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AYUSHMAN BHARAT IN TRIPURA: A CRITICAL POLICY REVIEW OF RURAL HEALTHCARE ACCESS AND CHALLENGES

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ABSTRACT:

Access to healthcare remains a critical policy issue in India, particularly in rural and peripheral regions such as Tripura, where socio-economic vulnerabilities, geographical isolation, and infrastructural limitations exacerbate disparities in health service delivery. The Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), initiated in 2018, is recognized as the world's largest publicly funded health insurance program, designed to provide financial protection and universal access to quality healthcare. This paper critically evaluates the impact of Ayushman Bharat on rural healthcare access in Tripura, focusing on its effectiveness, challenges, and policy implications.

The study employs a policy analysis approach, utilizing secondary data from government reports, NFHS-5, and state-level healthcare statistics. It evaluates healthcare access in terms of affordability, availability, awareness, and acceptability. The findings indicate that while the scheme has reduced out-of-pocket expenditure and enabled rural households to access hospitalization benefits, several challenges persist. These include a limited number of empanelled hospitals in remote tribal areas, infrastructural deficiencies, a shortage of specialists, digital verification obstacles, and low awareness among marginalized communities.

The paper concludes that Ayushman Bharat has established significant pathways toward healthcare equity in Tripura but necessitates complementary reforms such as strengthening primary healthcare, incentivizing rural hospital participation, and implementing localized awareness campaigns. Addressing these gaps is essential for achieving the scheme's objective of universal and equitable healthcare access in rural Tripura.

Keywords*: Ayushman Bharat, Rural Healthcare, Policy Analysis, Tripura, Public Health*

1. INTRODUCTION:

Access to health care is a primary factor of health development and human justice. In India, unequal access and accessibility to healthcare services between urban and rural areas is not

something new, and the rural population has been historically facing disparities through a lack of healthcare services infrastructure, medical talent, and excessive out of pocket spending. The state of Tripura in the North East is a perfect example of these problems as it passes through the factors of geographical isolation, having a high tribal population, economic, and health vulnerability, and an inadequate health body.

To counter such imbalances, the Government of India introduced the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018 which has been projected as the largest publicly funded health insurance program in the world. Ayushman Bharat is intended to cover the cost of up to 5,00,000 per family annually to over 10 crore vulnerable families in the country with the aim of providing them equitable access to healthcare at secondary and tertiary levels. Its importance in other states such as Tripura is especially acute as the reliance on public health schemes is greater there and penetration of the private healthcare market is lower.

Although Ayushman Bharat has ambitious goals, there is a dire lack of discussions within the literature or policy-making to explain the actual effect of Ayushman Bharat on rural healthcare access in Tripura. On the one hand, official reports emphasize the growth in hospitalization under the scheme; on the other hand, there were doubts as to the uniformity of implementation and the absence of empanelled hospitals in remote areas as well as infrastructural bottlenecks and inadequate awareness among tribal and disadvantaged communities.

2. HEALTHCARE STATUS IN RURAL TRIPURA (BASELINE SITUATION).

2.1 Infrastructure Coverage-

- Rural Hospitals and Health Centres:

Tripura has an estimated 1,000 health sub-centres, 94 Primary Health Centres (PHCs), and 22 Community Health Centres (CHCs) that serve the rural population as at April, 2025[1].There exist 104+ rural hospitals and 6 state/government hospitals; there also exist the privately owned facilities like ILS Hospitals which are concentrated in cities[2].More than 2,000 Accredited Social Health Activists (ASHAs) play the role of last-mile agents and support in areas like tribal and remote locations[3].

2.2 Human Resources and Specialist Availability-

- Doctors and Specialists:

The PHCs are well supplied235 doctors against a need of 110 doctors implies that there is no shortage at the PHC level. CHCs are experiencing severe shortages with only 4 specialist doctors

[1] THE ASSAM TRIBUNE, https://assamtribune.com/north-east/tripura-rural-hospitals-reeling-under-crisis-of-specialists-report-1556001 (last visited August 24, 2025)

[2]WATCHDOG, https://watchdoq.com/blog/post/top-hospitals-and-healthcare-facilities-in-tripura:-your-ultimate-guide-for-2025 (last visited on August 24, 2025)

[3]*Ibid.*

serving the needs of 72 required in the villages.There are only 2 specialist doctors in CHCs in the tribal dominated areas compared to the requirement of 28 specialist doctors.Critical disciplines such as pediatrics and obstetrics/gynaecology have only 2 physicians each instead of 7 physicians each. No surgeons are attached to tribal area CHCs.The lack of personnel to accompany and support health professionals (nurses, lab technicians) continues to affect quality and the continuity of care.

2.3 HEALTH OUTCOMES AND INDICATORS-

Tripura has overtaken its Rural Health Infrastructure Index ranking, improving from 20th to 8th among Indian states between the period of 2005 and 2020, which again does not show an improvement in outcomes but merely infrastructure[4].There are enduring deficits relating to health status, mainly maternal and child health, burden of communicable diseases (e.g., tuberculosis, malaria), and non-communicable diseases in the rural areas[5].

2.4 HEALTHCARE CHALLENGES-

I. Shortage of Specialists: At acute care levels, the shortages are more felt in the CHCs, and hospitals particularly, surgery, paediatric, and gynaecology[6].

II. Tribal Disparities Tribal areas are the most affected areas with access to surgeons almost inexistent and practically no other specialist[7].

III. Infrastructure deficiencies: Although most sub-centres and PHCs are present, most of the facilities lack updated infrastructure and insufficient number of medicines and diagnostic equipment[8].

3. IMPLEMENTATION OF AYUSHMAN BHARAT IN TRIPURA:

3.1 Scheme Coverage and Beneficiaries-

Ayushman Bharat PM-JAY was introduced in Tripura in September 2018, and serves approximately 5 lakh households (nearly 20 lakh beneficiaries) across the state[9].The state of Tripura has implemented the scheme benefits to the rural and urban poor and vulnerable citizens (in accordance with SECC 2011 guidelines)[10].Fill the gaps Tripura introduced the Chief Minister Jan Arogya Yojana (CMJAY) in November 2024, providing nearly universal health insurance coverage to the previously uncovered families and some state government workers, with similar per-family coverage (₹5 lakh per year each family)[11].

3.2 Hospital and Health Centre Network-

[4] Dr. Siddappa Mali, *International Journal of Health Sciences and Research*, 15 INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND RESEARCH 256-267 (2025)

[5]SCRIBD, https://www.scribd.com/document/727953964/Tripura-RoP-2024-26-Signed-12-03-2024-1 (last visited on August 25, 2025)

[6]*Ibid*.

[7]*Ibid*.

[8]NABARD, https://www.nabard.org/auth/writereaddata/tender/pub_1612240620091254.pdf (last visited 25, 2025)

[9]ABPMJAY, https://abpmjay.tripura.gov.in/welcome.html (last visited on August 25, 2025)

[10]NHA, https://nha.gov.in/PM-JAY (last visited on August 25, 2025)

[11]DIGITAL HEALTH NEWS, https://www.digitalhealthnews.com/tripura-introduces-cmjay-to-achieve-universal-healthcare-scheme-for-all (last visited on August 25, 2025)

Health and Wellness Centres (HWCs): State has operationalised Ayushman Arogya Mandirs (HWCs) and offering comprehensive primary health care (maternal, child, NCDs, diagnostics, drugs)[12].

As at mid-2024, more than 2000 HWCs and empanelled hospitals (including state and out of state and both state and non-state hospitals) cater to Ayushman Bharat/ CMJAY beneficiaries[13].More than 26000 empanelled hospitals have been set up in India (including Tripura facilities) to provide cashless health benefits to PM-JAY or CMJAY citizens[14].

3.4 Healthcare Service Delivery-

The beneficiaries have a right to cashless treatment due to defined secondary and tertiary conditions with pre-existing conditions and no age limitation[15]. Digital health programs and Ayushman Bharat Health Accounts (ABHA) can also be actively encouraged to achieve better scheme management and tracking of beneficiaries[16]. Construction of new blocks, increasing bed capacities and critical care in Tripura is funded continuously under the Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)[17].

4. BENEFITS/POSITIVE IMPACTS ON RURAL ACCESS.

Ayushman Bharat and the CMJAY scheme have greatly improved rural healthcare availability and affordability in Tripura, resulting in large and demonstrable advantages for rural communities[18].

4.1 Key Benefits of Ayushman Bharat for Rural Tripura-

(a) Financial Protection and Universal Coverage:

i. A health insurance cover of up to 5 lakh per family per year will certainly minimize the chances of heavy health expenditures among rural families[19].

ii. Tripura's CMJAY extension has pushed the state closer to universal insurance, with previously excluded households now receiving coverage, including government employees and vulnerable tribal communities.[20]

(b) Increased Access to Treatment and Facilities:

i. Beneficiaries have the ability to avail cashless and quality healthcare in empanelled government and private hospitals throughout Tripura and India, thereby, ensuring equity in healthcare[21].

[12]INDIASTAT, https://www.indiastat.com/tripura-state/data/health/ayushman-bharat-pradhan-mantri-jan-aarogya-yojana-ab-pmjay (last visited on August 25, 2025)
[13]*Ibid.*
[14]IBEF, https://www.ibef.org/government-schemes/ayushman-bharat (last visited on August 25, 2025)
[15]*Ibid.*
[16]*Ibid.*
[17]*Ibid.*
[18]*Ibid.*
[19] ECONOMICTIMES, https://economictimes.indiatimes.com/news/india/tripura-cm-launches-chief-minister-jan-arogya-yojana-for-4-15-lakh-families/articleshow/107729325.cms (last visited on 26, 2025)
[20]*Ibid.*

ii. The number of hospitals it can reach (including those outside Tripura) is over 2600, and it has state-run Health and Wellness Centres (HWCs) serving as local primary care centres and can be largely useful to rural areas, especially in remote parts of India[22].

(C) Improved Health Outcomes and Service Utilization:

i. The schemes ensure that people in even remote and poorer villages can be effectively cured of serious (cardiac, oncology and surgery) conditions as payment barriers are eliminated.

ii. Treatment rates and overall well-being are increasing as the already 2.94 lakh rural and urban beneficiaries in Tripura have already received hospital treatment under Ayushman Bharat.

(d) Coverage of Pre-existing and Chronic Illnesses:

i. There is no age limit or exclusion for pre-existing conditions, which is a significant step forward for chronic disease management and senior rural population care[23].

ii. Hospitalizations and medications for up to 15 days after discharge are supplied for free, filling a significant gap for low-income rural patients.

(e) Strengthened Local Health Systems:

i. This rollout has made many primary health centres and sub-health centres into comprehensive HWCs, which have enhanced access to diagnostics, screening, immunization, and non-communicable disease treatment at the village level.

ii. The funding and improvement of infrastructure have widened the reach and performance of the local healthcare facilities making essential services, hence, readily accessible to their domestic locales.

5. CHALLENGES AND BARRIERS IN IMPLEMENTATION:

i. Coverage Gaps and Scheme Exclusions.

ii. Infrastructure Shortfalls.

iii. Shortage of Medical Personnel.

iv. Technical and Digital Obstacles.

v. Claim Settlement and System Glitches.

vi. Awareness, Outreach, and Administrative Issues.

6. RECOMMENDATIONS:

1. Address Human Resource Gaps.

Intensively hire and educate more specialists, physicians, and community health officers in tribal and rural regions in order to reduce the care gaps.Provide incentives to serve in the rural area, in professional enhancement, and retention[24].

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[21] HEALTHCAREHOSPITAL, https://healthcardhospitallist.com/hospital-list/tripura-ayushman-card-hospitals-list.html (last visited on August 26, 2025)

[22] *Ibid.*

[23] BAJAJFINSERV, https://www.bajajfinserv.in/insurance/ayushman-bharat-yojana-are-you-eligible-for-the-pmjay-scheme (last visited on August 26, 2025)

2. **Upgrade Infrastructure and Digital Connectivity.**

Increase the pace of advancement in the rural hospitals and clinics facilities, focus more on supplying equipment and medicines, and widen mobile medical units in remote locations.Invest in resilient digital access at Health and Wellness Centres, with continued digital- skills training among healthcare workers and outreach workers

3. **Intensify Community Awareness and Outreach.**

Conducted drives at the local level with the help of the local media, ASHAs, and panchayats to increase awareness of the scheme, remove misinformation, and educate on how to access the scheme digitally.Ensureroutine feedback and grievance redressal mechanisms to the beneficiaries, especially in the vulnerable and tribal groups.

4. **Streamline Claims and Monitoring.**

Enhance monitoring and improve delay in claim settlements, allowing use of integrated digital systems and routine audits of hospital service delivery.Publicize and post state-level monitoring reports at a level of transparency and accountability

8. CONCLUSION:

The developments of Ayushman Bharat in Tripura cannot be undermined as the country makes the important steps in achieving the universal health coverage in the context of one of the most resource-constrained areas. The scheme has increased access to health care amongst the economically weak rural households due to cashless treatment and financial protection. Its effects, however, are irregular and limited because of some ongoing weaknesses like poor health care infrastructure, insufficient availability of specialists, low sensitivity in rural and tribal belts, connectivity (digital and physical), and cases of administrative inefficiencies.

To make Ayushman Bharat a success in Tripura, the government needs to work on the rural health infrastructure and hospital empanelment around the state, introduce digital health solutions and governance transparency. What is also necessary is creating awareness at lower levels to ensure that beneficiaries make maximum use of the scheme.

In a nutshell, Ayushman Bharat in Tripura brings out the expectations and shortcomings of health policy reforms in the northeast of India. It is reminder that, financial health coverage requires presence of easily available, equitable and quality healthcare services to make a significant change in rural health outcomes.

[24] STATICPIB.GOVT., https://static.pib.gov.in/WriteReadData/specificdocs/documents/2025/jan/doc202513480101.pdf (last visited on August 26, 20250