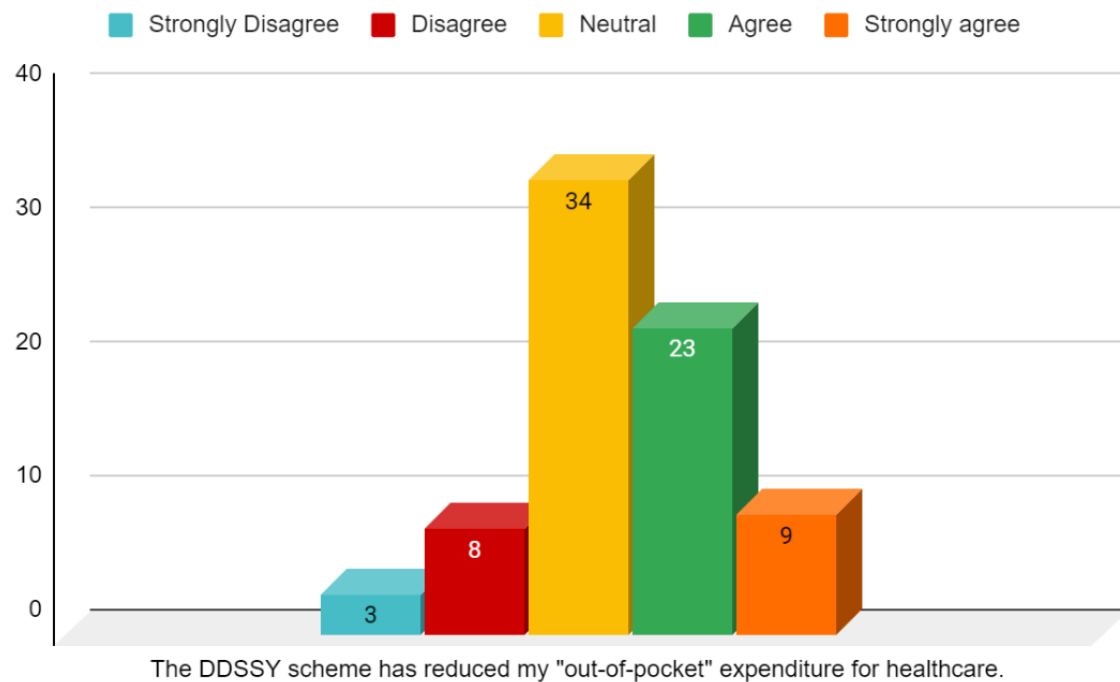
The data represented in Figure 4.2.12., indicates that out of the total number of respondents surveyed, 30% reported having private health insurance, while 24% reported having government health insurance. Interestingly, 31% of the respondents reported having both private and government health insurance. This suggests that a significant portion of the respondents carry multiple types of health insurance policies. A smaller percentage of respondents reported having only private health insurance or government health insurance. The respondents prefer to have a combination of both private and government health insurance policies.

Fig 4.2.13. How Satisfied are you with the availability of primary care services under DDSSY



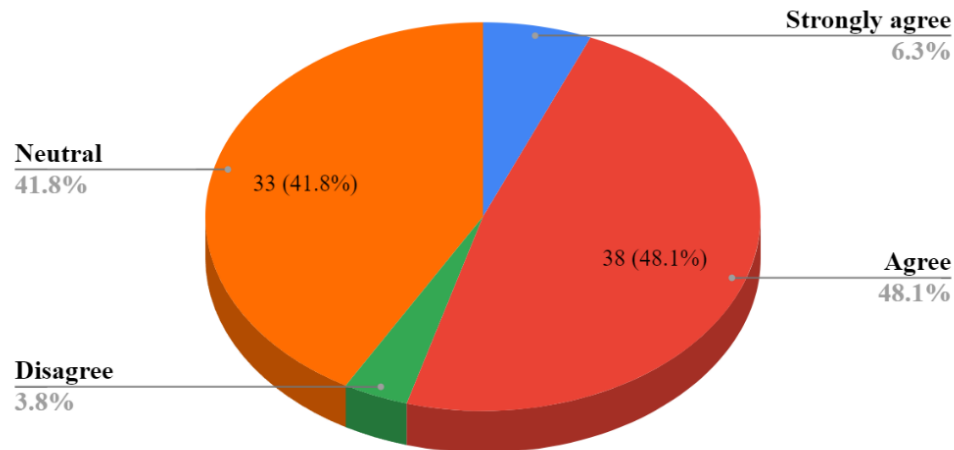
Based on Figure 4.2.13., it can be observed that with the availability of primary care services under DDSSY, the satisfaction level of the respondents varies. About 27.3% of the respondents have reported moderate satisfaction, 53.2% have reported satisfaction, 13% have reported very high satisfaction, 3.9% have reported dissatisfaction, and 2.6% have reported very high dissatisfaction. Most of the respondents have expressed satisfaction or a higher level of satisfaction, while a smaller percentage have reported dissatisfaction or very high dissatisfaction.

Fig 4.2.14 The DDSSY scheme reduced my “out-of-pocket” expenditure for healthcare.



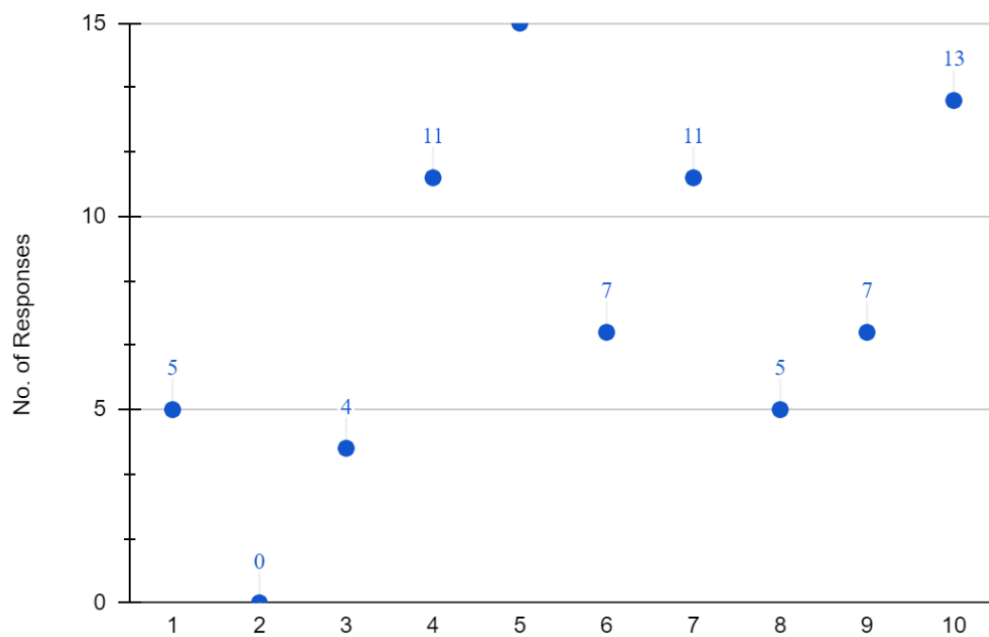
In Figure above, it can be seen that the DDSSY scheme's impact on reducing out-of-pocket healthcare expenditure is perceived differently by respondents. Only 3.9% of the respondents strongly disagree that the DDSSY scheme has reduced their out-of-pocket expenditure, while 10.4% disagree with the statement. A significant portion of respondents (44.2%) are neutral about the scheme's impact on their out-of-pocket expenditure. On the positive side, 29.9% of the respondents agree that the DDSSY scheme has reduced their out-of-pocket expenditure, and 11.7% of the respondents strongly agree with the statement. There is a smaller percentage of respondents who disagree (10.4%) or strongly disagree (3.9%) with the statement.

Fig 4.2.15. Do DDSSY adequately addresses your healthcare needs



Based on the data presented in Figure 4.2.15, it can be observed that 6.3% of the respondents strongly agree that DDSSY adequately addresses their healthcare needs regarding the services offered. Meanwhile, 48.1% of the respondents agree with this statement, indicating that they are generally satisfied with the healthcare services provided by DDSSY. None of the respondents showed any strong disagreement with the statement, which suggests that there are no significant concerns about the quality of services provided by DDSSY. 3.8% of the respondents disagreed with the statement, indicating that they were not entirely satisfied with the services provided by DDSSY. Additionally, 41.8% of the respondents were neutral about whether DDSSY adequately addresses their healthcare needs regarding services offered, which implies that they might require more information or experience about the quality of services provided by DDSSY.

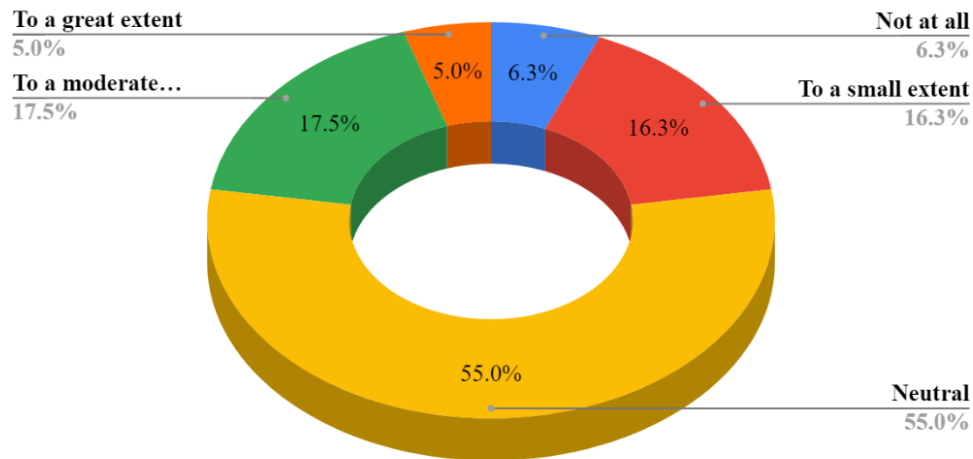
Fig 4.2.16. Rate the overall satisfaction level of the DDSSY scheme



The above Figure 4.2.16, shows the percentage of respondents who rated their satisfaction at each level allowing a better understanding of the overall satisfaction level among respondents. The distribution of responses across that scale is as follows:

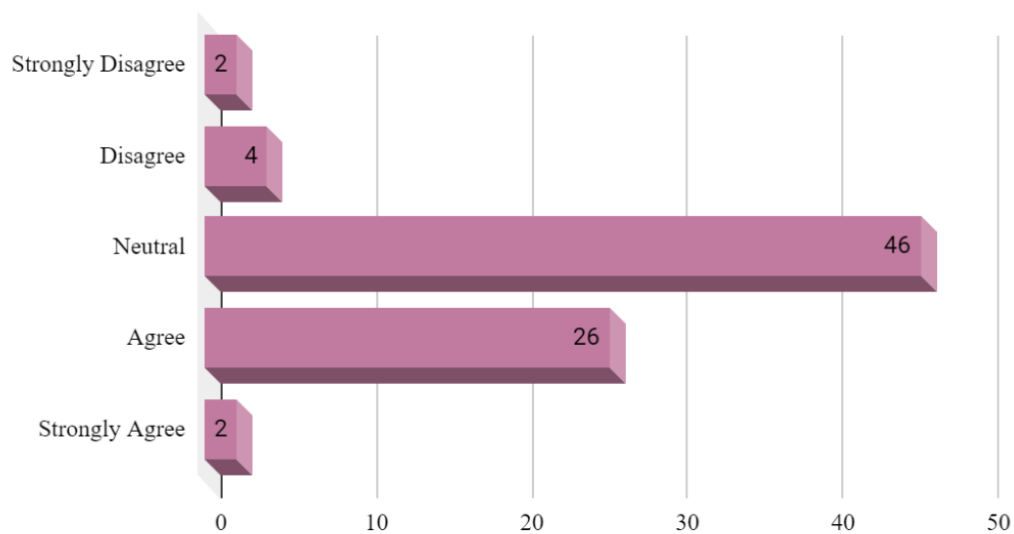
- 6.3% of respondents rated their satisfaction as 1 (indicating bad).
- No responses were provided for the rating of 2.
- 5.1% of respondents rated their satisfaction as 3.
- 12.7% of respondents rated their satisfaction as 4.
- 19% of respondents rated their satisfaction as 5.
- 8.9% of respondents rated their satisfaction as 6.
- 15.2% of respondents rated their satisfaction as 7.
- 7.6% of respondents rated their satisfaction as 8.
- 8.9% of respondents rated their satisfaction as 9.
- 16.5% of respondents rated their satisfaction as 10 (indicating good).

Fig 4.2.17. To what extent does DDSSY respect your preferences and values



Based on the data presented in Figure, 6.3% of respondents feel that DDSSY does not respect their preferences and values in healthcare decision-making to not at all, 16.3% of respondents feel that DDSSY respects their preferences and values in healthcare decision-making to a small extent, 55% of respondents are neutral about the extent to which DDSSY respects their preferences and values in healthcare decision making, 17.5% of respondents feel that DDSSY respect their preferences and values in healthcare decisions making to a moderate extent, 5% of respondents feel that DDSSY respects their preferences and values in healthcare decision making to great extent. It indicates that the majority of respondents are neutral, while a smaller percentage feel varying degrees of respect for their preferences and values in healthcare decision-making under DDSSY.

Fig 4.2.18.. DDSSY contributes to improving your overall quality of life

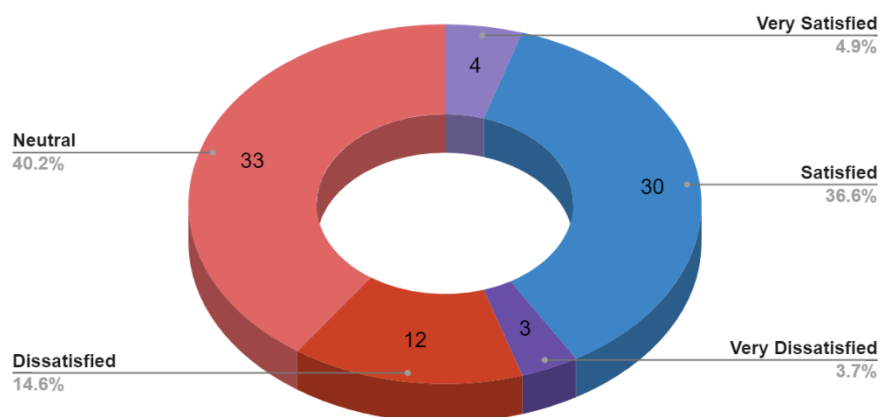


Based on the overall quality of life, 2.5% of respondents strongly disagree that DDSSY contributes to improving their overall quality of life, 4% of respondents disagree with the statement, 57.7% of respondents are neutral about whether DDSSY contributes to improving their overall quality of life, 32.5% of respondents agree that DDSSY contributes to improving their overall quality of life, 2.5% of respondents strongly agree with the statement. The majority of respondents are neutral, while a smaller percentage either agree or disagree with the statement to varying degrees.

Table 4.2.7. Faced any Challenges by the respondents under DDSSY

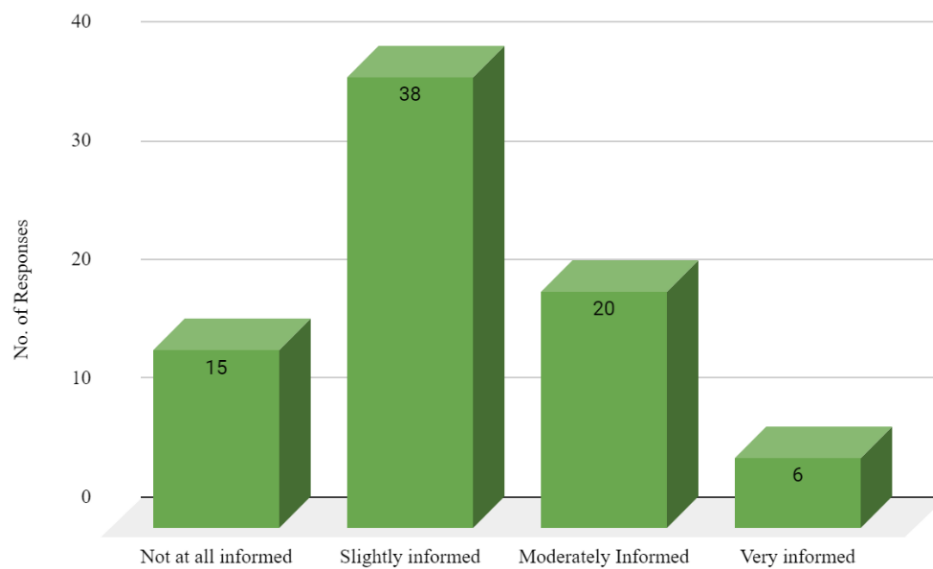
Faced any challenges under this scheme?	Count	Percentage
Yes	12	(15.2%)
No	67	(84.8%)

In the above table, we can see that a minority of the respondents have faced challenges under the DDSSY scheme (15.2%), while the majority of the respondents have not faced any challenges under the DDSSY scheme (84.8%).

Fig 4.2.19. Satisfied with the amount allotted under DDSSY

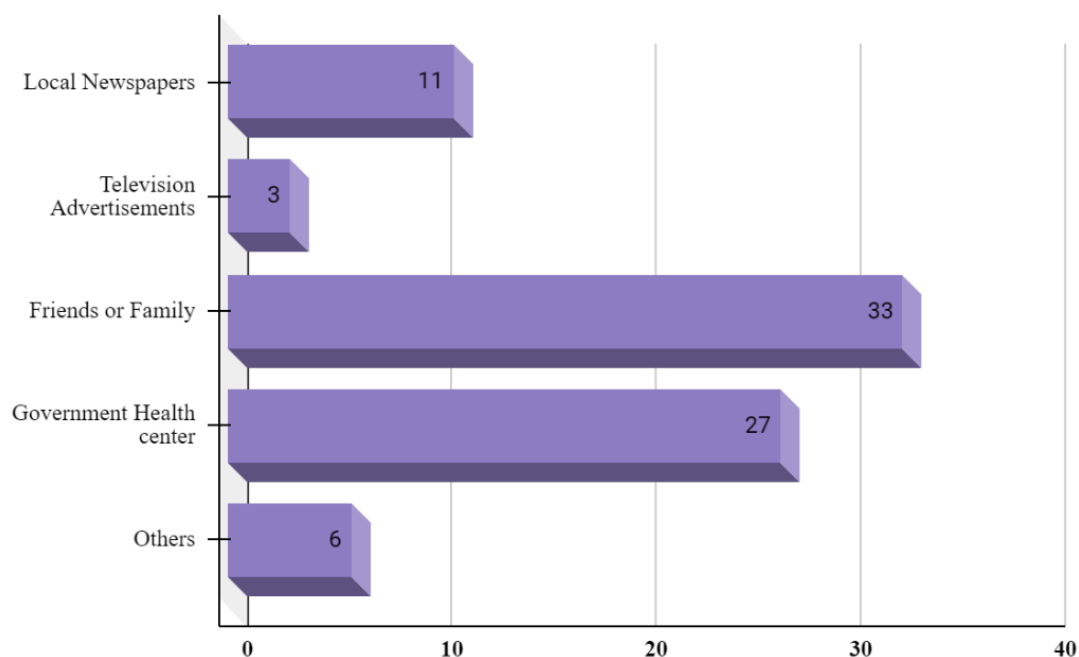
Based on the data presented in Figure 4.2.19, Regarding satisfaction with the amount allotted under DDSSY: 4.9% of respondents are very satisfied with the amount allotted, 36.6% of respondents are satisfied with the amount allotted, 3.7% of respondents are very dissatisfied with the amount allotted, 14.6% of respondents are dissatisfied with the amount allotted, 40.2% of respondents are neutral about their satisfaction with the amount allotted. A significant portion of respondents are neutral, while smaller percentages express varying levels of satisfaction and dissatisfaction with the amount allotted.

Fig 4.2.20. How informed are you about the healthcare services under DDSSY

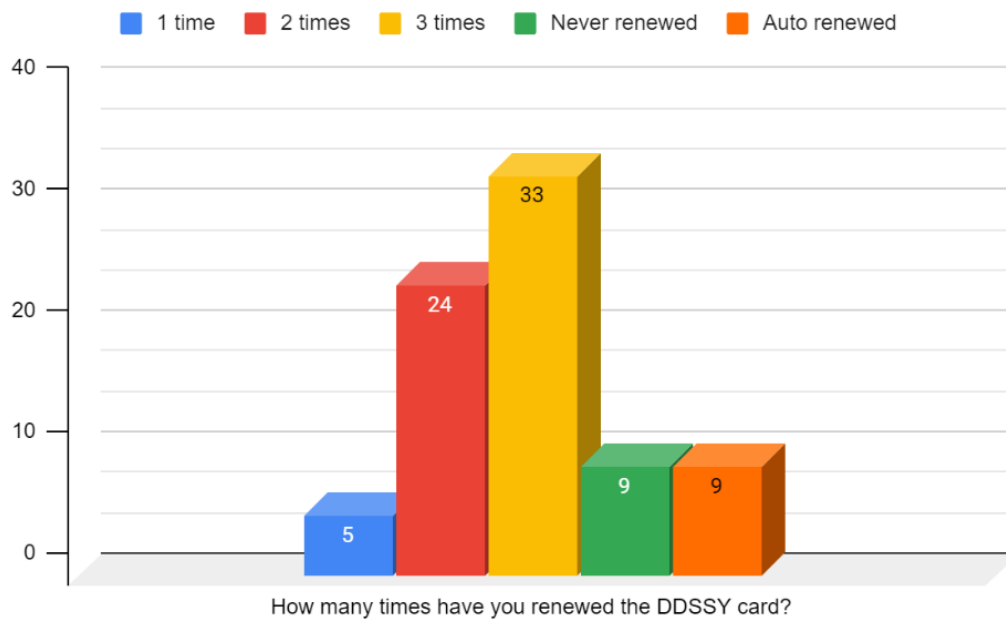


According To above Figure 4.2.20 19% of respondents feel that they are not at all informed about the available healthcare services under DDSSY, 48.1% of respondents feel slightly informed about the available healthcare services under DDSSY, 25.3% of respondents feel moderately informed about the available services under DDSSY, 7.6% of respondents feel very informed about the available healthcare services. It indicates that the respondents feel slightly informed, while a smaller percentage feel either not at all informed, moderately informed, or very informed about the available services.

Fig 4.2.21. From where did you come to know about the DDSSY scheme



In the above Figure, 13.8% of respondents learned about the DDSSY scheme from local newspapers, 3.8% of respondents learned about the DDSSY scheme from television advertisements, 41.2% of respondents learned about the DDSSY scheme from friends and family, 33.8% of respondents learned about the DDSSY scheme from government health centres, 7.5% of respondents learned about the DDSSY scheme from other sources. It indicates that friends and family and government health centres were the most common sources of information, followed by local newspapers and other sources, with television advertisements being the least common source.

Fig 4.2.22. How many times have you Renewed the DDSSY card

In the above Figure, 6.3% of respondents have renewed the DDSSY card once, 30% of respondents have renewed the DDSSY card twice, 41.2% of respondents have renewed the DDSSY card three times, 11.3% of respondents have never renewed the DDSSY card, 11.3% of respondents have had their DDSSY card auto-renewed. It indicates that a significant portion of respondents have renewed the card multiple times, while a smaller percentage have either never renewed the card or had it auto-renewed.

Table 4.2.8. Utilized any Digital healthcare services under DDSSY

Opinions	Count	Percentage
Yes	17	(21.3%)
No	63	(78.8%)

In the above table, It has indicated that 78.8% of respondents have not utilized the digital healthcare services under DDSSY, and 21.3% of respondents have utilized the digital healthcare services under the DDSSY.

Table 4.2.9. Any specific healthcare services or treatment should be included under DDSSY

Responses	Count
Cancer Treatment and Important Diseases	1
Special Attention to Severe Health Cases	1
Coverage of Major Operations	2
Comprehensive Coverage (All-encompassing)	7
First Aid and Emergency Treatment	1
High Medical Costs	1
Improving Access to Healthcare	1
Request for Increase in Benefits	1
Concerns with DDSSY Implementation	1
Awareness	4
Unspecified/Other	19

According to Figure 30, Respondents proposed expanding coverage for cancer treatments and critical diseases within the DDSSY scheme to ensure individuals have access to necessary medical interventions for these conditions. Suggestions were made to prioritize severe health cases like heart problems and cancers under the DDSSY scheme, emphasizing the need for tailored support for individuals facing these critical health challenges. Feedback indicated a

desire for major operations to be included in the DDSSY scheme, aiming to provide comprehensive coverage that encompasses a wide range of healthcare needs, including surgical procedures. A substantial portion of respondents advocated for comprehensive coverage under the DDSSY scheme, encompassing all health issues, treatments, services, and associated medical costs to ensure holistic healthcare support. Some respondents underscored the importance of incorporating coverage for first aid and emergency treatment within the DDSSY scheme, recognizing the significance of immediate medical assistance in critical situations. Suggestions were made to address high medical costs within the DDSSY scheme, to alleviate financial burdens on patients facing substantial healthcare expenses.

Proposals included initiatives to enhance healthcare access, such as deploying mobile medical units to remote rural areas, aiming to bridge gaps in healthcare services and reach underserved populations effectively. Some respondents called for an increase in the benefits provided by the DDSSY scheme to better meet the evolving healthcare needs of individuals and ensure adequate support for medical expenses. Feedback highlighted concerns regarding the implementation of the DDSSY scheme, particularly issues related to hospital acceptance, suggesting a need for smoother operational processes to enhance scheme effectiveness. This category encompassed miscellaneous feedback, including requests for additional coverage, concerns about implementation challenges, and expressions of appreciation for the DDSSY scheme, reflecting a diverse range of perspectives and suggestions provided by respondents.

Table 4.2.10. Suggestion

Suggestions given by the respondents	Count
Increases Spending Amount	7
No Suggestions/None	8
Acknowledgement/Gratitude	1
Assistance for Elderly Renewal	1
Permanent Card	1
Privacy Concerns	1
Positive Feedback	2
Expansion of Treatment Coverage	4
Awareness Campaigns	2
Improving the Hospital Payment Process	1
Cashless Facility in Hospitals	1
Increases Awareness	2
Covering All Treatments and Costs	3
Increases in Allocation	4
Ensuring Access to Private Hospitals	1

Respondents provided a diverse range of suggestions to improve the functioning of the DDSSY scheme. Some recommended increasing the spending amount to enhance the benefits provided, emphasizing the need for additional financial resources. Conversely, some respondents did not offer specific suggestions, indicating potential satisfaction or a lack of ideas for improvement. There were expressions of gratitude towards the government for implementing the scheme, highlighting the perceived positive impact of the initiative. Suggestions were made to assist elderly individuals during the renewal process, recognizing potential challenges faced by this demographic. Additionally, proposals were put forward to make the DDSSY card permanent instead of requiring periodic renewal, aiming to simplify the administrative process. Privacy concerns were raised by one respondent, emphasizing the importance of safeguarding personal information within the scheme. Positive feedback about the benefits and effectiveness of the DDSSY scheme was received from some respondents, indicating overall satisfaction with the services offered. Recommendations were made to expand the range of treatments covered, conduct awareness campaigns to inform rural residents, streamline the hospital payment process, and implement cashless facilities in

hospitals. There were also calls for increasing awareness about the scheme, providing comprehensive coverage, increasing the allocated funds per person, and ensuring access to private hospitals for DDSSY beneficiaries.

Chapter 5. Research Findings

5.1 Introduction

The findings of the study on the “Evaluation of Deen Dayal Swasthya Seva Yojana in Goa (DDSSY) are expected to include insight into awareness and utilisation of the healthcare scheme among eligible beneficiaries in Goa. The study also aims to analyse the socio-economic impact of the scheme's livelihood and well-being of the beneficiaries in Goa. In this study, findings will also provide an assessment of the enrolment process, and quality of healthcare services provided by the DDSSY scheme and analyse the effectiveness of the scheme in improving healthcare outcomes, and satisfaction. The research findings are expected to identify gaps in the DDSSY scheme in Goa and to provide suggestions about the scheme, and for the improvement of the scheme, so that more eligible people in Goa take advantage of the scheme.

5.2 Main Findings

The first objective of research findings is “To examine the level of awareness of the DDSSY scheme among the eligible beneficiaries in Goa”. The survey included 100 respondents, with the majority of the respondents were from the age group of 18-24, with a higher percentage of males (60%) compared to females (40%), (61%) of the respondents reside in urban areas and (39%) of respondents reside in rural areas, majority of the respondents have completed their graduation (38%) followed by postgraduation (33%). (57%) of the respondents are employed with monthly income below Rs. 10000, Accordingly the majority of the respondents are from North Goa (59%) and (41%) from South Goa, (54%) of the majority have not used the DDSSY card suggests that there is a lack of awareness regarding the benefits of using the DDSSY card, a significant percentage of respondents enrolled for DDSSY in, 2016-2017 (58%) year. (57%) of the respondents who never used the card while

(27%) of the respondents have used the card 1-2 times, the usage of the DDSSY card is relatively low among the respondents who participated in the survey. Accordingly, the majority of the respondents came to know about the DDSSY scheme through friends and family (41.2%), followed by government health centres (33.8%). This was the most common source of information where the respondents came to know about the DDSSY scheme, (48.1%) of the respondents felt slightly informed about the scheme, while a smaller percentage felt either not at all informed, moderately informed or very informed about the available services under DDSSY. Additionally, the majority of the eligible beneficiaries have renewed the card 3 times (41.2%). Overall, the study found out that the awareness level of the DDSSY scheme among eligible beneficiaries in Goa is low, as indicated by the responses to questions such as "Have you used the DDSSY card? And "From where did you come to know about the DDSSY scheme? The study also revealed that there is a need for improvement and awareness campaigns to increase the knowledge of eligible beneficiaries about the available healthcare services under DDSSY.

The second objective finding is "To assess the utilisation pattern of the DDSSY scheme among eligible beneficiaries". For this objective the majority of the respondents (39%) have four family members registered under DDSSY, (20%) of respondents have more than four family members registered, (67%) of the respondents reported none of their family members aged 60 or above 60 has used the DDSSY card, the majority of the respondents visited DDSSY either rarely (40%) or never (50%) visited these facilities while a smaller percentage of respondents visited monthly (4%) or quarterly (6%), accordingly (71.9%) of the respondents used the DDSSY card at the government hospital, while (28.1%) utilised it in private hospital, and (31%) of the respondents have both government and private health insurance scheme, additional (85%) of the respondents are not availing of any other

healthcare schemes besides DDSSY scheme, regarding the level of satisfaction with the DDSSY scheme (40%) of the respondents are expressing neutral satisfaction. Most of the respondents have used the DDSSY card for operations and surgeries, while a smaller portion have used the card for medical treatment, and health check-ups. Suggestions for improvement included increasing the spending amount, expanding treatment coverage, and conducting awareness campaigns, respondents also expressed gratitude for the scheme to increase awareness, ensuring access to private hospitals, and covering all treatments and costs, (41.8%) of the respondents neutral about whether DDSSY adequately addresses their healthcare needs regarding services offered which indicate that they might require more information or experience about the quality of services provided by DDSSY, (78.8%) of the reported that they have not utilised the digital healthcare services under DDSSY, accordingly majority of the respondents are neutral (55%) about the extent to which DDSSY respects their preference and values in healthcare decision making, (48.1%) of the respondents are slightly informed about the available healthcare services under DDSSY scheme. Overall the study shows that the utilisation pattern of the DDSSY scheme among eligible beneficiaries in Goa is neutral, with respondents reporting varying, levels of utilisation of healthcare services under DDSSY. The findings indicate that some beneficiaries have utilised the scheme effectively and others have faced challenges and expressed the need for improvement in the scheme.

The third objective finding is “To analyse the socio-economic impact of the scheme on the livelihood and wellbeing of the beneficiaries Goa”. (53.2%) of the respondents are satisfied with the availability of primary care services under DDSSY. Accordingly, the majority of the respondents are neutral (44.2%) about the scheme's impact on their out-of-pocket expenditure (29.9%) respondents agreed that the DDSSY scheme reduced their out-of-pocket expenditure.

(19%) of the respondents rated 5 for all overall satisfaction levels of the DDSSY scheme, followed by (16.5%) rated 10, additionally (40.2%) of the respondents are neutral about their satisfaction with the amount allotted and (36.6%) are stratified with the amount allotted. Overall, the study revealed that the DDSSY scheme has a positive impact on reducing out-of-pocket expenditure for some beneficiaries, contributing to improved access to healthcare services and overall well-being. The study also identified that under the scheme, respondents have suggested to improvements to enhance the socio-economic impact of DDSSY on the livelihood and well-being of the beneficiaries in Goa.

5.3 CONCLUSION

Based on the findings of the study “Evaluation of Deen Dayal Swasthya Seva Yojana in Goa (DDSSY). It can be concluded that the awareness level of the DDSSY scheme among eligible beneficiaries in Goa is almost low. The majority of the respondents who participated in the survey have not used the DDSSY card, which indicates that there is a lack of awareness regarding the benefits of using the DDSSY card, the study also revealed that there is a need for improvement and awareness campaigns to give knowledge to the eligible beneficiaries in Goa about the available benefits of healthcare services they provide under DDSSY scheme.

In terms of the utilisation pattern of the DDSSY scheme among eligible beneficiaries, the study shows that the utilisation among the respondents is neutral, with respondents reporting various levels of utilisation of healthcare services under the DDSSY scheme. Some respondents who participated in the survey have utilised the benefits of the DDSSY scheme effectively while others have faced challenges and expressed the need for improvement in the scheme.

The study indicated that the DDSSY scheme has a positive impact on reducing the out-of-pocket expenditure of the few beneficiaries, and also contributes to improvement the access to healthcare services and overall wellbeing. However, their some suggestions from respondents about the improvements to enhance the socio-economic impact of DDSSY on the livelihood and wellbeing of the beneficiaries in Goa.

To conclude, the study provides valuable insight into the implementation and impact of the DDSSY healthcare scheme in Goa. The research highlights the importance of assessing awareness, utilisation and socio-economic impact to improve the effectiveness of the healthcare programme. The findings of the study can be used to make recommendations for improving the scheme coverage, quality of services and overall impact on the well-being of the beneficiaries in Goa.

1. Age of the respondent
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 and above

2. Gender
 - Male
 - Female
 - Other

3. Resident
 - Urban
 - Rural

4. Family members registered under DDSSY
 - two
 - three
 - four
 - more than four

5. Have members aged 60 or above utilized the DDSSY card
 - None
 - One
 - Tw
 - More than two

4. Highest Education Level
 - Doctorate
 - Postgraduate
 - Graduation
 - School
 - Others(specify)

5. Employment Status
 - Employed
 - Unemployed

6. Income

- Below Rs.10000
- Rs.11000-Rs.20000
- Rs.21000-Rs.30000
- Above Rs.30000

7. Where do you reside in Goa

8. In which taluka do you reside in Goa?

- Bardez
- Bicholim
- Canacona
- Dharbandor
- Mormugao
- Pernem
- Ponda
- Quepem
- Salcete
- Sanguem
- Tiswadi
- Sattari

9. when did you enrol for DDSSY?

- 2016-2017
- 2018-2019
- 2020-2021
- 2022-2023

10. Have you used the DDSSY card

- Yes
- No

11. If yes, how many times have you used it?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times
- Never

12. Frequency of visits to healthcare facilities under DDSSY annually

- Rarely
- Monthly

- Weekly
- Quarterly
- Never

13. Which types of healthcare services have you utilised the most? (specify)

14. What was the purpose or specify the reason

15. Where did use the DDSSY card?

- Private Hospital
- Government Hospital

16. Are you availing of any other schemes under this scheme?

- Yes
- No

17. Do you have health insurance

	Private	Government	Both
Yes			
No			

18. How satisfied are you with the availability of primary care services under DDSSY?

- Moderately Satisfied
- Satisfied
- Very Satisfied
- Dissatisfied
- Very Dissatisfied

19. The DDSSY scheme has reduced my” **out-of-pocket**”(The amount of money a patient pays for medical expenses that are not covered by health insurance) expenses for healthcare?

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

20. Do you feel that DDSSY adequately addresses your healthcare needs regarding services offered?

- Strongly agree
- Agree

- Strongly disagree
- Disagree
- Neutral

21. On a scale of 1 to 10 how would you rate your overall satisfaction with healthcare services under DDSSY? (1 indicates bad, 10 indicates good)

22. To what extent do you feel that DDSSY respects your preferences and values in healthcare decision-making?

- Not at all
- To a small extent
- Neutral
- To a moderate extent
- To a great extent

23. Do you believe that DDSSY contributes to improvement in your overall quality of life?

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

24. Have you faced any challenges under this scheme?

- Yes
- No

25. Are you satisfied with the amount allotted under DDSSY?

- Very Satisfied
- Satisfied
- Very Dissatisfied
- Dissatisfied
- Neutral

26. How informed do you feel about the available healthcare services under DDSSY

- Not at all informed
- Slightly informed
- Moderately Informed
- Very informed

27. From where did you come to know about this DDSSY scheme?

- Local Newspapers
- Television Advertisements
- Friends or Family
- Government Health Centre
- Other(specify)

28. How many times have you renewed the DDSSY card?

- 1 time
- 2 times
- 3 times
- Never renewed
- auto renewed

29. Have you ever utilized digital healthcare services under DDSSY?

- Yes
- No

30. Are there any specific healthcare services or treatments that you feel should be included under DDSSY? (specify)

32. suggestions to improve the DDSSY scheme (specify)

- Mahapatro, S. R., Singh, P., & Singh, Y. (2018). How effective health insurance schemes are in tackling economic burden of healthcare in India. *Clinical Epidemiology and Global Health*, 6(2), 75–82. <https://doi.org/10.1016/j.cegh.2017.04.002>
- Meng, Y., Han, J., & Qin, S. (2018). The Impact of Health Insurance Policy on the Health of the Senior Floating Population-Evidence from China. *International Journal of Environmental Research and Public Health*, 15(10), 2159. <https://doi.org/10.3390/ijerph15102159>
- (PDF) *Measuring the Effect of Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojna (AB-PMJAY) on Health Expenditure among Poor Admitted in a Tertiary Care Hospital in the Northern State of India.* (n.d.). Retrieved April 3, 2024, from https://www.researchgate.net/publication/378845193_Measuring_the_Effect_of_Ayushman_Bharat-Pradhan_Mantri_Jan_Aarogya_Yojna_AB-PMJAY_on_Health_Expenditure_among_Poor_Admitted_in_a_Tertiary_Care_Hospital_in_the_Northern_State_of_India
- *Penetration and coverage of government-funded health insurance schemes in India—ScienceDirect.* (n.d.). Retrieved April 9, 2024, from <https://www.sciencedirect.com/science/article/pii/S2213398420300816>
- Raiturcar, T. P., Cacodcar, J. A., & Vernekar, P. (2019). Knowledge, Attitude and Practices about Glaucoma among Glaucoma Patients at a Tertiary Care Hospital in Goa. *Delhi Journal of Ophthalmology*, 29(4), 98. <https://doi.org/10.7869/djo.457>
- Saxena, A., Trivedi, M., Shroff, Z. C., & Sharma, M. (2022). Improving hospital-based processes for effective implementation of Government funded health insurance schemes: Evidence from early implementation of PM-JAY in India. *BMC Health Services Research*, 22(1), 73. <https://doi.org/10.1186/s12913-021-07448-3>

- Srinivasan, D. P. (n.d.). *SOCIAL AWARENESS OF PRADHAN MANTRI SCHEMES WITH REFERENCE TO TIRUCHIRAPPALLI DISTRICT*.
- Team, N. (2021, November 30). *Everything You Need To Know About Deen Dayal Swasthya Seva Yojana (DDSY)*. NAVI-Pedia. <https://navi.com/blog/deen-dayal-swasthya-seva-yojana/>
- Team, P. M. Y. (2023, November 10). Deen Dayal Swasthya Seva Yojana: DDSSY Scheme Registration. *Pm Modi Yojana*. <https://pmmodyojana.in/deen-dayal-swasthya-seva-yojana/>
- Thakur, H. (2016). Study of Awareness, Enrollment, and Utilization of Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme) in Maharashtra, India. *Frontiers in Public Health*, 3. <https://doi.org/10.3389/fpubh.2015.00282>
- *The “Universal” in UHC and Ghana’s National Health Insurance Scheme: Policy and implementation challenges and dilemmas of a lower middle income country | BMC Health Services Research | Full Text*. (n.d.). Retrieved April 9, 2024, from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1758-y>
- Thomas, B., Raykundaliya, D. P., Bhatt, S., & Vadhel, K. (2023). Study of awareness, enrolment, and utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in Gujarat, India. *International Journal Of Community Medicine And Public Health*, 10(8), 2741–2747. <https://doi.org/10.18203/2394-6040.ijcmph20232151>
- *Understanding the “Cash-Less” Nature of Government-Sponsored Health Insurance Schemes*. (n.d.). <https://doi.org/10.1177/2158244015614607>

