

CONTINUOUS VIABILITY OF PRADHAN MANTRI BHARTIYA JANAUSHADHI KENDRAS



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ACRONYM

DOP	Department of Pharmaceuticals
PMBI	Pharmaceuticals & Medical Devices Bureau of India
JAK	Janaushadhi Kendra
PMBJP	Pradhan Mantri Bhartiya Janaushadhi Pariyojana
PMBJK	Pradhan Mantri Bhartiya Janaushadhi Kendra
KII	Key Informant Interview
FGD	Focus Group Discussion
BPPI	Bureau of Pharma Public Sector Undertakings of India
CEO	Chief Executive Officer
WHO-GMP	World Health Organization – Good Manufacturing Practices
NABL	National Accreditation Board for Testing and Calibration Laboratories
THE	Total Health Expenditure
OOPE	Out of Pocket Expenditure
WHO	World Health Organisation
NSSO	National Sample Survey Organisation
NSO	National Statistical Office

EXECUTIVE SUMMARY

The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) is a scheme launched by the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, in November 2008 to provide quality generic medicines at affordable prices to all sections of the population. The PMBJP aims to reduce out-of-pocket expenditure on health care and improve access to essential drugs for all, especially the poor and the deprived. The scheme also aims to create awareness about generic medicines and employment by engaging individual entrepreneurs in opening new Janaushadhi Kendra. The government has adopted a franchisee-like model for establishing and running new Janaushadhi Kendras. These Kendra's are good sources of awareness and education about the benefits of generic medicines among consumers and the general population.

A detailed survey was conducted across all six NSSO regions to measure the scheme's impact. The study aimed to understand how well the scheme was implemented and its objectives achieved. We gathered 750 responses from Janaushadhi customers, retailers, distributors, and experts (510 customers and 240 retailers). The survey covered 22 states and 66 districts and was completed promptly. Below is the executive summary of the results.

An Overview of the Findings:

- Most respondents in both groups were either graduates or 12th pass out. In the sample survey of retailers, most are pharmacy graduates or simple graduates, showing that a literate group of respondents were covered in this survey. Such a diverse group helped build a good base for discussions and recommendations.
- Analysis shows that the majority of the respondents in the customer survey belong to the age group of 25-40, while the majority of respondents in the retailer survey belong to the 30-50 age group.
- While gender is an important aspect in every study, we find that more than 20 per cent of the retailers are female, and more than 25 per cent of the respondents in the customer survey are female.
- The ownership of the Janaushadhi Kendra is held by individuals from various social categories, including those from the general category 60 per cent, Other

Backward Classes 27 per cent, women, and Scheduled Castes/Scheduled Tribes (SC/ST).

- In the customer sample, 48 per cent belong above the poverty line (APL) and 48.4 per cent below the poverty line (BPL); a small percentage also identify as homeless.
- Querying the location of respondents, it was clear that more than 57 per cent of the retailers live in urban areas, 28 per cent in rural areas, and 13 per cent in semi-urban locations. Among customers, more than 49 per cent belong to rural areas, 36 per cent to urban and 13 per cent to semi-urban areas.
- Both retailers and customers come from varied professions. The customers from the following categories (students, working professionals, unemployed, business, and retired) can be identified. Retailers identify more than 15 categories of professions before starting this business. Most retailers started their JAK store from (2016-2022), and the number is rising continuously.
- Among customers, the first source of information about Janaushadhi was friends (27 per cent) and TV and news (23 per cent). Identifying the conventional method is still applicable, and word-of-mouth is the most influential means of passing information regarding generics and their use.
- Beneficiaries highlight the affordability of medicine as the biggest reason for buying generic medicine. Followed by the doctor's recommendations, effectiveness and others explained in the results.
- More than 40 per cent of customers say that they buy generic medicine frequently or at the time of need. Another 16 per cent declare that customers buy medicine occasionally.
- Satisfaction with the services provided by JAKs depends on timely availability, price, quality medicine, and credibility of the Janaushadhi Kendra as expressed by majority of the consumers.
- Factors influencing satisfaction with Janaushadhi medicine are the price of the medicine, quality, and minimal side effects of the drug. There is a growing belief among individuals that generic medications possess both medical efficacy and affordability.

- Over 42 per cent of the customers confirm their commitment to Janaushadhi Kendra and acknowledge it as a highly favourable choice for purchasing medication to address specific health concerns, followed by 34 per cent who are very committed.
- Over 85 per cent of the respondents express their support for the continuation and expansion of this scheme beyond its current scope. The provision of increasingly effective and inexpensive drugs benefits customers. Establishing Kendra's in various locations across the country also becomes advantageous for individuals from diverse segments of society.
- A multiple-choice question was asked for suggestions to make PMBJP more effective. The beneficiaries highlight various factors that can enhance the effectiveness, including advertisement, hospital promotion, home delivery options, number of stores, and linking the scheme to ASHA workers.
- More than 90 per cent of the respondents recommend Janaushadhi to their known, and more than 87 per cent like nutrition products and over-the-counter medicine (OTC) available at Janaushadhi Kendra.
- More than 63 per cent of the customers confirm they get medicines recommended by doctors on time, while 36 per cent highlight delays due to multiple reasons explained in the results section.
- More than 85 per cent of customers never complained about drugs. However, 14 per cent complained to the owner, authority, or hospital for multiple reasons.
- The PMBJKs have additionally contributed to a favourable societal outcome through the facilitation of job creation, the promotion of gender equality and empowerment, and the improvement of health literacy within the general population.
- The data indicates that the increase in retail outlets was driven by promotional efforts, resulting in an overall increase in stores nationwide. Furthermore, many of these stores were founded as independent entities and new entrepreneurs venturing into the business realm. Similarly, many of these businesses and establishments are affiliated with the preexisting medical shops in different geographical areas.

- The primary sources of information for opening Janaushadhi Kendra are TV and newspapers 41%, friends 19%, doctors and government sources 16%.
- It has been verified that a significant proportion of enterprises were established due to government backing for this effort. Other factors include revenue generated from the firm, the likelihood of securing employment, and the betterment of individuals in lower socioeconomic brackets. Many retail dealers believe that pursuing government work presents a viable opportunity, hence serving as a motivating factor for them.
- Over 45 per cent of respondents affirm that they generate incomes ranging from 5000 to 10000 and 10000 to 25000 at the Kendra. Another group confirmed earnings exceeding 50000, and a small group of retailers reported monthly earnings ranging from 0 to 5000. There is a growing trend of income proportion expansion across all retail establishments.
- In a multiple-choice question for suggestions to improve sales, 80 per cent of retailers believed medical doctors should recommend Janaushadhi medicine. This initiative is expected to enhance sales and instill confidence among customers over the efficacy of generic medicine, influencing customers' perceptions and beliefs. Other include hospital hoardings and advertisements.
- A significant proportion of 42 per cent of retailers agree or strongly agree that their income has increased since they opened the Janaushadhi Kendra.
- Additionally, 36 per cent of retailers expressed their perception of encountering intense competition from branded medicine stores.
- According to the findings, 27 per cent of retailers perceive doctors commonly prescribe generic medication to their patients.
- The majority of Kendra's, precisely 65 per cent, believe that generic drugs possess an equivalent level of quality compared to branded pharmaceuticals.
- More than 65 per cent of the retailers believe they will continue the business for different reasons.
- Most respondents, precisely 65 per cent, believe the government's efforts will contribute to the success of JAK. The government should increase its efforts to enhance public awareness of the efficacy of generic drugs.

- Approximately 40 per cent of individuals had an understanding of Janaushadhi or generic medications.
- Over 62 per cent of retailers endorse the use of generic medicine for common ailments, and they also express their intention to prescribe generics to their families.
- Approximately 85 per cent of the retailers surveyed expressed satisfaction with their current business and indicated their intention to maintain it.
- A significant majority, over 86 per cent, express the intention to extend their current operations to increase revenue and foster future growth.
- More than 70 per cent of retailers recommend generic drugs to friends and family as a source of treatment.
- More than 48 per cent of the retailers confirm that medicine procurement is easy for them, and 64 per cent confirm that they did not take any loan to start this kendra.
- More than 85 per cent are satisfied with the business model being followed by Jan aushadhi Kendra. Moreover, views on procurement and suggestions are discussed in the results chapter.

Chapter 1

INTRODUCTION

1.1. OVERVIEW

According to World Health Organization estimates (2008), 65% of India's population does not have access to modern health care, and up to 79% of health care expenses in rural areas are due to the cost of medicines, as per NSO estimates. These numbers highlight the need for more significant intervention to support the marginal and low-income population to make drugs easy to procure and pocket-friendly. To make quality generic medicines available at affordable prices to all, the Janaushadhi Scheme was launched by the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, and Government of India in November 2008. The Scheme is being implemented through the Pharmaceutical & Medical Devices Bureau of India (PMBI) [erstwhile known as *Bureau of Pharma PSUs of India (BPPI)*], under the administrative control of the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, and Government of India.

In November 2016, the scheme was renamed "Pradhan Mantri Bhartiya Janaushadhi Pariyojana" to give further impetus. Accordingly, 'ensuring availability of quality medicines at affordable prices to all' has been a key objective of the Government. The branded generic medicines are sold at significantly higher prices than their unbranded generic equivalents, though they are identical in their therapeutic value.

As of 31.12.2024, 14589 Janaushadhi Kendras are established across the country. The new target is to open 25,000 JAKs by 31st March 2027 across the country and 15000 JAKs by March 2025. The Scheme has been approved for continuation with the financial (budget) outlay of ₹142.21 crore for the financial year 2024-2025.

The Product Basket of the scheme now covers more than 2047 drugs and 300 surgical instruments sold at retail shops at 50% to 80% cheaper than branded ones. To ensure the quality of the medicine is maintained, the procurement is done from approved World Health Organisation - Good Manufacturing Practises (WHO-GMP) vendors only. Besides that, each batch of medicine is tested in laboratories

accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL). Only after passing the quality checks are the medicines delivered to the PMBJP Kendra.

Every year 7th March is celebrated as “Janaushadhi Diwas” across the country. Janaushadhi ‘SUGAM’, a mobile application, is an essential facility for the general public providing a digital smartphone platform. In this SUGAM app, customers can locate nearby PMBJK (directions guided through Google Maps), search Janaushadhi medicines, and analyse product comparisons of Generic vs. Branded medicine in the form of MRP savings.

The awareness about the salient features of the Scheme is spread through various types of advertisements, such as print media, radio, TV, and cinema advertisements, as well as outdoor publicity like hoardings, bus queue shelters, and buses. In addition, the public is educated about using Janaushadhi generic medicines through social media platforms like Facebook, Twitter, Instagram, YouTube and others.

Various media platforms like print, outdoor, TV & social media, etc., are being used regularly to ensure mass awareness. Promotion workshops are also being organised across India with customers, store owners, doctors and dignitaries. To make the scheme more attractive, incentives are provided to JAK owners. The one-time incentive of Rs. 2.00 lakh is given to the PMBJP Kendras opened in North-Eastern States, Himalayan areas, Island territories and backward areas mentioned as aspirational districts by NITI Aayog or opened by women entrepreneurs, Ex-servicemen, Divyang, SC & ST for meeting out expenses on furniture, computer, refrigerator and other fixtures. An incentive to JAK owners is given @ 20% of monthly purchases made subject to the stocking mandate.

1.2. OBJECTIVE

- i. To study and evaluate/appraise the impact of this scheme on the targeted beneficiaries/sectors/areas
- ii. To study the gaps in implementation, if any, and the qualitative aspects of implementation, and suggest future improvement measures.
- iii. To give suitable recommendations for extension of scope in terms of coverage of the schemes.

1.3. SCOPE OF THE STUDY

The 'continuous viability of the Janaushadhi Kendra' study emphasizes understanding the various nuances of the implementation and benefits of the 'Pradhan Mantra Janaushadhi Pariyojana' (PMBJP). In order to achieve these goals, the following scope of the study as given by the pharmaceuticals department is followed. The study would evaluate the effectiveness and impact of the Janaushadhi Pariyojana on the socio-economic development of the customers, retailers, and regions.

The study also examines the suitability and continuous viability of the scheme's design, features, guidelines, and deliverables to meet the needs and aspirations of the people and the market demand. Furthermore, the study assesses the efficiency and quality of the implementation and delivery mechanism of the scheme, identify the challenges and bottlenecks, and suggest possible improvements or modifications. The study also highlight the good practices and lessons learned from the scheme's implementation, identify the gaps and issues in the ongoing schemes, and make recommendations for future interventions.

1.4. METHODOLOGY OF THE STUDY

The study's methodology comprises three phases: planning, implementation and assessment. Data collection design is developed in the planning phase to capture the intended objectives. It includes the preparation of questionnaires and interview schedules with respondents. After the initial process, the researchers conducted a pilot survey to identify any changes and improvements in the questionnaire.

In the implementation phase, data is collected from respondents. The study's respondents are the customers, experts, and retailers who sell at the Janaushadhi outlets. The researchers collected pilot data and visualized the results for the same. The final data for the questionnaire was collected after approval from the Department of Pharmaceuticals. The researchers considered all six regions of North, South, West, East, North East and Central India for the survey.

A sample of 750 respondents, (510 customers and 240 retailer) were covered in the survey. In order to complete this survey, data was collected from all the six NSSO regions, including 22 states, UTs and more than 66 districts were covered in total.

Separate questionnaires were prepared for retailers and customers for this study. The questionnaire has qualitative and quantitative questions, igniting a fruitful discussion among the field agents and respondents.

The third phase: In the last and third phases of report writing, the findings or outcomes are related to the intended or proposed objectives, and feedback from the DOP is to be obtained. The flow of the research study can be understood from the below figure:

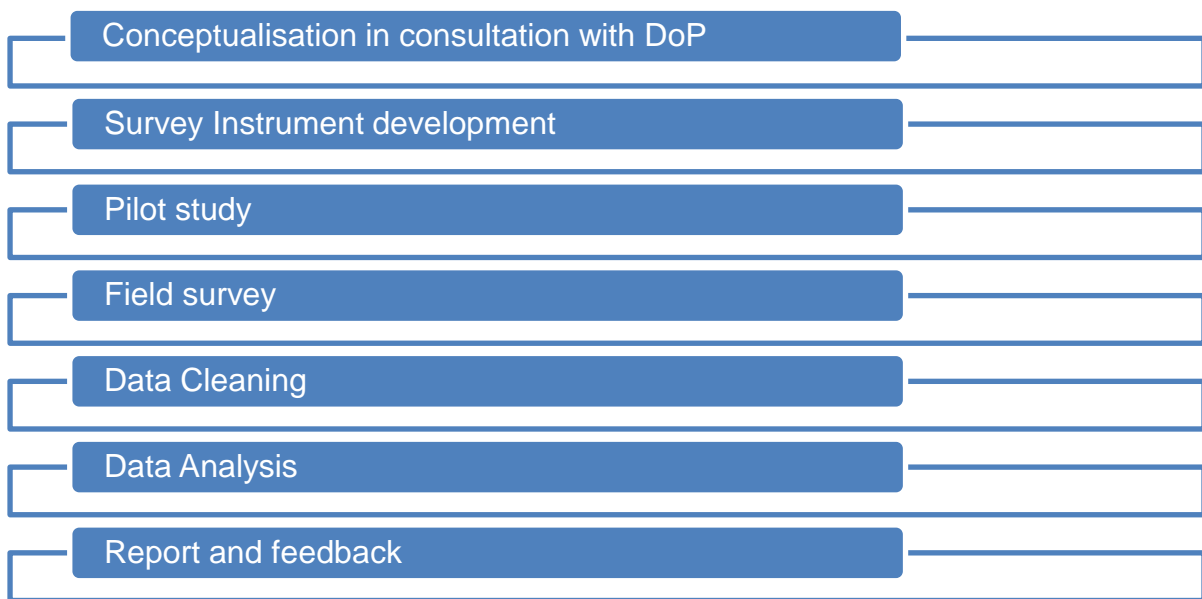


Figure 1: *Flow of the study*

1.5. OUTLINE OF THE REPORT

The report is divided into six sections. The first section serves as the report's introduction, providing necessary details for research objectives, the scope of the study, and an overview of the methodology. The second chapter provides an outline of the Pradhan Mantri Janaushadhi Pariyojana scheme. The third chapter details the methodology employed and discusses the questionnaires used for data collection in this study. The fourth and fifth chapters are based on the findings of surveys conducted with customers, experts and retailers of Janaushadhi in six regions of the country. The sixth part is the discussion and suggestion chapter, which reflects on the study's findings and offers recommendations per the study's scope and objectives. Finally, a conclusion chapter has been provided to summarise the study and its findings.

CHAPTER II

PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA (PMBJP)

2.1. OVERVIEW

To achieve the objective of making quality generic medicines available at affordable prices to all, 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana' was launched by the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India, in November 2008 across the country. The scheme was introduced as the 'Janaushadhi Scheme' in its initial implementation phase. The Government revamped and renamed the 'Janaushadhi Scheme' in September 2015 as 'Pradhan Mantri Janaushadhi Yojana' (PMJAY). Later, in November 2016, it was renamed 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana' (PMBJP).

Department of Pharmaceuticals¹, in association with Central Pharmaceutical Public Sector Undertakings, initiated this campaign to provide quality medicines at affordable prices through dedicated outlets known as Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJK). Janaushadhi Kendra offers generic drugs at much lower prices. The potency of these medicines is the same as that of expensive branded drugs available in the open market.

The Scheme is implemented through a registered society, the Pharmaceuticals & Medical Devices Bureau of India (PMBI), under the administrative control of the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers. PMBJP, in its most updated form, aims to create awareness among the masses about the efficacy and quality of generic medicines and to reduce out-of-pocket expenditure on health care by making essential medicines accessible to all. Initially, the scheme opted to open at least one Janaushadhi Store in each district of the country. The scheme envisages setting up PMJK outlets nationwide, where generic medicines are sold at a maximum retail price (MRP) 50-90% lower than the branded equivalents.

The PMJK outlets are run by agencies such as NGOs, cooperatives, entrepreneurs, women owners, and private hospitals under the guidance and support of the PMBI.

¹ <http://janaushadhi.gov.in/FAQ.aspx>

The PMBI is responsible for the scheme's procurement, supply and marketing of generic medicines. During the fiscal year 2023-24, specifically until November 11, 2024, the Pharmaceuticals & Medical Devices Bureau of India achieved sales above Rs. 1470 crore through JAK.

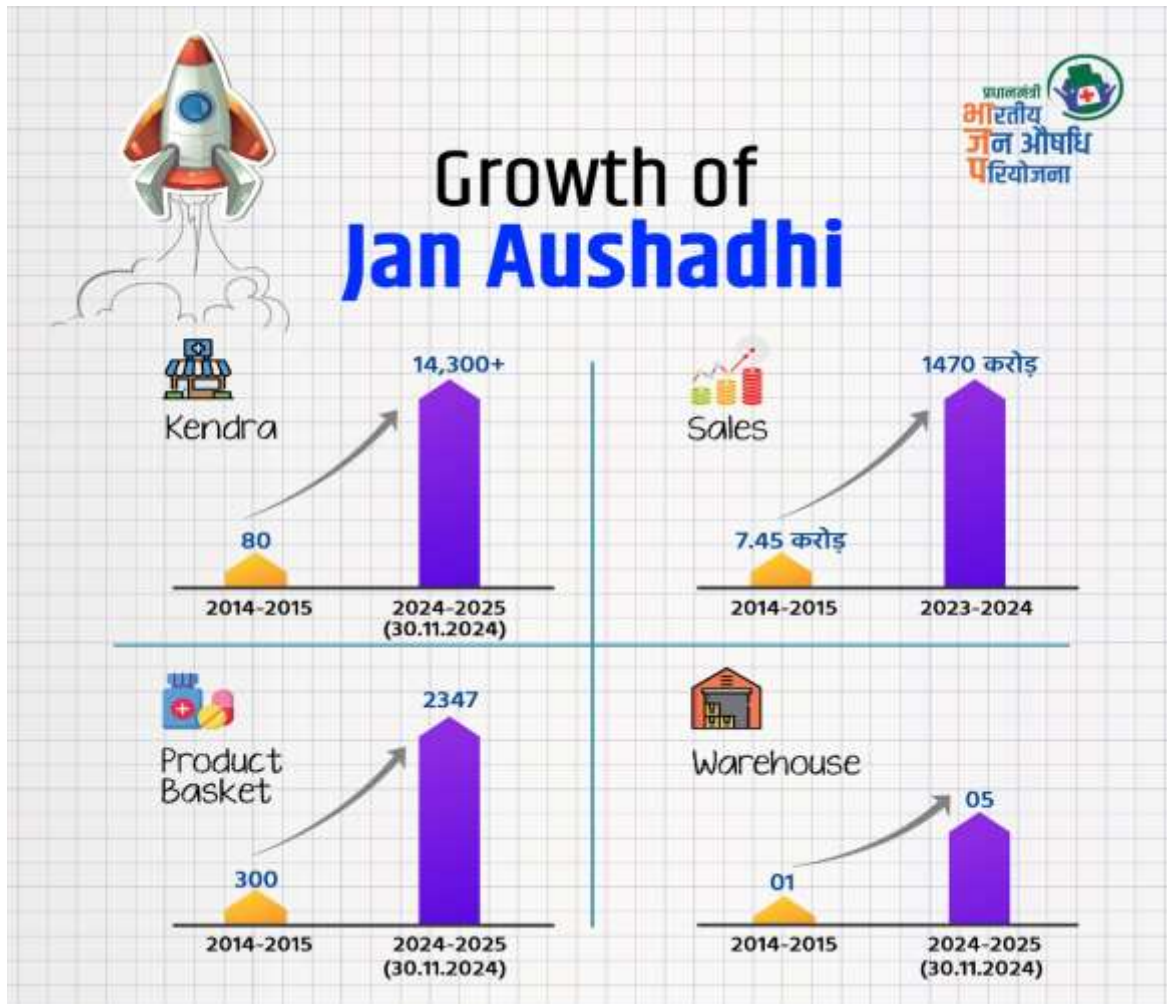


Figure 2: Journey and growth of PMBJP since 2014-15

2.2. RATIONALE FOR THE EMERGENCE OF THE SCHEME

One of the key metrics used to assess the structure of a nation's healthcare system is the proportion of out-of-pocket expenses (OOPE) to the overall healthcare expenditure within that country. World Health Organization data shows that OOPE or health significantly contribute to the overall spending of India's urban and rural population. The proportion of India's contribution remained high at almost 60% till 2018. While it is decreasing now, it is also imperative for this percentage to undergo

a substantial further reduction—the out-of-pocket expenditure as a percentage of health expenditure is depicted in the figure below.

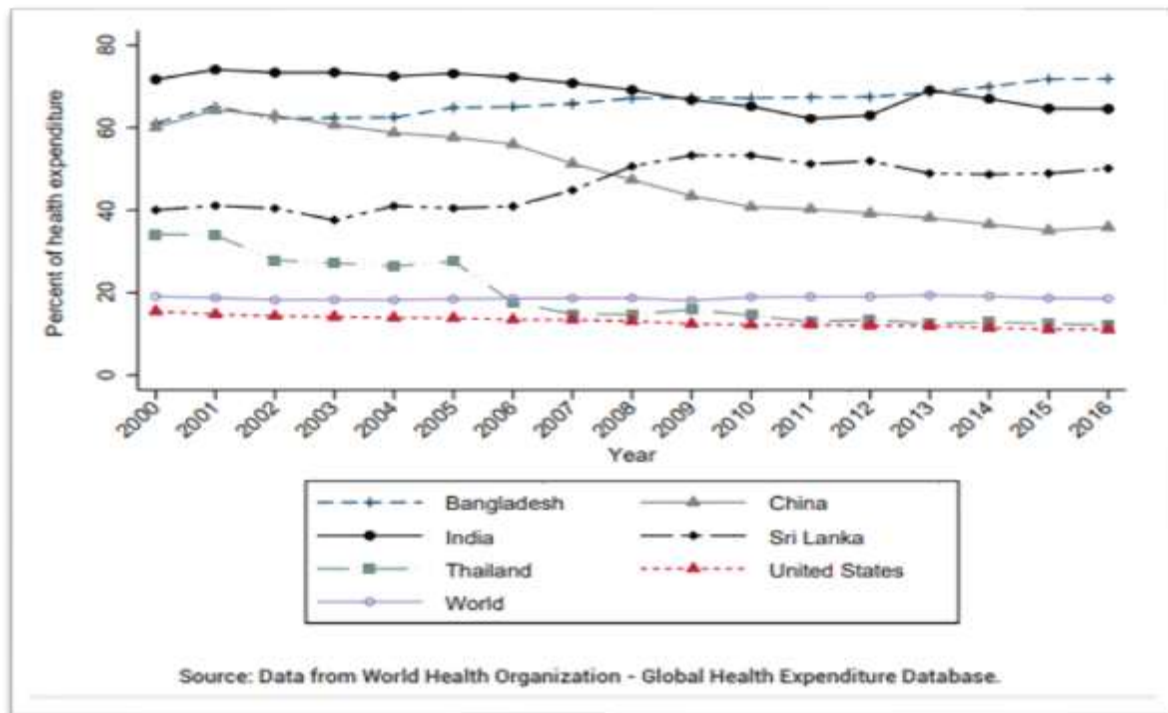


Figure 3: Out of the pocket expenses comparison

Despite being one of the world's largest suppliers of generic drugs, the majority of Indians do not have access to inexpensive medicines. The total cost of outpatient care is much higher than that of inpatient care. According to the 71st Round (January-June 2014) report of the National Sample Survey Organisation (NSSO) on Health in India, the purchase of medicine accounted for approximately 72 per cent of total expenditure on non-hospitalized treatment of diseases in the rural sector and 68 per cent in the urban sector².

Singh et al. (2020) conducted a study revealing that pharmaceuticals, including medicines and surgical items, accounted for 43 per cent of the overall out-of-pocket expenditure (OOPE) on health in 2015-16. The study also highlighted notable disparities in these expenditures across different states. This establishes it as the most substantial category within out-of-pocket expenditures (OOPE), with subsequent expenses allocated to private hospitals, medical diagnostics, government hospitals, and general medical practitioners. According to the Brookings

² [doc202337167101.pdf \(pib.gov.in\)](#)

study, the Out-of-Pocket Expenditure (OOPE) deserves particular consideration due to its association with impoverishment. The study reveals that 7% of households experience a decline in their socioeconomic status, falling below the poverty line due to healthcare expenses³. While discussing the reasoning behind the emergence of the Janaushadhi scheme, the following can be considered significant reasons:

In every country, the primary responsibility of public sector organisations is to make quality goods available, affordable and accessible to all. It includes products and services and keeps every person in the country intact. It is necessary to reduce the monopoly culture in the country and decrease the dependence on specific numbers of players in that particular industry.

It is to strengthen supply chain management for distribution and increase the system's efficiency in work. Effective competition helps build greater efficiency, and this also includes adapting to newer technologies, including organisational structures and processes and managing supply and logistic chains as they emerge.

Another essential reason is to decrease the budget amount spent on varied expenses. One of these is health expenses, which increase with age after 60's. The alternative must be affordable, accessible and of acceptable quality.

It is critical to put the learning curve concept into action. It measures how per-unit demand for critical inputs, such as labour units, decreases as cumulative output increases. Public sector organisations in India that deliver goods, amenities, and services implement this principle. In addition to economies of scale efficiencies, which occur when a scale of operations, such as PMBJP, expands, per unit costs should decrease, and some efficiencies result from the learning curve.

Ensuring the accessibility and affordability of medications, without necessitating individuals to resort to borrowing or perhaps falling into low-income status, should be included as key performance indicators (KPIs) within the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The programme also contribute to India's achieving universal health coverage by 2030. The table below shows the growth of JAKs in the country and its leaps in yearly additions, total numbers, and sales per year.

³ [An Analysis of Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana \(PMBJP\).pdf \(ris.org.in\)](#)

Table 1: Status of Janaushadhi Kendra sales and turnover

Financial Year	PMBJP Kendra Functional		Sales at MRP (Value in Crore)
	Yearly Addition	Cumulative	
2016-17	720	960	32.66
2017-18	2233	3193	140.84
2018-19	1863	5056	315.70
2019-20	1251	6306	433.61
2020-21	1251	7557	665.83
2021-22	1053	8610	893.57
2022-23	939	9546	1235.95
2023-24	2659	12205	1470
2024-25	2384	14589	

Source: Department of Pharmaceuticals Annual Report (2022-23)⁴ and DOP Media

2.3. FEATURES OF PMBJP

PMBJP is an amalgamation of various targeted objectives, and its periphery goes beyond providing affordable drugs and helping people save out-of-pocket expenses. The country has witnessed the establishment of more than 14589 Janaushadhi stores by the end of November 2024, providing a range of generic medicine and surgical and consumables in all major therapeutic categories such as Anti-infectives, Anti-allergics, Anti-diabetics, Cardiovascular, Anticancer, Gastro-intestinal and medication. Coverage of PMBJP has increased heavily after the revamping of the project to PMBJP.

Creating new Kendra's helps entrepreneurs build thriving enterprises and fulfill aspirations. On the other hand, it allows beneficiaries to access generic medication with equal efficiency to a branded drug at an affordable price. The below figure gives a glimpse of the expansion of Janaushdhi Kendra in the country and the benefits derived by various stakeholders under this scheme.

⁴ [DOP Annual Report 2022-23.pdf](#)

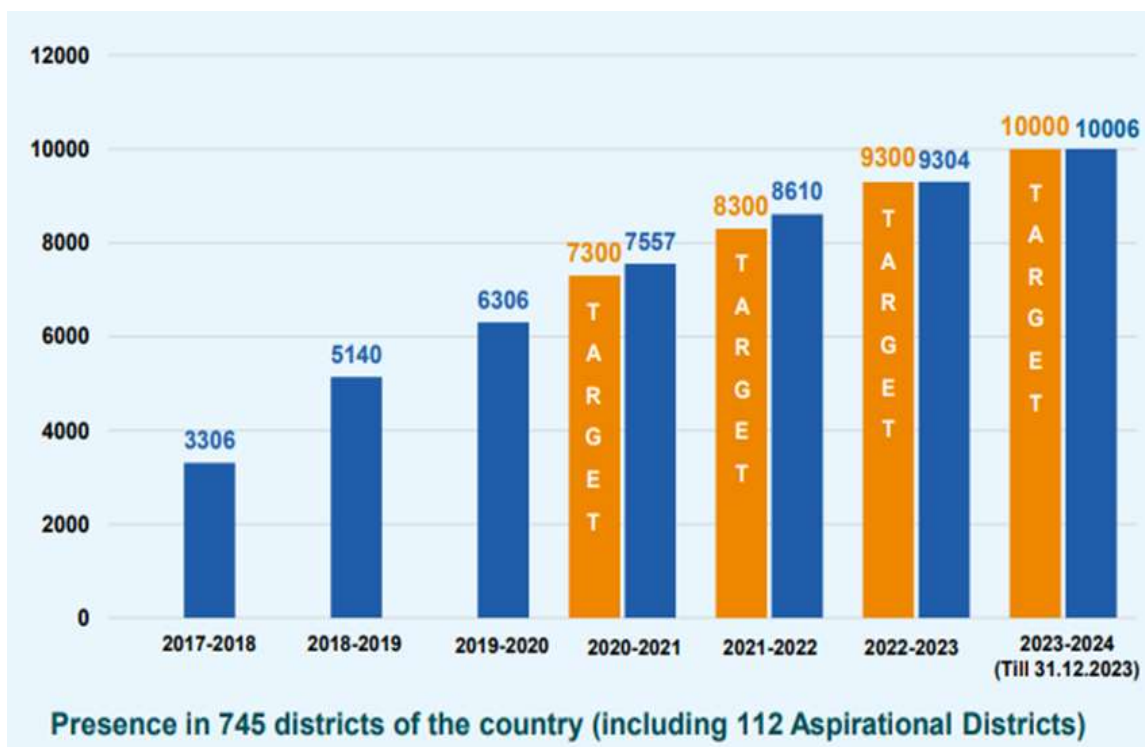


Figure 4: Growth of Janaushadhi Kendra's

The scheme raises awareness and fosters a positive perception that affordable generic medicines can be of high quality and equally effective. Additionally, it supports women in accessing menstrual health services nationwide. Furthermore, the scheme generates employment opportunities for the youth across the country.

The scheme allows entrepreneurs to set up businesses and benefit from incentives through a monthly payout. The incentives are designed and attached to the scheme so that every outlet or Kendra can receive monetary incentives of 20% on monthly purchases made subject to the stocking mandate.

The scheme intends to make medicine affordable to everyone. The scheme helps procure and distribute quality medicine, consumables, and surgical items at affordable prices and reduces out-of-pocket expenditure of consumers and patients.

2.4. BENEFITS OF PMBJP FOR THE PUBLIC HEALTH SECTOR IN INDIA

The PMBJP initiative has several benefits for the public health sector in India. It promotes the rational use of medications by encouraging the prescription and dispensing of therapeutically equivalent generic drugs. It improves the accessibility

and affordability of vital pharmaceuticals for the general population, particularly the impoverished and marginalised segments of society.

In addition, it contributes to the growth of the domestic pharmaceutical industry by generating demand for generic drugs and enhancing their production and quality standards. The PMBJP scheme is, therefore, an essential move towards achieving universal health coverage and improving health outcomes in India.

2.5. QUALITY ASSURANCE BY PMBI

Quality assurance is the primary responsibility for making this scheme a success. The PMBI follows strict measures for quality checks for every batch of medicines produced by manufacturers. The first assurance step is providing manufacturing contracts to only WHO-GMP (World Health Organization - Good Manufacturing Practices) certified manufacturers. Due to the stringent procurement process and selection only, high-quality medicines enter the PMBJP supply chain.

The next stage is laboratory testing for all the batches the manufacturers produce. A list of NABL-accredited laboratories is engaged to test each batch and ensure the components and quality of the product. These tests verify the quality, safety, and efficacy of the drugs. Only after successful testing are medicines made available at Janaushadhi Kendra.

The DOP continuously monitors the quality of medicines available at Janaushadhi Kendra. Any deviations from quality standards are promptly addressed. Regular inspections and audits maintain compliance with established norms.

The DOP's commitment to quality assurance builds trust among consumers. Patients can rely on Janaushadhi medicines for their health needs. In summary, the DOP's unwavering focus on quality ensures that affordable and reliable generic medicines reach the masses through the PMBJP initiative.

The figure below illustrates the warehousing and supply chain management system of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana for the currently operational Janaushadhi Kendra. The figure depicts a network of outlets functioning countrywide. This network has a central warehouse and five regional warehouses strategically positioned to manage medicine demand efficiently. Procurement by the Kendra's is done both online and at the warehouse. These regional and central warehouses receive support from 36 distributors covering all

states and union territories. This extensive and rapidly growing network is poised to streamline procurement processes, ensuring easy availability of medicines for both retailers and beneficiaries.



Figure 5: PMBJP Scheme Distribution and Warehouse Network

2.6. OVERVIEW OF THE EXISTING REPORTS AND LITERATURE

Several reports and publications have examined the impact and challenges of this scheme in India.

As of 2015-16, India's total health expenditure (THE) represents 3.8% of GDP. Out-of-pocket expenditures (OOPE) account for 60.5% of total expenditures, making up a significant portion of the total cost of total health expenditures. 43% of the OOPE is spent on pharmaceuticals, as revealed by a breakdown of the OOPE into its parts. Access to affordable medications is of the utmost importance, given the increased financial burden of pharmaceutical expenditures on households. While affordability has received policy attention (in the form of price controls on certain medications),

the availability of essential medicines remains a significant concern (Ambade et al., 2022)⁵.

According to the World Health Organisation, 649 million Indians lacked regular access to essential pharmaceuticals in 2004⁶. Another study of six locations in India revealed that the public sector has a median availability of 0 to 30% for a basket of essential medicines. The central government launched The Pradhan Mantri Bhartiya Janaushadhi Pariyojna (PMBJP) in 2008 with the mandate to sell quality generic medicines in India. This was done with the dual purpose of addressing the affordability and availability of drugs.

In 2015, the government rebranded the Janaushadhi programme, waived the application fee, and increased financial assistance. Additionally, the government increased trade margins for retailers from 16% to 20% and for distributors from 8% to 10%.⁷⁸

As per NSO estimates, around 79% of healthcare expenses in rural areas are due to the cost of medicines⁹. These numbers highlight the need for more significant intervention to support the marginal and low-income population to make drugs easy to procure and use.

According to Gupta et al. (2018), evaluating physicians' perspectives and comprehension of generic medications might facilitate the identification of critical factors that may impede the widespread use of generics. The study demonstrates that many doctors understand the importance of using generic medications. However, in light of concerns raised by a specific subset of participants, additional research is required to explore the efficacy of interventions targeting healthcare professionals and the general public in promoting understanding and acceptance of generic medications.

⁵ [Components of Out-of-Pocket Expenditure and Their Relative Contribution to Economic Burden of Diseases in India - PMC \(nih.gov\)](#)

⁶ https://iris.who.int/bitstream/handle/10665/68735/WHO_EDM_PAR_2004.5.pdf

⁷ [Jan Aushadhi: How PM Narendra Modi put new life in an ailing UPA scheme - The Economic Times](#)

⁸ [3,013 Pradhan Mantri Bhartiya Janaushadhi Pariyojana \(PMBJP\) Kendras functional in 33 States/UTs: Shri Mansukh L. Mandaviya](#)

⁹ [4FoldBrochure.pdf](#)

According to Pramod Gawali et al. (2018), in their study titled "Investigation of the information, attitude, and practice regarding the prescription of generic medications among interns, residents, and faculty members in a tertiary care teaching hospital," it was found that the use of generic drugs in prescriptions has the potential to lower expenses without compromising quality. The absence of know-how on the cost-effectiveness of generic medicines among healthcare providers has resulted in a high prescription rate of brand-name medications.

A study by Gupta et al. (2015) found that many physicians knew about generic medications. The participants were cheerful about generic medicines' security, efficacy, and quality, with a significant proportion indicating their inclination to prescribe such prescriptions. However, a substantial portion of individuals voiced apprehensions over generic medications.

Sareen et al. (2022), in their recent study regarding awareness of generic and ethical drugs among young individuals, highlight respondents' moderate level of understanding of the Janaushadhi Kendra. Despite being initiated several years ago, the Janaushadhi programme has not garnered significant attention in the country.

The study conducted by Shiekh et al. (2022) examines the efficacy of Janaushadhi generic antihypertensive medications and evaluates the knowledge and attitudes around generic meds. The effectiveness was evaluated on subsequent baseline during, 1st-month, 2nd-month, and 3rd-month follow-up visits. Approximately 53.36% of the patients knew the distinction between generic and brand medications. A notable percentage of the participants believe that utilising Janaushadhi medicine leads to reduced expenses. Therefore, a significant enhancement was observed in all outcome measures.

Charan et al. (2019) found that patients' age and education level were positively related to their awareness of generic drugs. It was found that general awareness of generics was insufficient. Age between 45 and 55 years old, as well as education beyond high school, were significant predictors of generic drug awareness. There is a scarcity of high-quality studies published in India on patients' perceptions of generic medications. Despite the government's extensive promotional efforts surrounding generics, the current survey found a shallow level of awareness. In a recent study, 75% of patients who had heard of generics agreed that these drugs are

less expensive than brand-name drugs. According to previously published studies, patients connect lower cost with lower quality, which may be why they do not use generics despite knowing about them.

According to Nagarajappa and Srinivasan (2019), when purchasing generic medicine, buyers prioritised the following factors: product quality, value for money, doctor education, and convenience of using Janaushadhi medical outlets. The findings revealed that 'doctor's prescription,' 'reduced price,' 'availability of Janaushadhi outlet,' 'quality of generic drug,' and 'recommendation from others' substantially influenced Janaushadhi acceptance. As a result, the study advises doctors to prescribe generic medications, expand the number of Janaushadhi outlets, and raise awareness about the quality and efficacy of Janaushadhi. Patients who used generic medications also suggested them to others, a significant finding in this study. As a result of the above findings, it was clear that generic pharmaceuticals might be advertised more effectively through doctors, chemists, and customer referrals.

Solomon and Sundar (2019) revealed four essential elements influencing customer satisfaction with the service offered by Janaushadhi medical shop staff: *accessibility, tangibility, reliability, and responsiveness*. They also stated that the staff's attitude is detrimental to the customers.

Hassali et al. (2009) conducted a comprehensive literature analysis encompassing 20 distinct studies, wherein they highlighted that consumers, on the whole, exhibited varied responses to generic medications. According to the findings of this literature study, which primarily examines advanced nations, there has been a consistent upward trend in consumer confidence and understanding about using generic drugs. Mass education initiatives, financial incentives, and improved communication between patients and healthcare professionals significantly influenced consumers' adoption of generic medications. The acceptability of generic medicine substitutes was hindered by the perception of significant constraints related to safety and efficacy concerns.

According to Arunkumar et al. (2021), the lower cost and higher quality of generic medicines at Janaushadhi Kendra are the main factors driving their purchase. The study also showed that consumers' ability to pay for generic medications influences

their decision to choose them over branded ones. Customers feel emotionally secure using these generic medications because they trust them. Also, generic medicines are identical to branded medicines in terms of efficacy. The government's promotion of generic medications through Janaushadhi medical outlets gives customers a positive impression.

2.7. CHALLENGES AND FUTURE PROSPECTS FOR PMBJP

Pradhan Mantri Janaushadhi Pariyojana is a vital step towards decreasing out-of-pocket expenses for the relevant population in India. The accessibility to good health is very low in India, but with the support of schemes like the PMBJP, the government is greatly helping families save on their health expenses. PMBJP is a vital step towards creating awareness among people for generic drugs and their benefits. The following are the significant challenges PMBJP face in terms of its implementation and increasing the number of stores.

Awareness and Outreach: One of the significant issues that the Janaushadhi Pariyojana has faced is a lack of public awareness about the presence and benefits of Janaushadhi Kendra. Many are unaware of these outlets and continue buying more expensive branded medications. Awareness leads to buying, which can aid in convincing individuals to buy and highlight the benefits. There is an urgent need to raise awareness and educate individuals on the differences between generic and branded medicine. This differentiation and acceptability can aid in lowering total drug costs. Various studies conducted with multiple demographic categories have revealed that respondents are unaware of the scheme, with one study claiming that 61% of BPL respondents are unaware of such healthcare facilities (Afzal et al., 2021).

Availability of free medicines in various states: Various states run free medicine programmes. The drugs are provided through distribution centres at hospitals in particular locations, and many people in the surrounding area attend these hospitals. It is tough to understand why a person receiving free medication would pay for generic medication. Even if the free medicine scheme and PMBJP

follow different objectives, it is difficult for an ordinary man to differentiate between them.

Infrastructure and Supply Chain: A logistical challenge is establishing and maintaining an efficient supply chain to ensure the regular availability of medicine at Janaushadhi Kendra's across the country. A lack of adequate infrastructure and delivery facilities may impede medicine supply. The current purchase and logistics system is entirely online, making the process simple and efficient. Many publications, however, have identified the supply chain as a bottleneck in the purchase of various drugs in various places. In remote areas, the lack of reliable transportation and storage facilities can lead to delays in restocking medicines.

Competition from Branded Drugs: The pharmaceutical sector in India is dominated by branded pharmaceuticals, and pharmaceutical corporations compete fiercely, making it difficult for Janaushadhi Kendra to compete in terms of price and accessibility. It is not only branded vs. generic; the government is also working on creating positive perceptions. Given the lower prices, the issue is to change people's perceptions that generic drugs can be as effective as branded medicines. To compete with generic drugs, branded pharmaceutical companies frequently provide discounts, free samples, and other marketing methods, making it difficult for Janaushadhi Kendra to attract customers.

Future Prospects of Janaushadhi Pariyojana

Expansion of Network: A more extensive network of stores across the country will aid in fostering favourable perceptions of generic medications. As a substitute for branded drugs, generics must be accessible to all patients and improve their effects. The government's proposal to expand the Janaushadhi Kendra network, particularly in rural and remote areas, is a step in the right direction. This will increase the proportion of the population with access to affordable pharmaceuticals. India now has more than 14500 Janaushadhi Kendras as of November 2024, and the government plans to increase the number to 25,000 stores in the next few years.

Enhanced Quality Control: The government has been taking measures to strengthen the quality control of generic medicines, increasing confidence among consumers and healthcare providers. In its recent publication, the government

confirmed that the PMBI has been implementing stringent quality control measures, and all Janaushadhi medicines are WHO-GMP certified.

Public Awareness Campaigns: The footfall at Janaushadhi Kendra and the utilisation of medicines can be increased through public awareness campaigns and partnerships with healthcare organisations. National events, such as Janaushadhi week and hospital and rural-level events, will automatically increase confidence in and preference for generic medications.

PMBJP is a pan-India scheme working on multiple grounds such as implementation, medicine procurement, quality assessment, improvement, and influencing customers' perceptions for the better, as well as lowering daily health expenses and overall out-of-pocket costs. Janaushadhi Pariyojana confronts awareness, quality control, infrastructure, and competition hurdles. However, given the government's commitment to expansion, quality control measures, public awareness campaigns, and the possibility for digital integration, the future viability and success of Janaushadhi Kendras in India look good.

In summary, this chapter provides a comprehensive introduction to the Viability of Janaushadhi Kendra (JAK) in India. It has outlined the project's primary objectives, scope, structure, and research queries. Additionally, it has offered an overview of JAK, detailing its operational paradigm and its significant impact on India's public health sector.

CHAPTER III

METHODOLOGY

The methodology chapter aims to explain and justify the research design, data collection methods, and data analysis techniques used to address the research question: How viable are Pradhan Mantri Bhartiya Janaushadhi Kendras in providing affordable and quality medicines to the public? The data survey for the study was done in six regions: North, Central, East, West, South, and Northeast, as classified by NSSO. Secondary data, including reports and data in the public domain, helped us draw a relevant research design for this evaluation study.

3.1. OVERVIEW AND DESIGN OF THE STUDY

The report adopts a mixed methodology design that combines quantitative and qualitative data from stakeholders, including customers, retailers and experts in generic medicine in India. The rationale for choosing a mixed methodology is based on the following:

A mixed methodology allows for a comprehensive and holistic understanding of the phenomenon under study, as it can capture both the objective and subjective aspects of the viability of Pradhan Mantri Bhartiya Janaushadhi Kendras.

A mixed methodology enables triangulation of data sources, methods, and findings, enhancing the validity and reliability of the research results and addressing potential biases or limitations of using a single method or source.

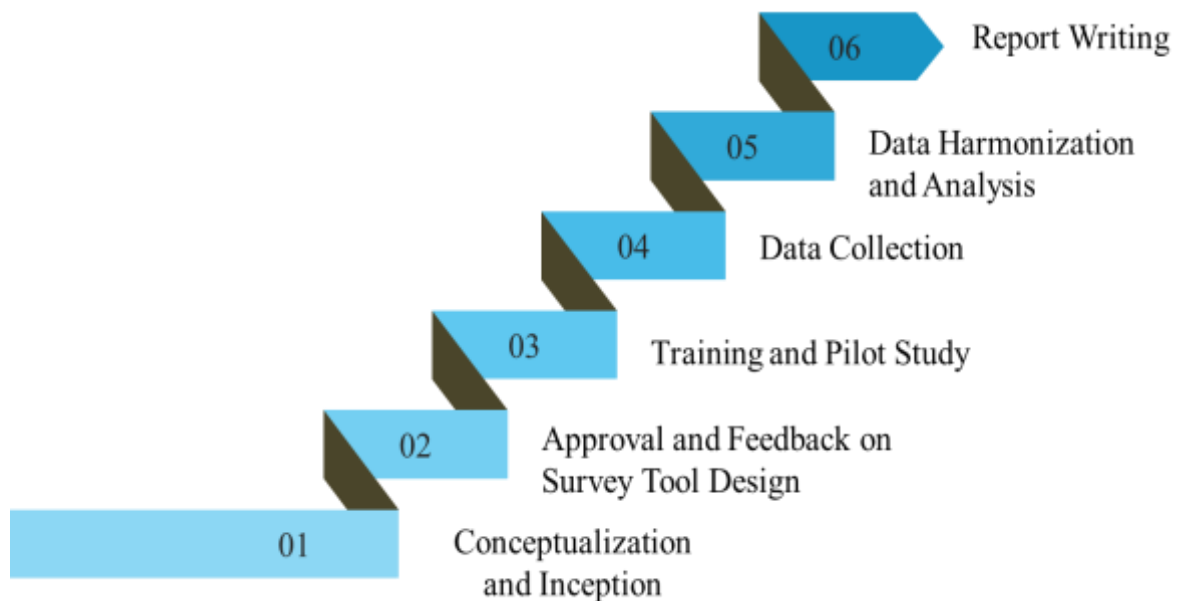
A mixed methodology can provide complementary and synergistic insights into the research problem, as it can explore the relationships, differences, and contradictions between quantitative and qualitative data and generate new knowledge or hypotheses that may not be possible with a single method.

The stakeholders involved in this research are customers, retailers, and experts in Janaushadhi. The beneficiaries are the customers who purchase medicines from Pradhan Mantri Bhartiya Janaushadhi Kendra, while the retailers are the owners or managers of the Kendra who sell the medication. The customers and retailers represent different segments of society, such as gender, age, income, education,

health status, and location, which may affect their access to and satisfaction with Kendra's. Therefore, their perspectives can provide a balanced and comprehensive assessment of the strengths, weaknesses, opportunities, and challenges of the Kendra's.

The study began with the conceptualization process, which involved outlining the approach methods and identifying the scope of the study. Subsequently, a questionnaire and an interview schedule were prepared. Based on the sampling method outlined below, a list of Janaushadhi Kendra was compiled from public platforms such as the Janaushadhi Sugam app and website links providing access to Janaushadhi Kendra. The collection of consumer or beneficiary data was facilitated by visiting numerous Janaushadhi Kendra locations, which was a significant undertaking. A specially signed letter was provided to the data agency to ensure the authenticity of the data survey and the project.

Figure 6: Stepwise process from inception to final report



After a pilot survey, data collection was started through surveys and interviews. Data was constantly monitored for quality during data collection, and all the data compiled was cleaned and used for data analysis. The data was analysed using descriptive statistics, thematic coding for qualitative data, and identifying gaps and recommendations.

3.2. SURVEY INSTRUMENTS/TOOLS

The research team developed questionnaires filled by the enumerator at the particular location. The data needs to be collected pan-India, so an extensive sample selection and data collection process was created to make it smooth and flawless. The structured questionnaires for beneficiaries/ customers and retailers were able to draw both qualitative and quantitative information from the survey respondents. The data collection team was also instructed to be a good observer of the functioning of the Kendra they are taking surveys from and provide a detailed note on their observations from the same. In this survey, priority is given to districts that are more socio-economically diverse and have qualities of being an aspirational district and socio-economically diverse populations.

The research design follows a multistage random sampling technique to select the states, regions, districts, retailers and beneficiaries for the study. In the first stage of selecting the sample, all six NSSO regions are considered, followed by a selection of the random group of states with equal or proportional distribution among regions. The number of Janaushadhi Kendra and aspirational districts in the state is also considered while selecting the state. The third stage involves selecting three districts from each state based on the urban-rural distribution and the socio-economic profile of the population.

The last stage of sample selection consists of selecting four retailers (based on the criteria of location, sales volume, and customer satisfaction) and ten customers (based on the requirements of age, gender, income, health condition and frequency of purchase). The total sample size for the study is 210 retailers and 540 beneficiaries across 66 districts, 22 states and UTs.

The survey questionnaire is based on objectives, and questions were prepared using binomial, multiple choice, and Likert scales (Five Point Likert Scales). With the help of the study's objectives, questionnaires were designed for both retailers and customers. The questions in the customer and retailer segments include business, experience, purchase experiences, and overall participation experience with the PMBJP scheme. The interview questionnaire for beneficiaries is given in Annexures. Before taking the surveys, the respondents were provided with information regarding the questionnaire and related information, such as the Likert scale.

3.3. DETAILS OF INDICATORS

Table 2: A list of indicators against their parameter in both questionnaires

Parameter	Indicator
Demographics	Name/ Gender/ Age/ Education/ Urban and Rural Source of information Economic Condition Social condition, religion
Impact/Benefits	Monetary Time-saving Easy to procure Availability Understanding of generic drugs and branded drugs
Market price vs PMBJP Price	Perceived understanding of differences in prices The price difference between branded and generic medicines Money saving
Availability of Medicine	Availability at Kendra Availability of salesperson Distance from Kendra Reason for buying
Accessibility and additions	New drug addition to the list Drug information Accessible Location Sugam app
Continuation, closure, additions, and support	Continuation of the Kendra Opening of new Kendra Availability of all medicine First aid Consultation
Feedback and improvement	Any other feedback Discussion
Seller/ Retailers (Business perspective)	Expectation when opened/ Amount of money spent Profitability Expenditure Monthly Revenue Previous profession and continuity Store type, motivation Income change Entrepreneurial journey

Parameter	Indicator
Retailer (geography and impact)	Area coverage Frequency of customers Demand for generics
Retailers Business	Income generated Yearly outcome Continuing for the next five years Yearly Growth
Suggestions & feedback	Discussion

3.4. SAMPLE DESCRIPTION

The following table comprehensively describes the regions, states, and districts considered in this study. The data table displays the number of surveys conducted with customers and retailers. The data is based on the enumerators' visits to various locations and Janaushadhi Kendra's. Additionally, the table provides information on the number of surveys conducted in each state. As outlined in the TOR, the study was completed with the sample number provided in the proposal.

The study comprises two major sample groups: medicine customers and retail store owners. Based on the information, the sample was selected through multistage sampling, and a survey was conducted with all the stakeholders in the study. Enumerators were selected and trained for data collection in various states and districts, detailed in the table below. A total sample of 540 customers and 210 retailers was covered throughout the country, and 750 data samples were collected from all stakeholders, including customers, retailers, experts, and departmental heads.

Table 2: Sample size and data collection tool

Region	State	District	Retailer sample	Customer sample
North	Punjab	Three or two Districts in each state	35	90
	Chandigarh			
	Delhi			
	Jammu and Kashmir			
	Uttarakhand			
	Himachal Pradesh			
South	Kerala	Three Districts in	35	90

Region	State	District	Retailer sample	Customer sample
	Telangana	each state		
	Tamil-Nadu			
	Karnataka			
	Andhra-Pradesh			
East	Orissa	Three Districts in each state	35	90
	Bihar			
	West Bengal			
West	Rajasthan	Three Districts in each state	35	90
	Gujarat			
	Maharashtra			
North East	Assam	Three Districts in each state	35	90
	Mizoram			
	Tripura			
Central India	Chhattisgarh	Three Districts in each state	35	90
	Madhya Pradesh			
	Uttar Pradesh			
Total	22	66	210	540

3.5. DATA COLLECTION TOOL

The data collection process was completely offline, and each customer and retailer were contacted at the JAK. The data survey was done offline with printed copies of the questionnaire, and the final uploading of answers was done through Google Forms. Final data was directly retrieved from Google Sheets online. Keeping data online helps improve data collection transparency and timely and adequate data quality monitoring. Due to the kind of survey being done, the enumerators sometimes found it challenging to motivate retailers to participate. To help enumerators, we provided a letter to make it easy for them to collect data from the same. It also helps to develop trust in the survey team, which helps collect genuine data.

Data was collected through primary and secondary sources. The primary research was conducted using mixed methodology to strengthen the study by providing

breadth and depth of understanding and corroborations based on multiple viewpoints, perspectives, positions, and standpoints, secondary resources including Government Reports, Statistical Data, Evaluation Reports, Research Papers, and Newspaper articles. reviewed to understand the dynamic and evolving nature of this entire ecosystem and the path of the progress so far. All this information is then triangulated with the input of the primary survey to bring holistic insight into the study's objective.

3.6. DATA MONITORING AND QUALITY CHECK

Data monitoring and quality checks were conducted at both regional and state levels. The team followed a structured way of monitoring data quality.

High-Frequency Checks (HFCs) are daily checks for data irregularities. The HFC technique is used in two ways: randomly by a team and through an online tool.

Back-checks

The back-check method is interviewing previously interviewed respondents who are re-interviewed by a new enumerator using a shortened version of the original survey. The responses to the back-checked survey are then compared to the respondent's original responses to detect discrepancies. Back-checks are used for two primary purposes: i) to hold surveyors accountable by verifying surveys are occurring and ii) to assess how sound surveyors are administering the survey.

Spot-checks (SCs) are unanticipated visits by senior field staff to verify that enumerators are surveying when and where they should be.

3.7. DATA ANALYSIS

The analysis was conducted using both quantitative and qualitative tools. Advanced Excel and SPSS were utilized for the quantitative analysis to apply statistical techniques such as descriptive statistics and frequency. These methods helped identify patterns and relationships within the survey data. For the qualitative analysis, thematic analysis was performed on the interview data to uncover recurring themes, opinions, and experiences related to the impact of Janaushadhi Pariyojana. A comprehensive understanding of the scheme's effectiveness and impact was achieved using quantitative and qualitative findings. The data analysis process included the following steps:

- Data harmonisation
- Data aggregation
- Data cleaning
- Data coding
- Data analysis

3.8. DRAFTING AND FINALISATION OF THE REPORT

After collecting data and inputs from all the identified stakeholders, the team sorted, analysed and inferred meaningful insights based on the various methods discussed. The research comes to the final stage of collecting data, analysing data, and writing the draft report. The draft skeleton of findings was then shared with the Department of Pharmaceuticals for input and suggestions. Finally, the report is finalised and submitted after incorporating suggestions, primary analysis, and data from secondary resources.

3.9. ROLE AND RESPONSIBILITY OF THE TEAM IN THE PROJECT

- 1) **Team leader:** Responsible for the overall management, monitoring, and evaluation of the project, as well as providing timely guidance to the study team.
- 2) **Evaluation specialist:** The evaluation specialist is responsible for designing the methodology, managing the survey, analyzing data, and writing reports. She/he will ensure the authenticity of data as well.
- 3) **Analysts:** The analyst is pivotal in bringing data points to life, starting from data cleaning to ensure the credibility and validity of the data to Data Analysis. The analyst is a catalyst for completing the survey and analyzing the data presented in the report.
- 4) **Field survey manager:** Will be responsible for planning and supervising fieldwork for timely data collection, cleaning, and editing.
- 5) **Field Surveyors:** Collect data from all the target groups.

CHAPTER IV

CUSTOMER DATA ANALYSIS: IMPACT ASSESSMENT AND DISCUSSION

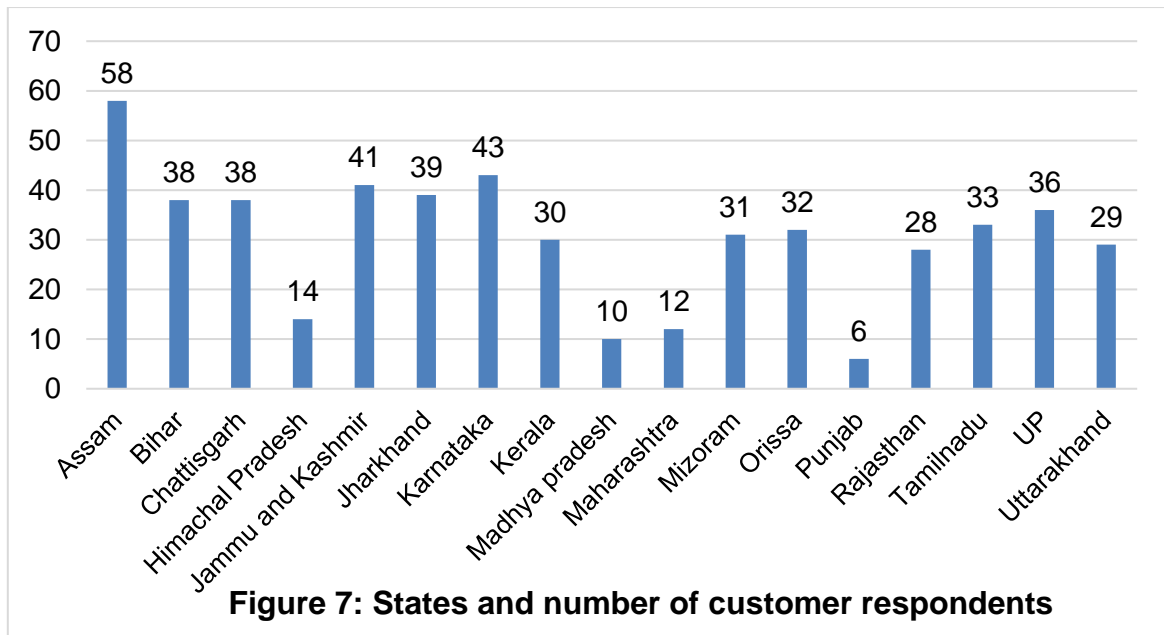
The fourth chapter of this report presents the customer data analysis. The data was collected from over 540 respondents who buy generic drugs from Pradhan Mantri Bhartiya Janaushadhi Kendra's (PMBJKs) in India. The data analysis was performed using SPSS software, a widely used tool for statistical analysis in social sciences. The data analysis examined the customers' perceptions, preferences, social and economic impact assessment, satisfaction, and loyalty towards PMBJKs and their products. The data analysis also aimed to identify the factors influencing the customers' choice of PMBJKs and their willingness to recommend them to others.

The chapter is organised as follows: Section one describes the demographic profile of the respondents; Section two discusses the results derived from data analysis for the socio-economic impact of the scheme; and finally, the chapter summarises the main findings and implications of the data analysis.

DEMOGRAPHICS

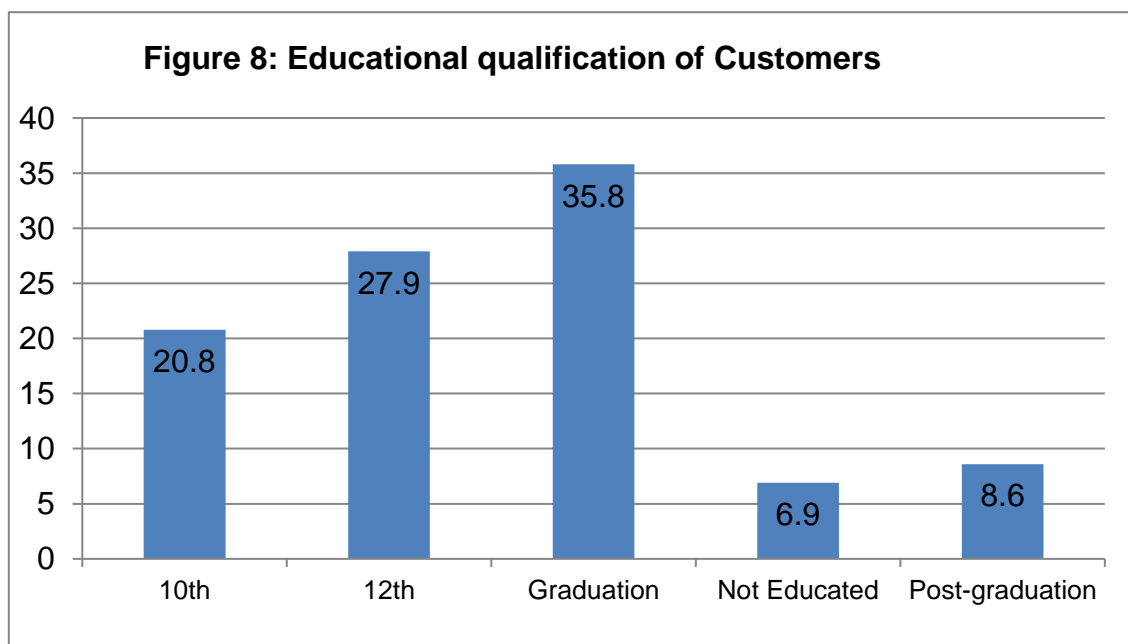
Sample Profile

Figure 7 below showcases the number of customers covered in the survey from the various states. Enumerators completed the data collection by directly contacting customers at the Janaushadhi Kendra in multiple locations within various districts (blocks and villages). The data shows that the highest number of customers were contacted in states like Assam, Karnataka, Jammu and Kashmir, Uttar Pradesh and others. Most of the states have contributed equally to the survey.



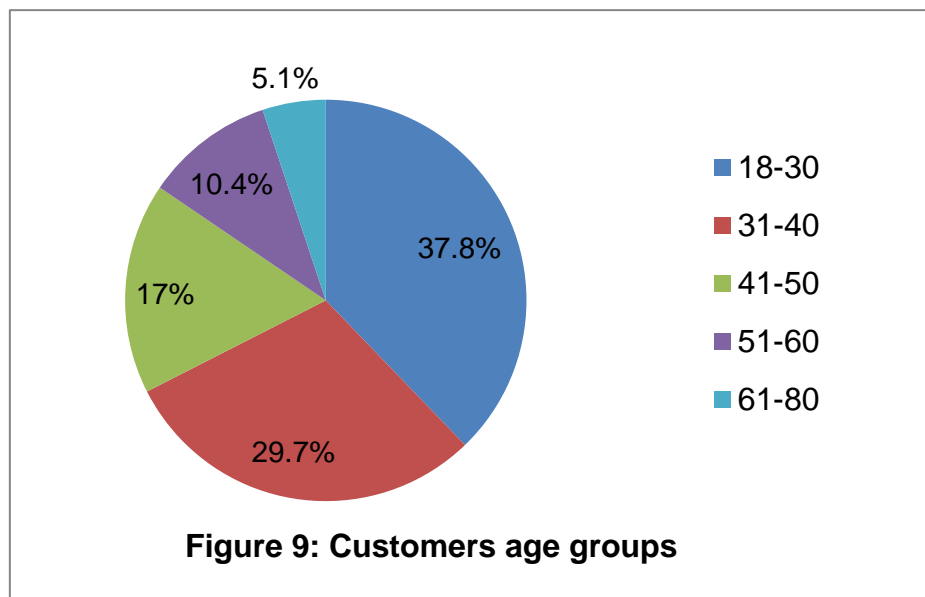
Level of Education among Customers

The data table shows the distribution of the educational level of the customers who participated in the survey. According to the table, the majority of the customers are graduates (35.8%), followed by 12th pass (27.9%) and 10th pass (20.8%). The least represented groups are post-graduates (8.6%) and uneducated (6.9%). The analysis highlights that customers are knowledgeable enough to verify the authenticity and importance of Kendra in varied regions of the country.



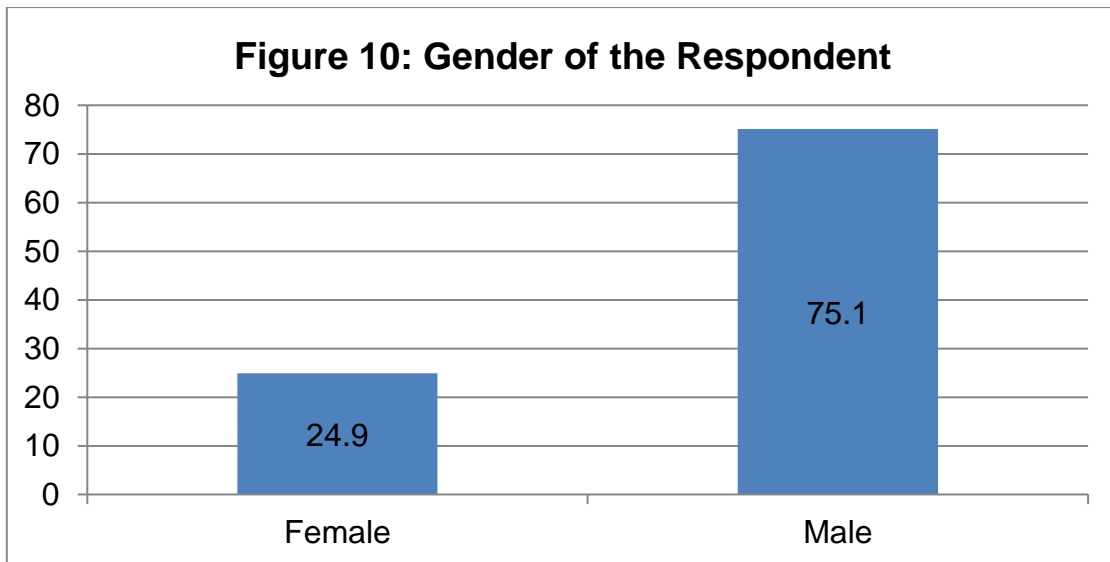
Age Groups of the respondent

Figure 9 shows the percentage of different age groups who shop for generic medicines at PMJAK. The highest percentage (37.8%) belongs to the 18-30 age group, followed by the 31-40 age group (29.7%). The percentage decreases as the age increases, with the lowest percentage (5.1%) belonging to the 61-80 age group. It indicates that younger people aged 18-40 are more frequent visitors to buy medicine for themselves or their family's health needs.



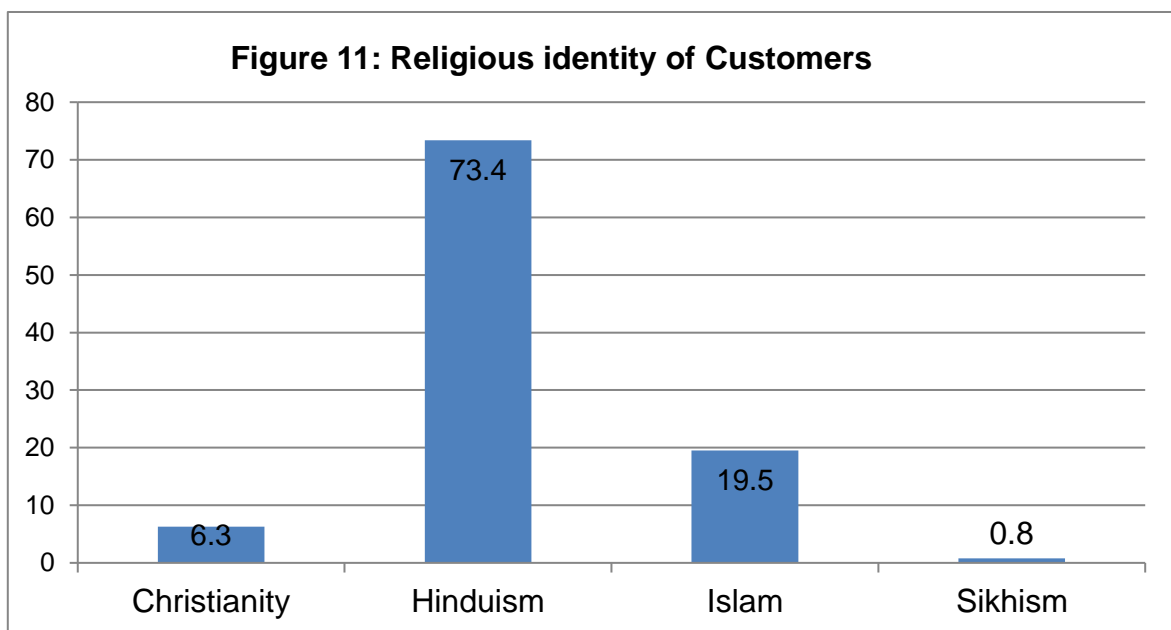
Gender of the respondent

The data in figure 10 shows the gender distribution of the respondents who buy generic medicines at PMJAK. Out of the total respondents, (75.1%) are male and (24.9%) are female. This gap could be due to insufficient awareness or males buying medicine from stores. The gender gap could also reflect the socio-cultural norms and practices that influence women's health-seeking behaviour and decision-making power in India.



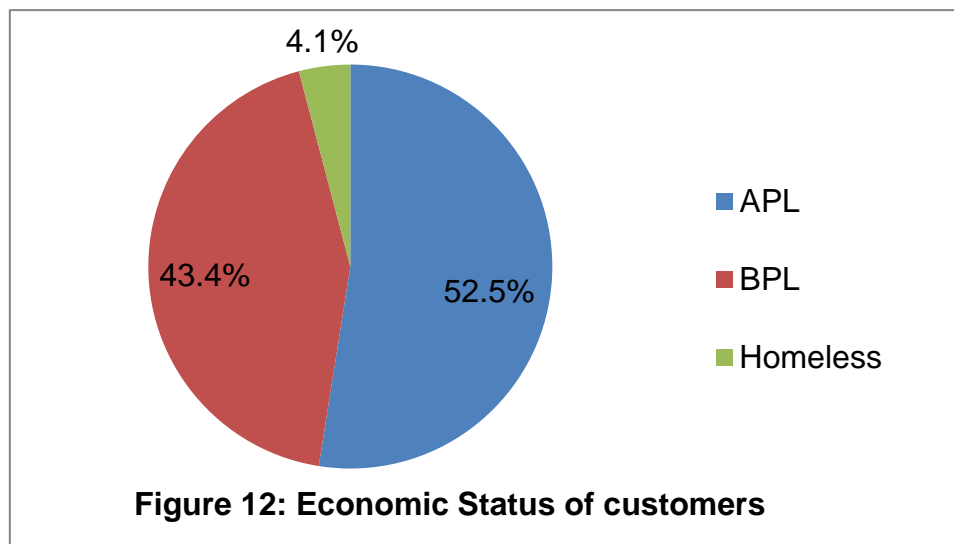
Belonging to religion

The data in figure 11 below shows the religious identity of the respondents who go to buy generic medicines at PMJAK. The table reveals that most respondents are Hindus, with 73.4% identifying as such and 19.5% identifying as Muslims. Christians are the third largest group, with 6.3%, and Sikhs are the smallest group, with only 0.8%. The cumulative per cent column shows that Hindus and Muslims together account for 92.9% of the respondents, while Christians and Sikhs together account for only 7.1% of the respondents.



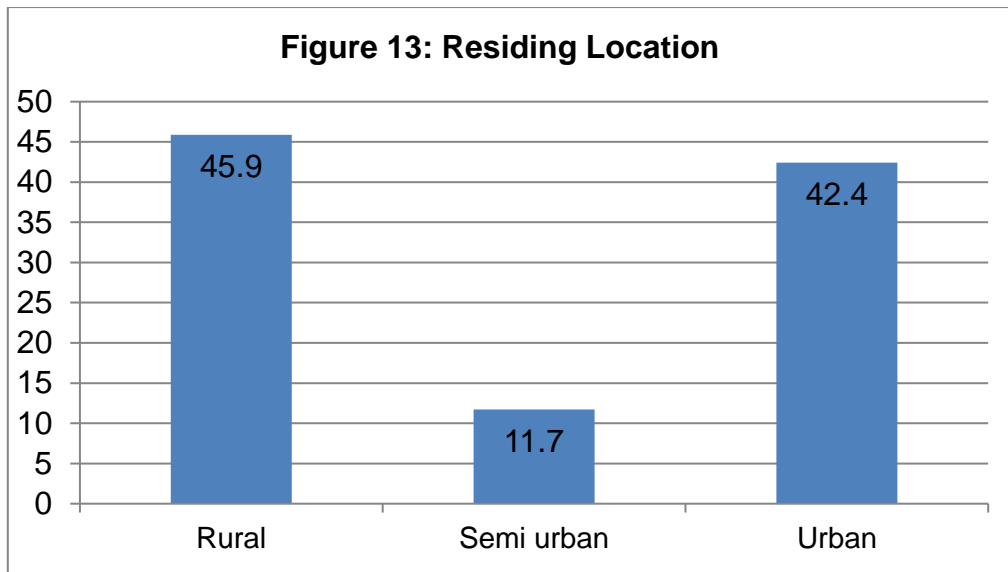
Economic Status

Figure 12 below shows the distribution of the economic status or category of the respondents who purchase generic medicines at JAK. Most respondents (52.5%) belong to the APL (Above Poverty Line) category, meaning they have a monthly income above Rs. 27,000. The second largest group of respondents (43.4%) are from the BPL (Below Poverty Line) category, which means they have a monthly income below Rs. 27,000. The smallest group of respondents (4.1%) is homeless, which means they have no permanent shelter or income. This data suggests that PMJAK caters to a diverse range of customers, especially those economically disadvantaged and unable to afford branded medicines.



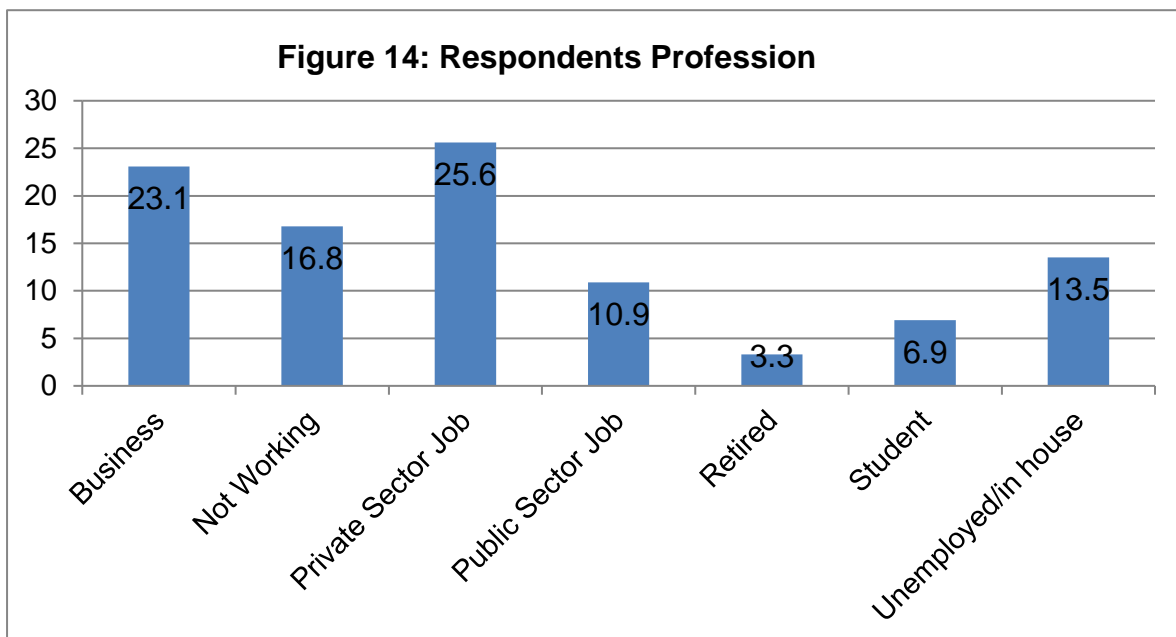
Residing location

Figure 13 shows the distribution of customers buying generic medicines at PMJAK according to their location. The table indicates that almost half of the customers (45.9%) live in rural areas, while the rest are divided between urban (42.4%) and semi-urban (11.7%) areas. The data showcases that JAKs have a significant presence in the country. Also, JAKs are popular among rural customers with less access to branded medicines or higher healthcare costs. The data also implies a potential market for generic medicines in urban and semi-urban areas, where the scheme may face more competition from other branded medicines.



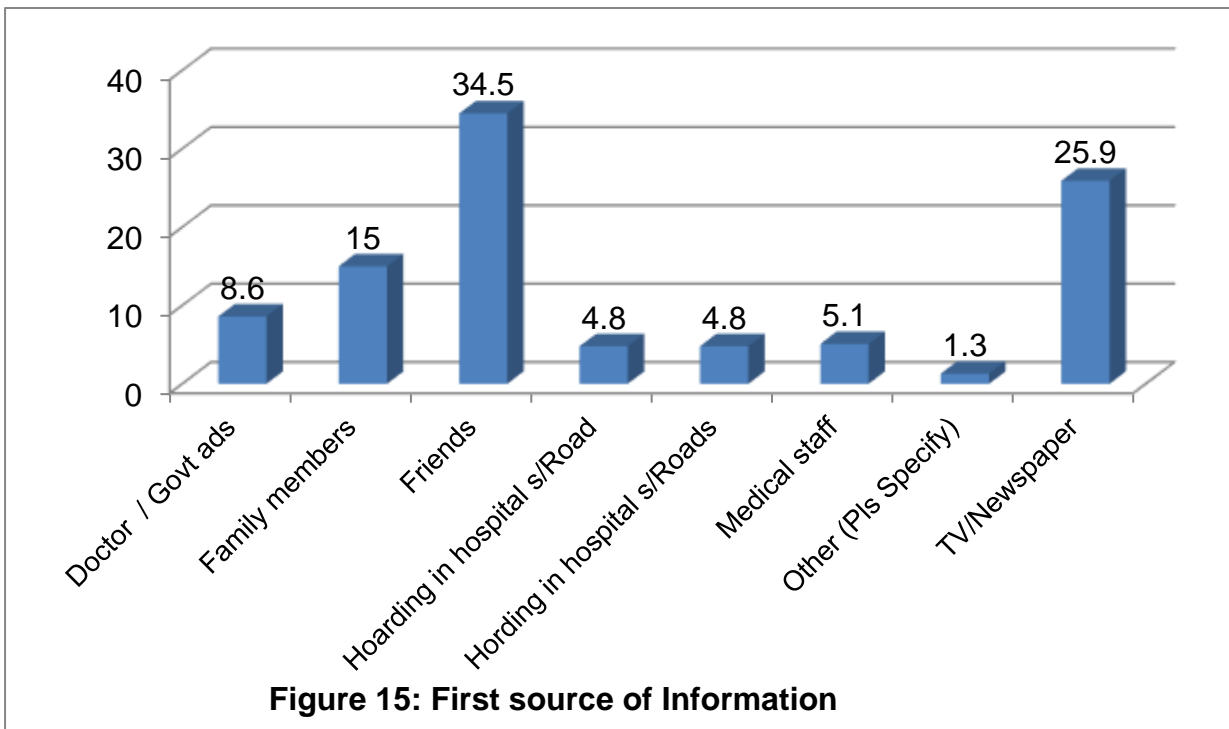
Profession of the customers

The data shows the categories of customers' professions who buy generic medicines at PMJAK. The most common are professionals working in the private sector, accounting for 25.6% of customers. The second is business, with 23.1% of the customers. The third category is not working or unemployed, which includes homemakers, students, retired people and unemployed people, with 16.8% of the customers. The least common profession is retired, with only 3.3% of the customers. The data suggests that PMJAK attracts customers from different backgrounds and occupations, especially those who work in the private sector or run their businesses.



The first source of Information about JAK

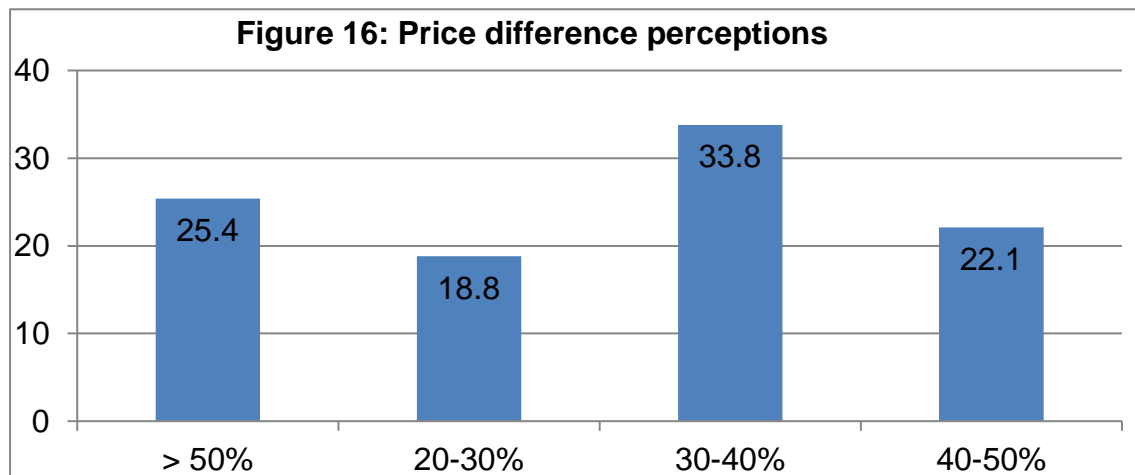
The first source of information to customers regarding the JAK store is an important factor in understanding the awareness and outreach of the scheme. The data shows that the most common source of information is friends, followed by TV/Newspapers and family members. These three sources account for 75.4% of the total responses. Data shows that word-of-mouth and mass media effectively promote the scheme and attract customers. On the other hand, the least common sources of information are social media, medical staff and hoarding in hospitals/roads. These sources account for only 11.2% of the total responses. While the scheme is being vehemently promoted through social media channels by the department, the effectiveness will increase with time and the visibility and accessibility of the stores in public places.



Price Difference felt while buying medicine from JAK

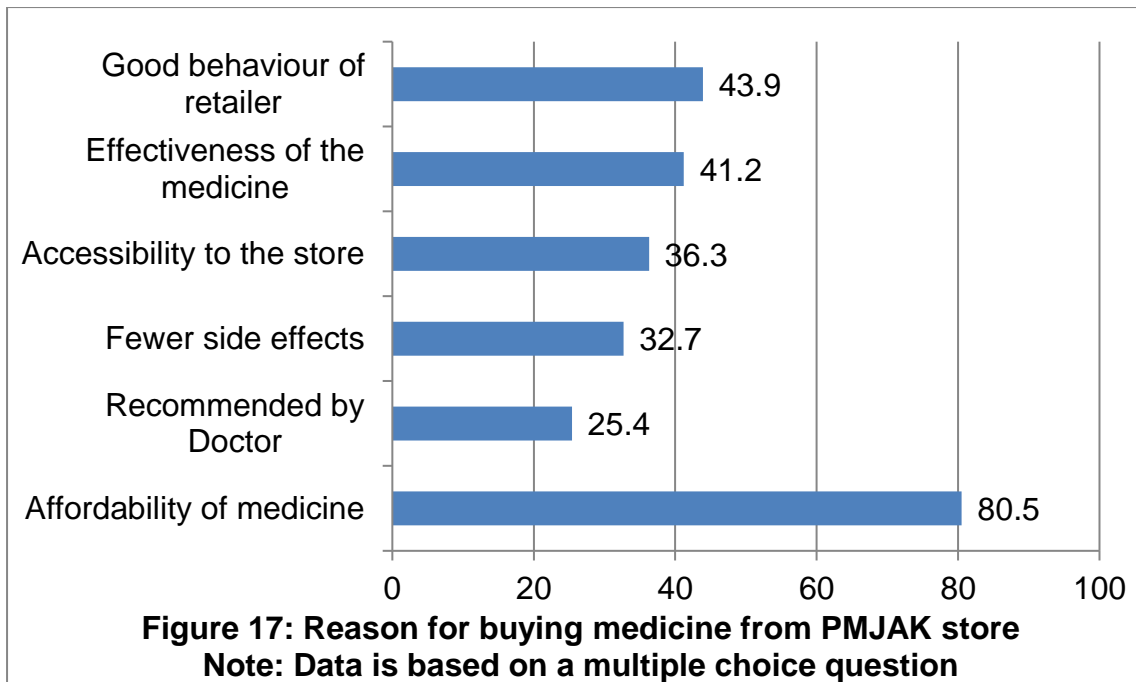
In this, we analyse the data related to the price differences customers feel when buying generic medicines at PMJAK. The data shows that most customers (59.2%) reported a price difference of more than 30% when buying generic medicines at PMJAK compared to branded medicines at other pharmacies. This indicates that PMJAK offers significant savings for customers needing medicines for chronic or acute conditions. A customer group of (25.4%) reported a price difference of 50%,

meaning they are paying half the price for the same quality and quantity of medicines at PMJAK. This remarkable achievement for the scheme demonstrates its potential to improve the access and affordability of medicines for the poor and marginalized sections of society.



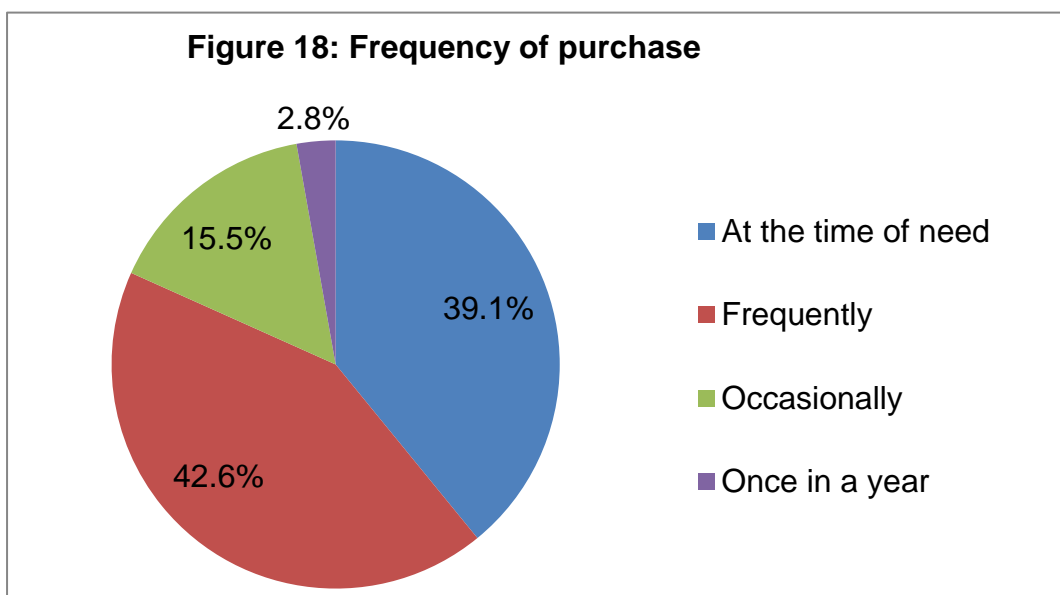
Reason for buying medicine from PMJAK

The below figure shows responses to a multiple-choice question. The data indicates affordability is the main reason customers buy medicines from PMJAK stores. Affordability was chosen by 80.5% of the respondents, which indicates that the PMJAK scheme is fulfilling its objective of providing low-cost generic drugs to the public. The other reasons, as given in the figure below, are quality, safety, and availability of medicines, as well as the retailers' customer service. The least common reason, chosen by 25.4% of the respondents, is the doctor's recommendation, which suggests that medical professionals still need to increase awareness and trust about the PMJAK scheme and its benefits.



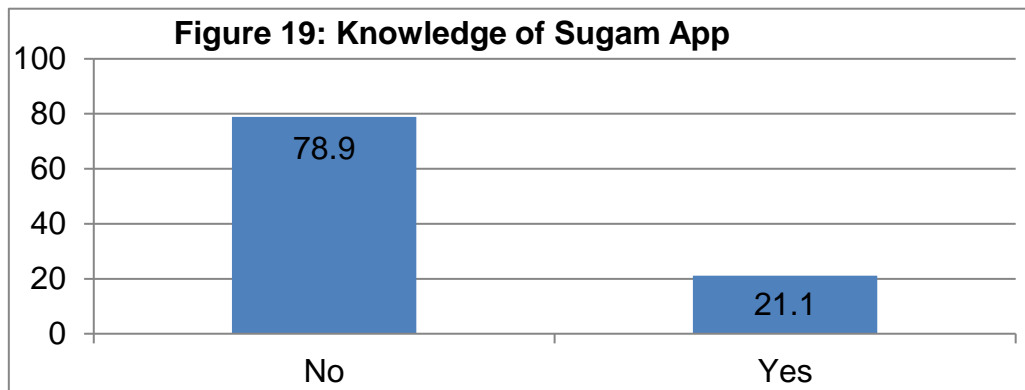
Frequency of purchasing medicine from PMJAK

The data shows that most of the customers of PMJAK stores buy medicines either at the time of need or frequently, which indicates a high demand and satisfaction for generic medicine. Only a small percentage of customers buy medicines occasionally or once a year, which may suggest that they have other sources of affordable medicines or that they do not need them often. The data can be interpreted as a positive sign for the continuous viability of Janaushadhi Kendra in India, as they provide access to quality and low-cost medicines for a large segment of the population.



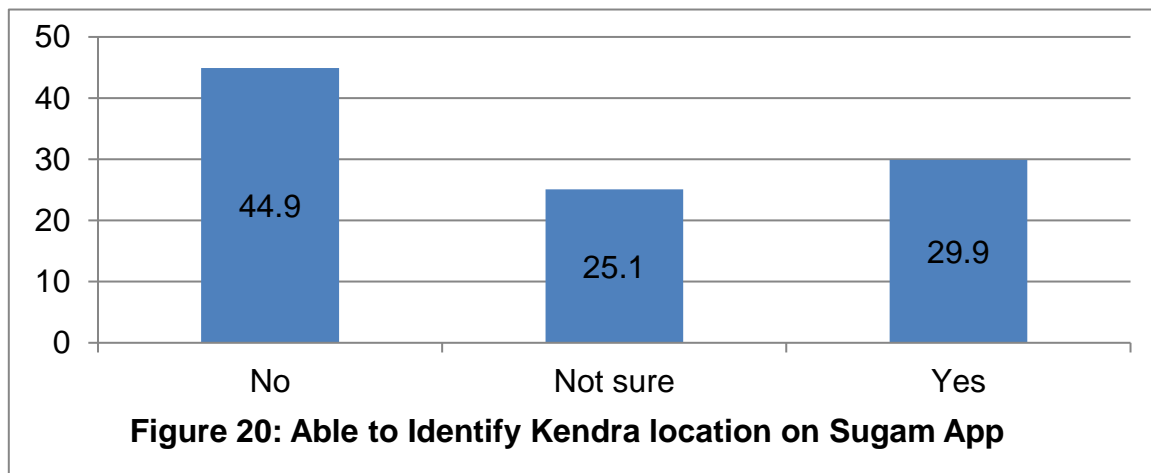
Sugam app knowledge

One of the features of the Janaushadhi SUGAM app is to help customers locate Kendra and compare the medicine prices. However, the data collected from the customers shows that only 21.1% know this app, while the majority (78.9%) do not know about it. One of the important reasons behind this low awareness is that locating a Kendra is easy now, along with other sources such as Google, Justdial, and others. Also, once identified, people do not use the same again. As it is a one-time use feature, its use is minimal.



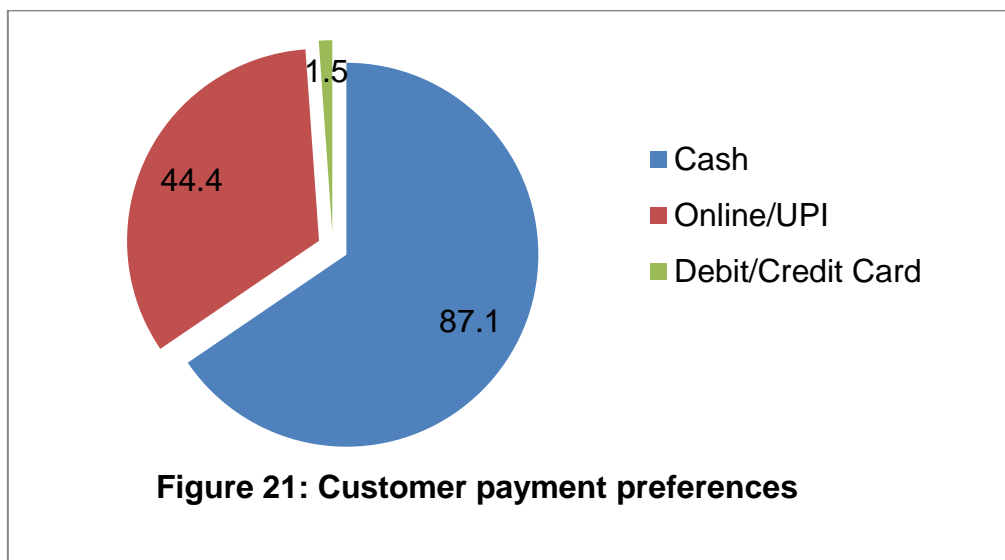
Identifying the location of Kendra on the Sugam app

Figure 20 below shows that only one-third of the customers (29.9%) can identify a retail store location on the Sugam app, while almost half (44.9%) cannot. A significant proportion of customers (25.1%) are unsure about this question, which may indicate a lack of awareness or familiarity with the app. In addition to the reasons explained above, it is also easier to locate a Kendra with maps given on smartphones used by the general public. It is only rarely that a person will use Sugam to locate Kendra to buy medicines.



Payment preferences at a PMBJK store

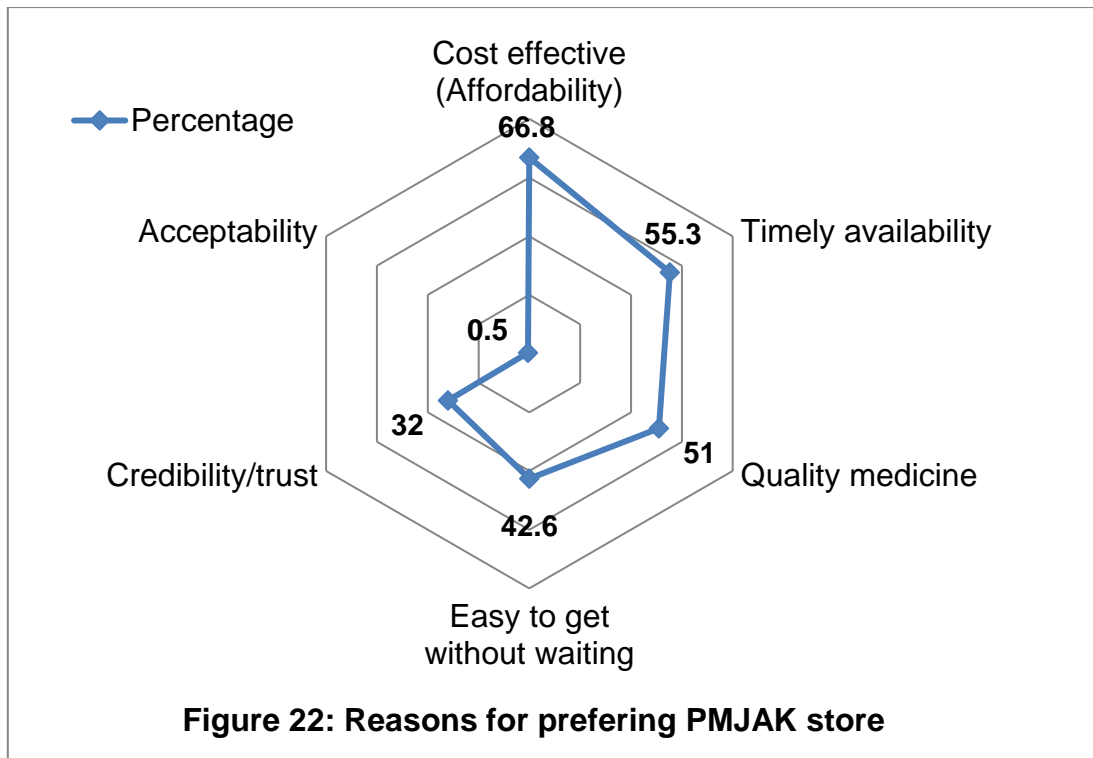
The data is based on a survey conducted with customers who answered a multiple-choice question about how they paid for their purchases. The data shows that cash is the most common payment option, as (87.1%) customers reported using it. Online or UPI payments are opted by (44.4%) of the customers. Debit or credit cards are the least chosen option, as only six customers (1.5%) reported using them. Most transactions are done in cash due to a limited amount to be paid or the availability of other options.



Note: Data is based on a multiple-choice question

Reasons why customers prefer PMBJK

The most common reason for preferring the PMJAK store is cost-effectiveness, with 66.8% of customers choosing this option. The second most common reason is timely availability, with 55.3% of customers selecting this option. Suggests that the scheme ensures a reliable supply of medicines, improving healthcare. The third most common reason is quality medicine, with 51% of customers opting for this option, implying that the scheme maintains high standards of quality and safety, which can enhance the trust and satisfaction of the customers.



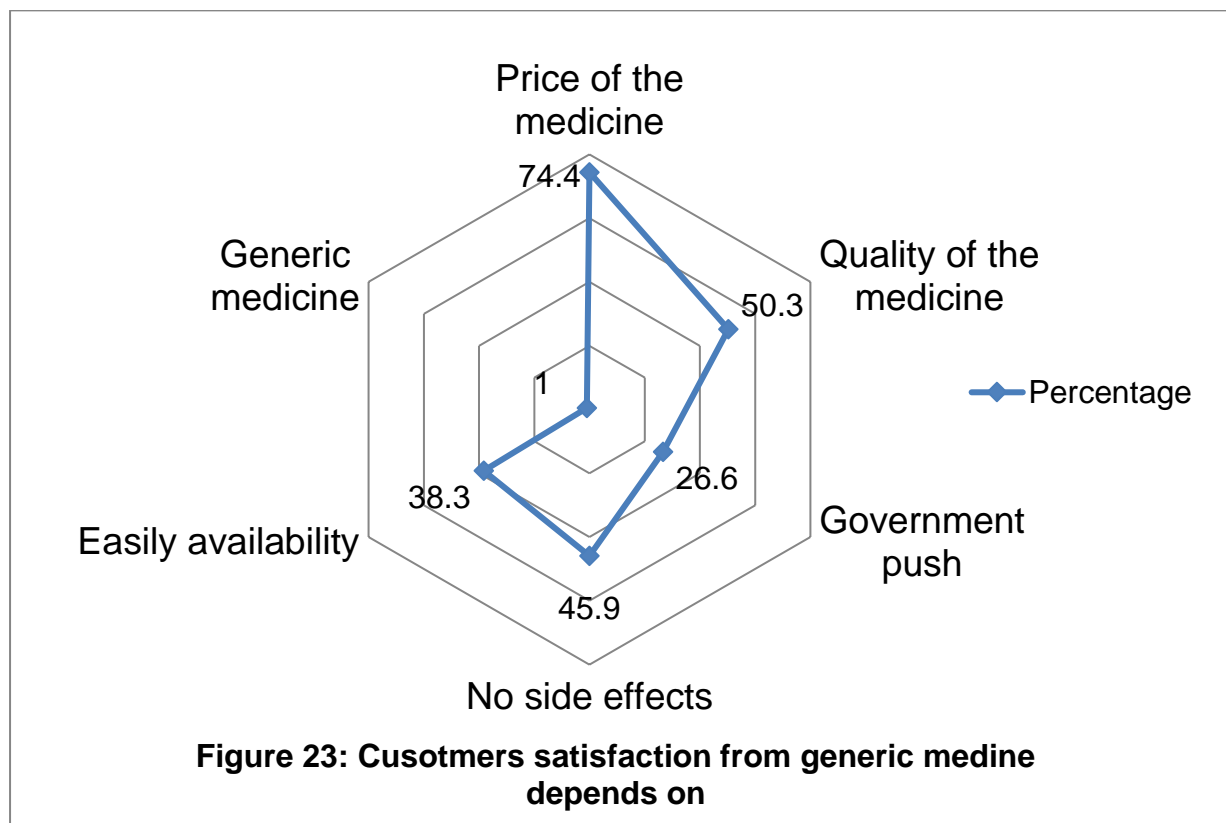
Note: The data is based on a multiple-choice question, which allows customers to select more than one reason. Therefore, the percentages do not add up to 100.

The fourth most common reason is that it is easy to get without waiting, with 42.6% of customers choosing this option. The fifth reason is credibility/trust, with 32% of customers selecting this option. The least common reason is acceptability, with only 0.5% of customers opting for this option. The results imply that the scheme faces some challenges in gaining acceptance and recognition among customers, who may have reservations or preferences for other sources of medicines.

Customer satisfaction with PMJAK Medicine depends on

The data was collected from a survey that asked customers to select one or more reasons for choosing Janaushadhi medicines over other alternatives. The most important factor for customer satisfaction is the price of the medicine, which was selected by 74.4% of the respondents. The quality of the medicine is also a significant factor, as 50.3% of the respondents chose it as a reason for their satisfaction. Another factor contributing to customer satisfaction is the absence of side effects, which 45.9% of the respondents selected. The availability of the medicine is another factor influencing customer satisfaction, as 38.3% of the

respondents chose it as a reason for their satisfaction. The government push also affects customer satisfaction, as 26.6% of the respondents chose it as a reason for their satisfaction. The least important factor for customer satisfaction is the generic nature of the medicine, which was selected by only 1% of the respondents. The results show that most customers do not care whether the medicine is generic or branded as long as it is affordable, effective, safe and available.

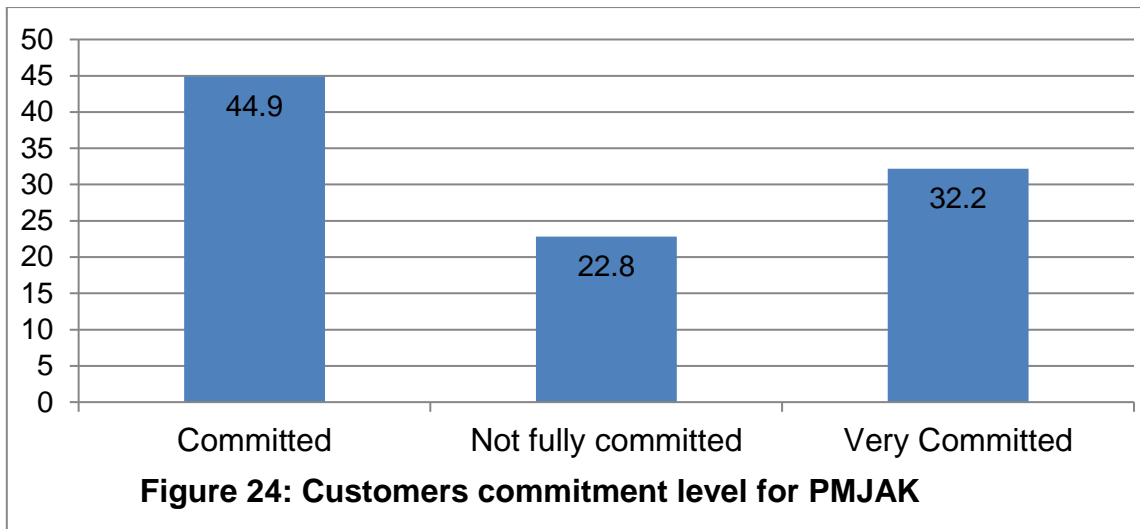


Note: Data is based on a multiple-choice question

The Customer commitment towards PMJAK

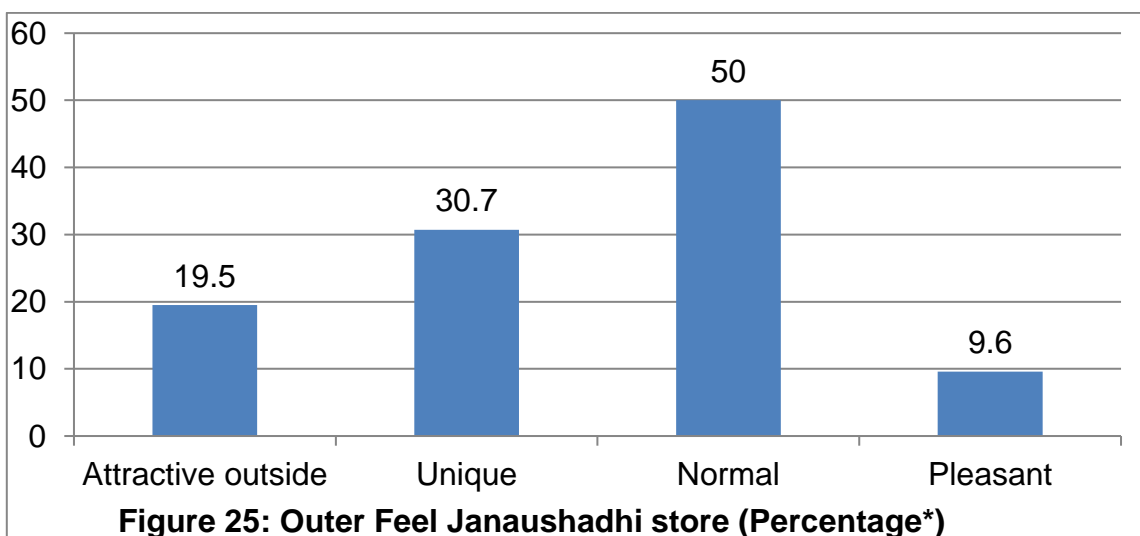
The data below shows customers' level of commitment to the JAK store. According to the data, 44.9% of the customers are committed to the store, meaning they buy most or all of their medicines. 32.2% of the customers are very committed, meaning they buy all their medicines from the store and do not consider any other option. 22.8% of the customers are not fully committed, meaning they buy some of their medicines from the store but also look for other sources.

The data suggests that most customers are loyal to the PMJAK store and appreciate its benefits. Results indicate challenges or limitations of the scheme, such as availability, accessibility, awareness, or quality of the medicines.



Outer Feel when visiting a Janaushadhi Store

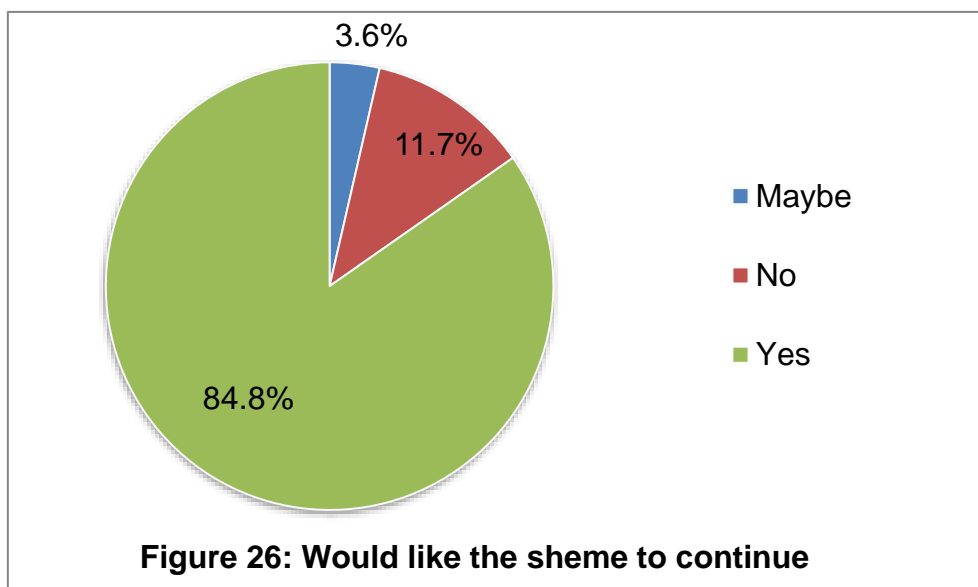
The data below shows the customers' responses regarding the outer feel of the PMJAK store, which refers to the appearance, cleanliness, accessibility, and signage of the outlet. The data reveals that half of the customers have a neutral or positive perception of the Janaushadhi store, as 50% chose normal. On the other hand, nearly one-third of the customers felt that the stores were unique, suggesting that they appreciated the distinctive features or benefits of the scheme, such as the lower prices, higher quality, wider availability, or social impact of the generic medicines. However, there is room for improvement, as only 9.6% chose "pleasant" and 19.5% chose "attractive outside". The results suggest that the store could enhance its appearance and ambience to attract more customers by having the store's signage, lighting, cleanliness, layout, or customer service.



*: The percentage points are based on multiple answers from respondents

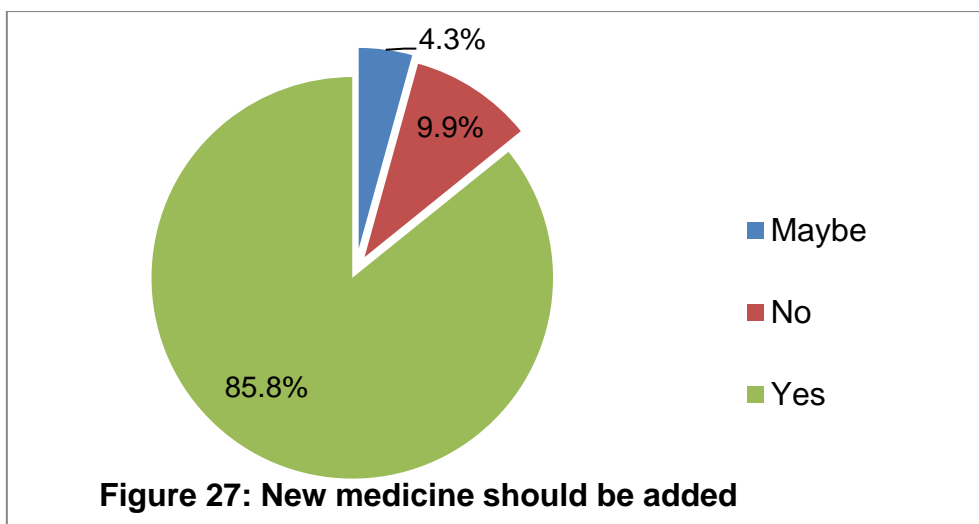
Continuity of the PMBJK Scheme

One of the research questions for this report is whether the customers of Janaushadhi Kendras (JAKs) in India want this scheme to continue. The data reveals that most customers (84.8%) favour the scheme and want it to continue. Around (11.7%) do not vote for the same, while a negligible proportion (3.6%) cannot express their views. Suggests that the scheme has high customer satisfaction and loyalty and meets the needs and expectations of the target population. The scheme may positively impact the customers' spending, health, and other factors, as indicated by their preference for its continuation.



Addition of new medicines to PMJAK

The data shows that a large majority of the customers (85.8%) support the idea of adding new medicines and products to the PMJAK store. A total percentage of (9.9) do not wish for the addition of new medicines and products to the PMJAK store. Varied reasons can lead to such preferences, such as the availability of branded medicine, fear of side effects, lack of awareness or resistance to change. Another group of customers (4.3%) is undecided whether new medicines and products should be added to the PMJAK store.



Suggestions for making PMBJK more effective

In order to fulfil the objective of understanding the future growth of the scheme, the customers suggested many things. The question was open-ended, and respondent's responses were directly recorded based on thematic analysis. The following were the most vital suggestions for making the PMBJP scheme more relevant to the masses.

The first significant point was that doctors should recommend generic medicines to patients. It will help increase trust and create awareness of the generic medicine among customers. The survey also suggested that a doctor's recommendation will automatically increase awareness of generic medicine among people.

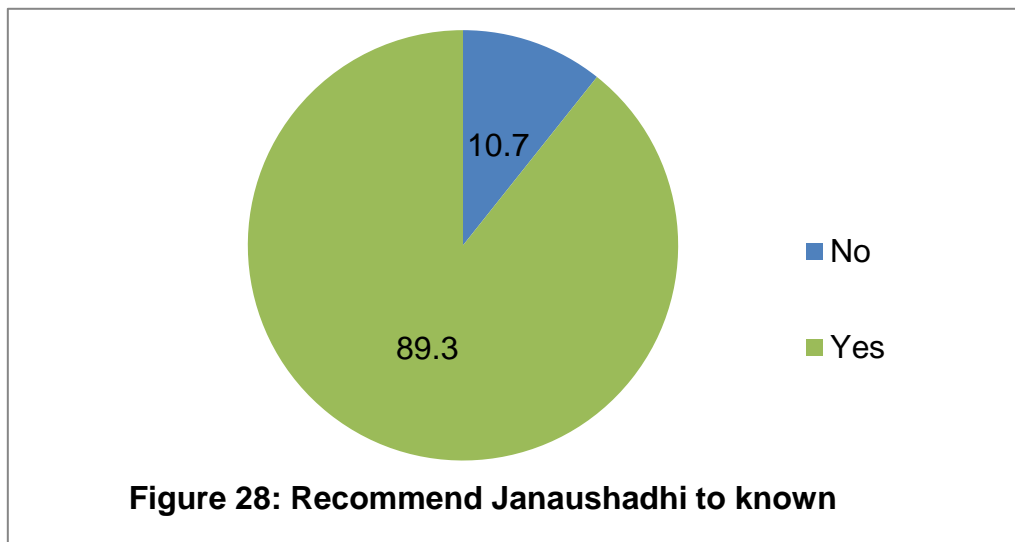
Another vital suggestion based on multiple points is to boost medicine quality, timely availability, types of medicines available and access in the area.

Other suggestions, such as overall availability and availability every time and everywhere, were also pointed out by some consumers to stress the impact of Janaushadhi among the masses. Customers also suggest opening new village stores so that all can benefit from the scheme.

Some customers also suggest making Kendra's more attractive and good-looking so that people are impressed and feel satisfied and trusting when going to the Janaushadhi counters.

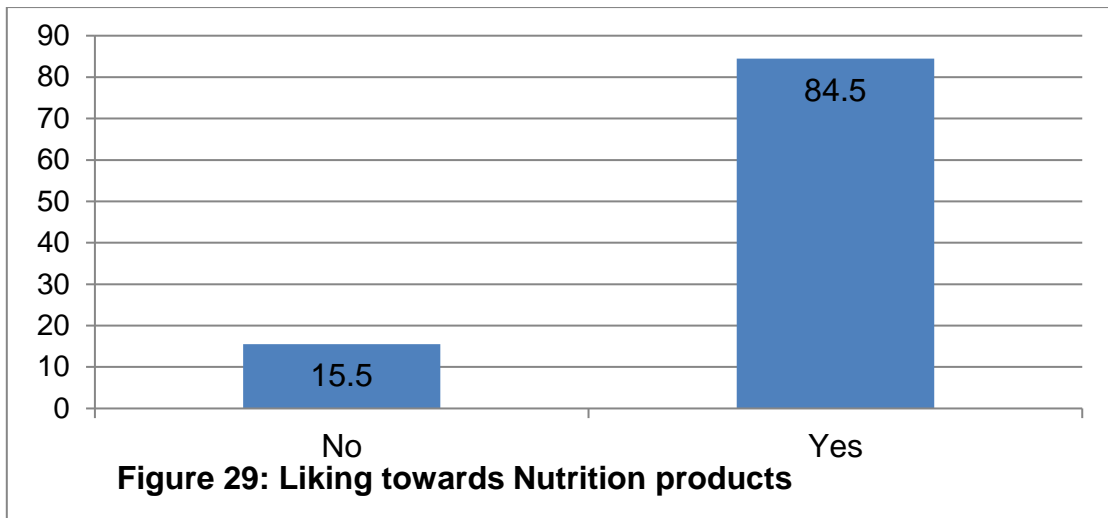
Recommending Janaushadhi medicine to friends and kins

The data related to whether the customers of Janaushadhi Kendras recommend the stores to their known people. The data shows that 89.3% of the customers answered yes to this question, while only 10.7% answered no. Indicates that the customers are satisfied with the quality and affordability of the medicines offered by Janaushadhi Kendra and trust them enough to recommend them to others. It also implies that the scheme positively impacts the health and well-being of the customers, as they can access essential medicines at lower prices. The data suggests that the Janaushadhi Kendra is continuously viable and has a high potential for growth and expansion in India.



Liking for new drugs and nutritional products at PMJAK

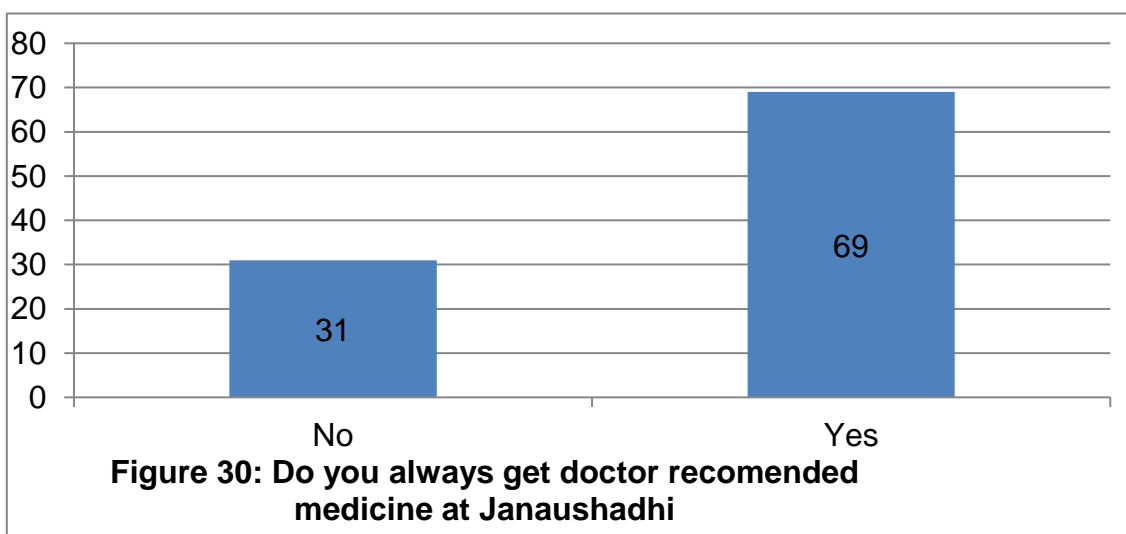
One of the aspects of the continuous viability of Janaushadhi Kendra's in India is the customers' liking for new products at these stores. The data collected from the customers shows that most (84.5%) are willing to try new products at Janaushadhi Kendra's, while only a small fraction (15.5%) is not. It shows that customers are open to exploring more medicine options for their health and wellness needs. Also, it suggests that Janaushadhi Kendra has a loyal customer base that trusts its services and products.



Possibility of getting all recommended medicine

One of the aspects of the continuous viability of Janaushadhi Kendra in India is the availability of the medicines prescribed by doctors to the customers. The data collected from the customers shows that 69% reported that they could get all the medicines they needed from the Janaushadhi stores, while 31% said they did not. Most customers are satisfied with the supply of medicines at the Janaushadhi stores, but there is still room for improvement to ensure that all the customers can access the medicines they require.

A possible interpretation of this data is that the Janaushadhi scheme positively impacts the health and spending of the customers, as they can obtain quality medicines at affordable prices. However, some distribution, logistics, or demand challenges may prevent some customers from getting all the medicines they need.



Reasons for non-availability of drugs at the JAK store

Another question was to express reasons for not getting all the required or recommended medicine from the store. The question was open-ended, and some significant reasons are discussed below. Based on the data, the most repeated and important themes are:

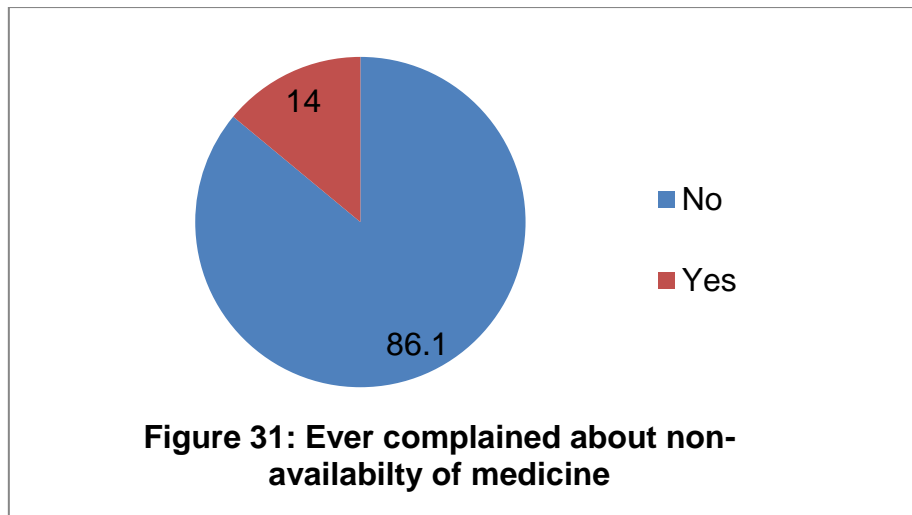
Medicine availability is the most common reason for not getting medicines at a JAK. Many respondents reported that the medicines they needed were unavailable, out of stock, or had to be ordered and would take time to arrive. Some also mentioned that the shop owner would push alternative compositions or brands their doctors did not prescribe.

Doctor's recommendation: This is another important reason for not getting medicines at a Janaushadhi Kendra. Some respondents said their doctors did not recommend or prescribe the medicines available at the Kendra, either because they did not trust the quality or for some other reason. Some also said the doctors knew what medicines were unavailable at the Kendra and would prescribe those deliberately.

Quality of medicine: This is a less frequent but relevant reason for not getting medicines at a Janaushadhi Kendra. Some respondents expressed doubt or dissatisfaction with the quality of the medicines, especially the nutrition products. Some also suggested that improving the quality of the medicines and making them more compatible with the doctors' prescriptions would increase the fame and popularity of the Janaushadhi Kendra.

Ever complained against PMJAK

One of the aspects of the continuous viability of Janaushadhi Kendra's in India is the availability of medicines at the stores. The customers were asked whether they ever complained about the non-availability of medicine at the stores. The data shows that 86.1% of the customers did not complain about this issue, while 14% did complain. There is room for improvement, as some customers may face difficulties accessing the medicines they need due to non-availability at the stores. The reasons for this problem and the possible solutions are further explored below.



Customers complain about the non-availability of the drugs

Customers who complained about the non-availability of the medicine discussed the issue with the shop owner or manager or went to the hospital to complain about the non-availability of the medicine. The customers also say that the majority of the cases of non-availability have been due to genuine reasons. Otherwise, Kendra will be helpful and provide relevant medicine on time. It suggests that the working model of Janaushadhi Kendra is fit as it is the source of income for the shop owner, and they will earn money only when they sell the medicines.

Suggestion for improvement

In this other open-ended question, suggestions were filtered through a simple thematic analysis. The following results were received. The themes are based on a list of the most repeated and important suggestions for making Janaushadhi more famous and improving the services at the store.

The most common theme that emerged from the data was medicine availability. Many respondents expressed dissatisfaction with the lack of some medicines or the delay in receiving them. They also suggested that the store maintain stock of critical medicines and increase the variety of available medicines. Some respondents also requested home delivery service at different levels, such as district, block or doorstep.

Another prominent theme was promotion and advertisement. Many respondents felt that the scheme and the store were not well-known among the public or the doctors. They suggested that the government advertise and promote through various media,

such as TV, radio, newspapers and social media. They also suggested that doctors recommend or prescribe Janaushadhi medicines to their patients.

A third theme was the quality and efficacy of medicine. Some respondents expressed doubts or concerns about the quality and efficacy of Janaushadhi medicines compared to branded ones. They also suggested that the store should get support from hospitals and financial institutions.

A fourth theme was the number and development of stores. Some respondents suggested that the number of PMBJK stores should be increased to cover more areas and reach more people. They also suggested that the stores should be more developed and equipped with better facilities and staff.

A fifth theme was satisfaction and appreciation. Some respondents expressed their satisfaction and appreciation for the scheme and the store. They praised the low price, good service, and medicine provided by Janaushadhi.

CHAPTER V

RETAILER DATA ANALYSIS: IMPACT ASSESSMENT AND DISCUSSION

The retailer data analysis is presented in the fifth chapter of this research. The data was gathered from 210 participants who sell generic medications in various states and regions around the country. The data study aimed to look at retailers' satisfaction with the scheme's structure, their willingness to continue, and current income levels generated by Kendra for them. The data analysis also sought to discover the characteristics that assist these merchants in increasing customer awareness and curiosity about choosing generic versus branded drugs for their medical needs.

The data analysis is separated into two key parts: the retailers' demographics and other questions. The analysis also includes a section with qualitative study results, in which a thematic analysis is performed to identify the primary suggestions for improving the overall execution of the scheme for the benefit of the general public.

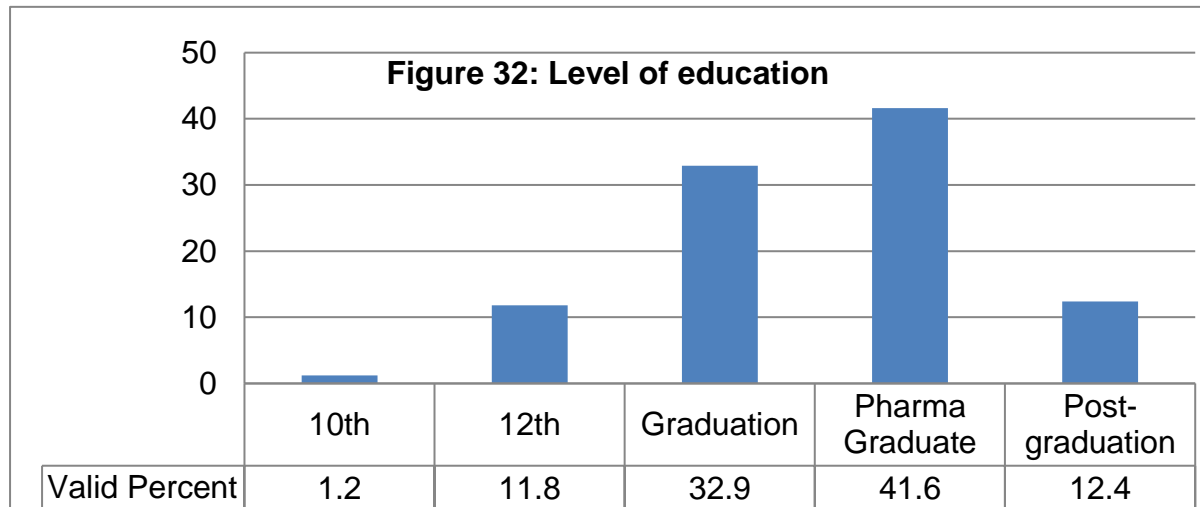
DEMOGRAPHICS: SAMPLE PROFILE

The section of data analysis highlights the education, age groups, gender, income level, location and economic status of the retailers doing the business of generic medicine under the PMBJP scheme.

Educational qualification of retailers

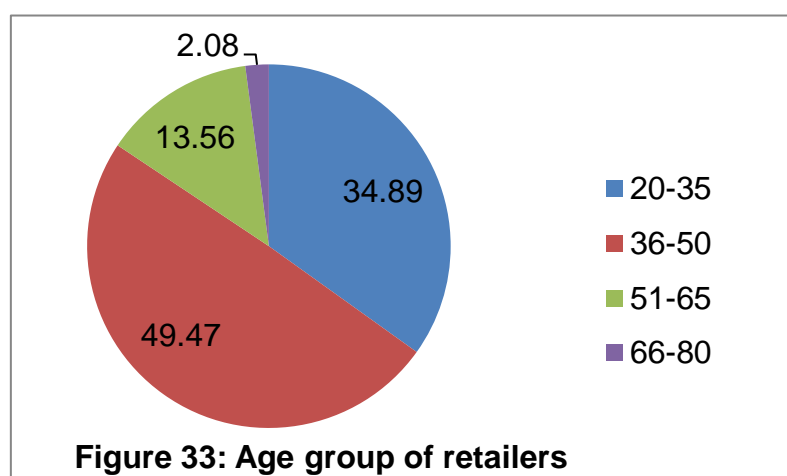
Figure 32 highlights the data points, and it is clear that most retail store owners for Janaushadhi are either Pharma graduates or have at least a graduation degree. Indicates that the store owners have a high level of knowledge and awareness about the generic medicines they sell and can provide reliable and quality customer service. The data also reveals that only a small fraction of store owners have completed 10th or 12th standard. The data analysis supports the PMBJP scheme's objective of ensuring the availability and affordability of quality generic medicines to

all sections of society by highlighting the role of educated and skilled store owners in promoting and delivering the scheme's benefits.



Age Groups of the respondent

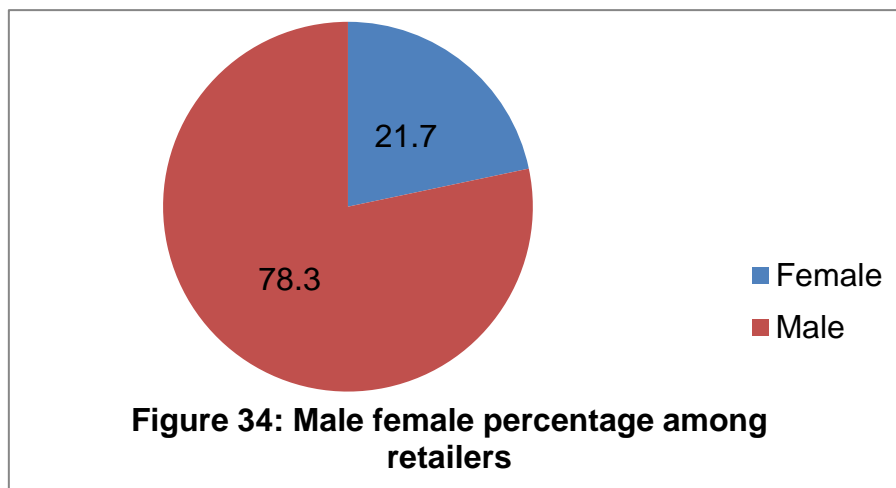
One of the aspects of the report on the 'continuous viability of Janaushadhi Kendra's' in India is the age distribution of the retailers. The data collected from the retailers shows that most of them (49.47%) belong to the 36-50 age group, followed by the 20-35 age group (34.89%). The 51-65 and 66-80 age groups are much less represented, with 13.56% and 2.08% respectively. This data suggests that the Jan aushadhi stores are run mainly by middle-aged people, who may have more experience and stability in the business. Also, the previous profession of the retailers is that most have been in business or had a job before starting a JAK store. Only a few of them were students or non-working.



Gender of the respondent

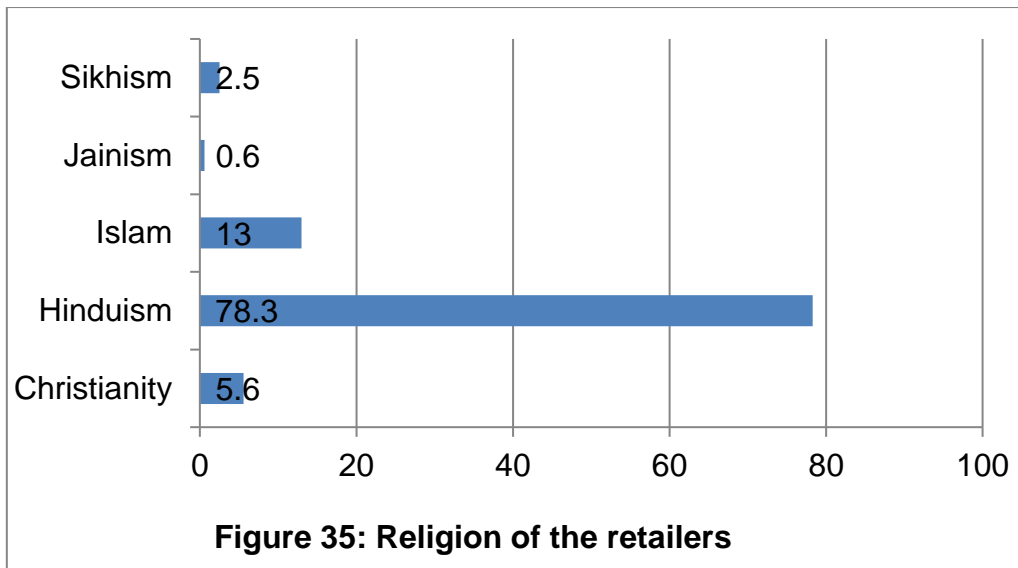
Pradhan Mantri Bhartiya Janaushadhi Pariyojana empowers women by providing them opportunities to become entrepreneurs in the pharmaceutical sector. Out of the total store owners surveyed, only (21.7%) were female, while (78.3%) were male. The survey results show that women are underrepresented in the Janaushadhi retail store ownership and face challenges and barriers. A possible data interpretation for this finding is that data was collected in a limited number of locations, and covering a proportionate women-led Kendra's was difficult.

While the scheme provides enough provisions for women-related initiatives, it is still challenging to expect Indian women to do business easily. If we compare the data with MSME ownership, the recent economic survey shows that it is still 9% in the country. So, compared to that, the gender gap has been reduced, and it is progressing towards more gender-relevant business ownership in the country.



Belonging to religion

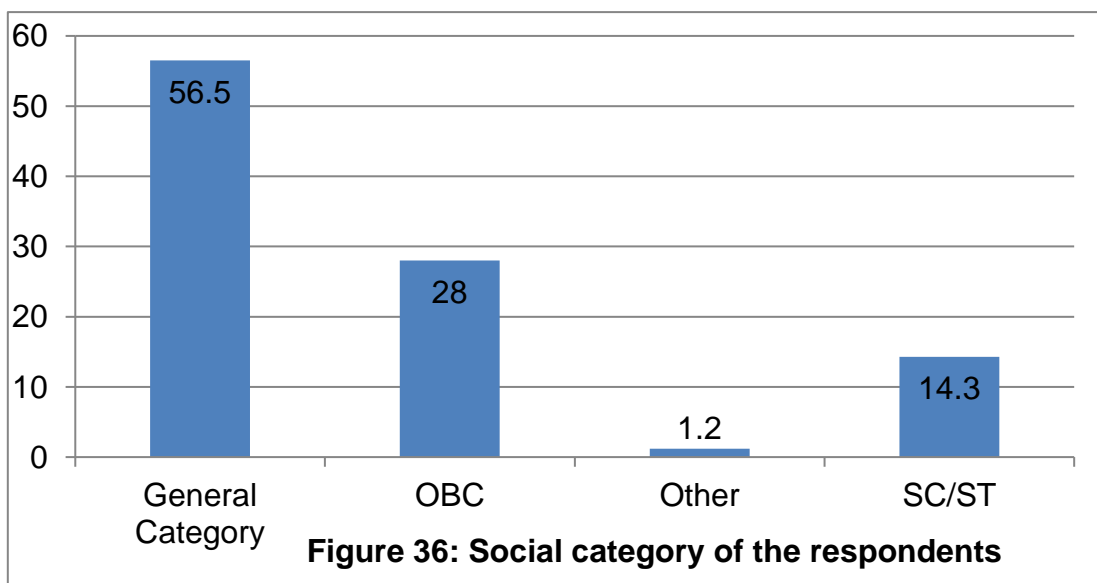
The data on the religion of the retail store owners for Janaushadhi in India shows that Hinduism is the dominant religion, followed by Islam and Christianity. Jainism and Sikhism have very low representation. This data can be interpreted in relation to the objectives of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana, which ensures social inclusion and empowerment of all sections of society through health care. The data suggests that the scheme has successfully reached a large population segment, irrespective of their religion.



The social category of the respondents

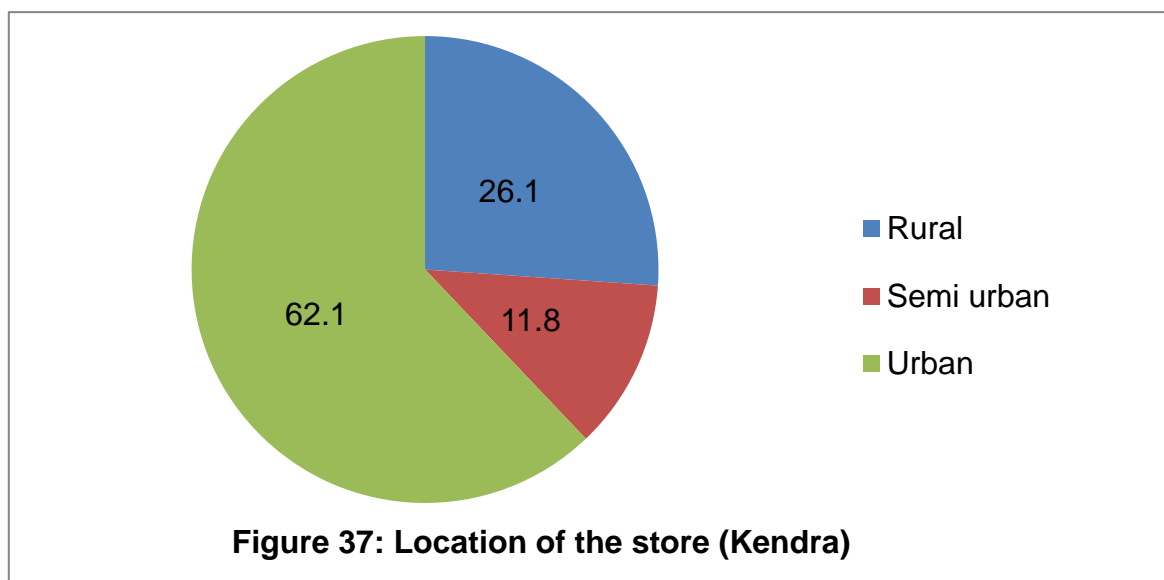
The data shows the distribution of the retail store owners of Janaushadhi Kendra’s across different social categories in India. Most owners belong to the general category, accounting for 56.5%. The next largest group is the OBC category, representing 28% of the owners. The SC/ST category comprises 14.3% of the owners, while the other category is the smallest, with only 1.2%.

The data suggests that the scheme has reached out to various social and economic groups and provided them with a source of income and livelihood. Another objective is to empower social groups such as SC/ST, women and differently-abled persons by giving them preference in allotment of Janaushadhi Kendra.



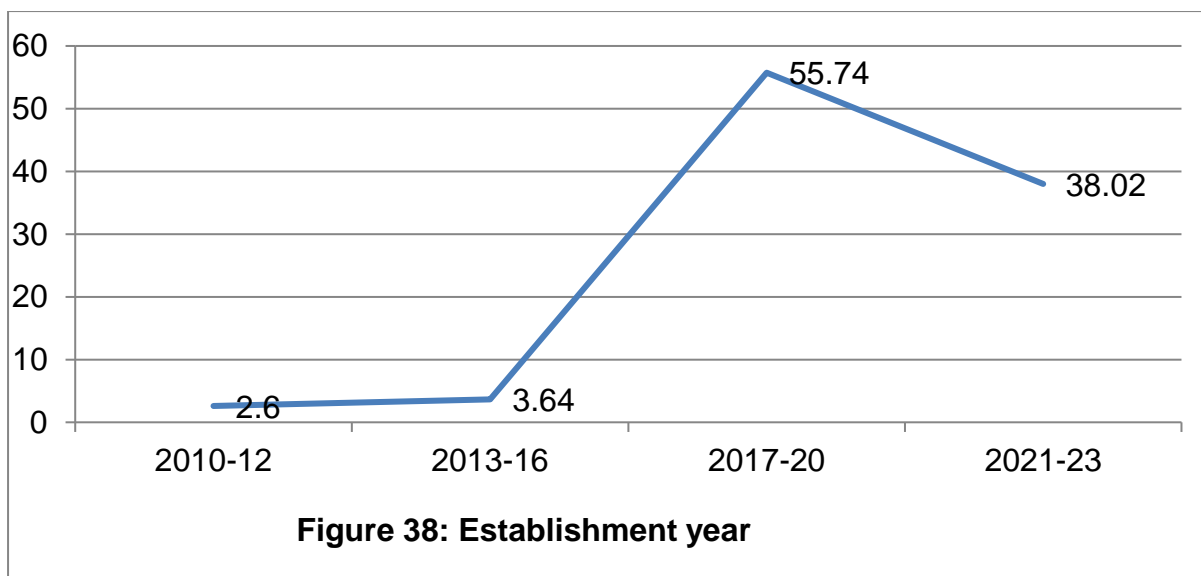
Shop location

The location of the retail stores is an important factor that affects the accessibility and affordability of generic medicines under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme. The scheme aims to provide quality medicines at low prices to the common people, especially the poor and disadvantaged. The data collected from the retail store owners shows that 62.1% of the JAK are located in urban areas, 26.1% in rural areas and 11.8% in semi-urban areas. The data suggests a need to increase the number and distribution of Janaushadhi Kendras in rural and semi-urban areas to ensure that the scheme's benefits reach the target population more effectively.



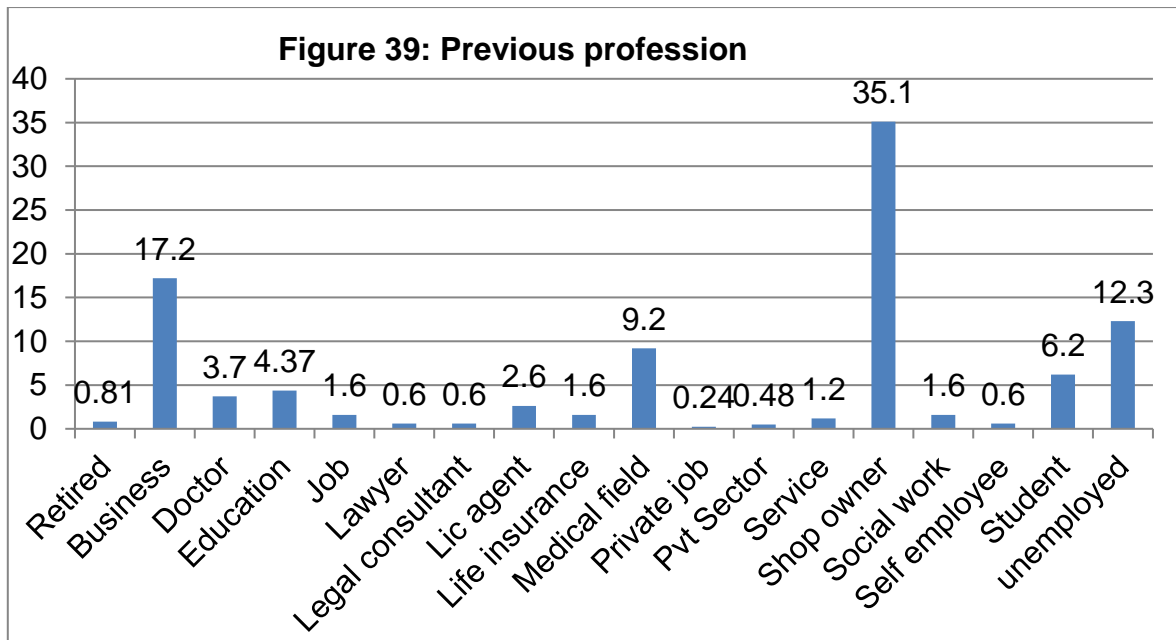
Year of establishment

The data collected from the retailers shows that most of them (55.74%) established their JAK stores between 2017 and 2020, followed by 38.02% between 2021 and 2023. Only a small fraction (2.6%) started their JAK store between 2010 and 2012, and another small fraction (3.64%) started it between 2013 and 2016. This data suggests that there has been a rapid growth of JAK stores in recent years, which may be attributed to various factors such as increased awareness, demand, support and incentives from the government and other stakeholders.



Previous Profession of the Retailer

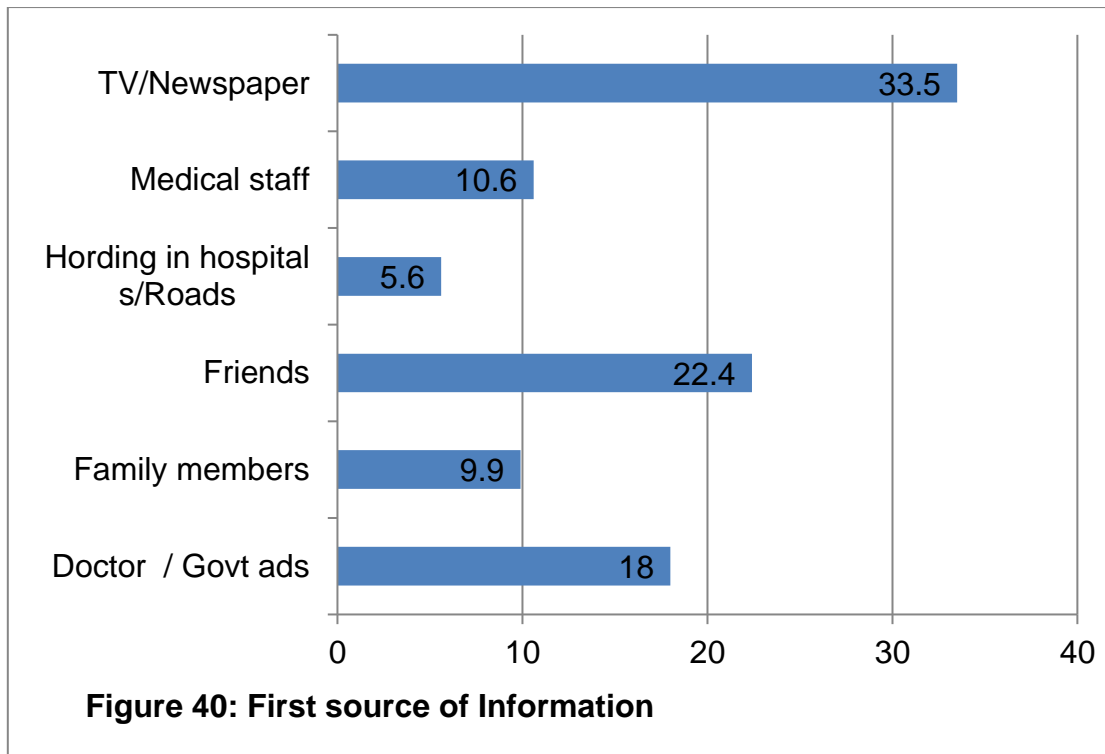
The data shows the previous professional engagement of the PMJAK owners in India. The majority of the owners (35.1%) were shop owners before joining the PMBJP scheme, followed by business owners (17.2%) and medical field workers (9.2%). Shop owners were mainly in the medical field or upgraded from a regular medical store to a Janaushadhi retail store. Some people were also working in the medical field and then chose to become a retailer for Janaushadhi in the country. This indicates that the scheme attracts people with experience or interest in retail or health sectors. The data also reveals that the scheme allows students (6.2%) and unemployed people (12.3%) to start their businesses and contribute to social welfare. The scheme also appeals to people from diverse backgrounds, such as retired, educated, legal, service, and social workers, who may have different motivations and goals for joining the scheme. The data suggests that the PMBJP scheme is inclusive and flexible, as it accommodates people from different professions and regions and supports them in providing affordable and quality medicines to the public.



The first source of Information about PMJAK

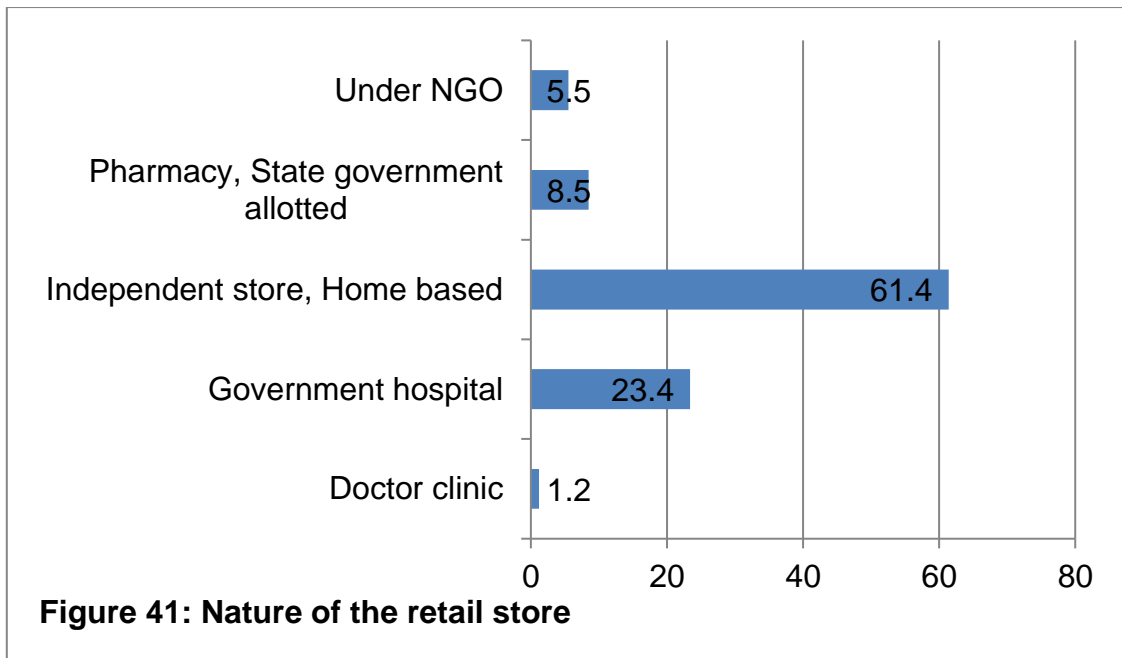
The data shows the different sources of information that influenced the owners to join the PMBJP scheme. The most common source of information was TV/Newspapers, which accounted for 33.5% of the responses. This indicates that the mainstream media is vital in spreading awareness and promoting the scheme. The second most common source of information was Friends, who contributed 22.4% of the responses, suggesting that word-of-mouth and personal recommendations are also effective. The third most common source of information was Doctor/Government ads, which represented 18% of the responses. The other sources of information, such as Family members, medical staff, and hoarding in hospitals/Roads, had relatively lower percentages, ranging from 5.6% to 10.6%.

The data interpretation reveals that the PMBJP scheme has reached out to various segments of society and created interest among them in joining the scheme. Using different sources of outreach, the scheme has communicated its benefits and advantages to the potential owners and persuaded them to become part of it.



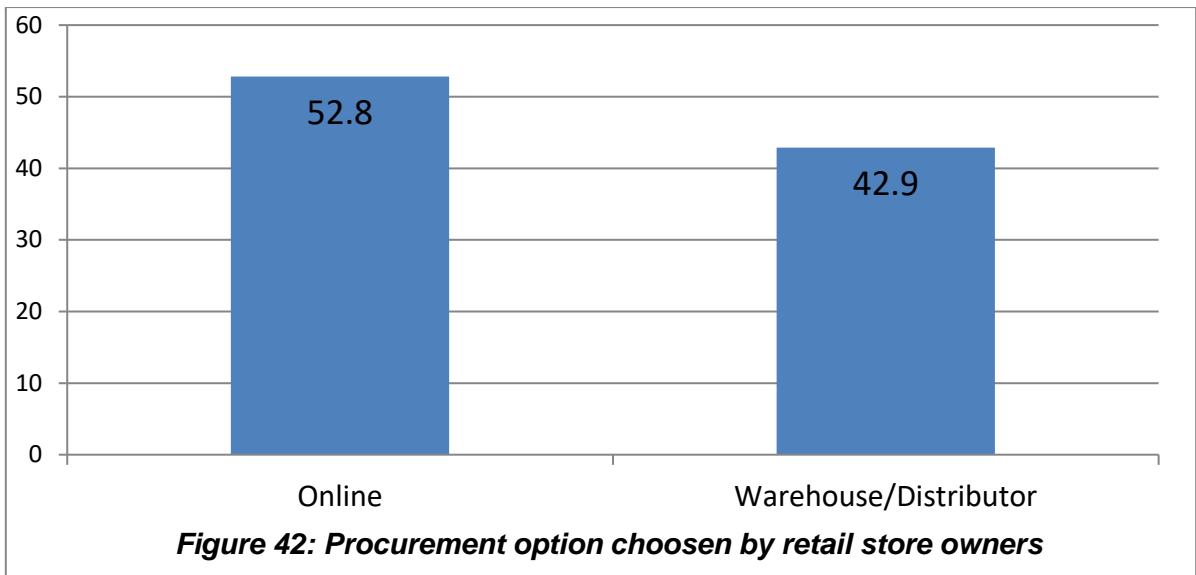
Nature of the retail store

The data shows that the majority of the Janaushadhi Kendra's (61.4%) are independent stores, followed by stores in government hospitals (17.4%) and pharmacies that are state government allotted (8.5%). The scheme has also involved stakeholders such as doctors, NGOs, private hospitals and individual entrepreneurs in its implementation, as shown by the 5.5% of the stores that fall under multiple ownership categories. The scheme has created a vibrant network of affordable generic medicine outlets nationwide, especially in rural and remote areas, where home-based stores are becoming more prevalent. However, the data also reveals a scope for improvement in increasing the participation of doctors and state governments in the scheme, as only 1.2% of the stores are doctor clinics and 3.7% are state government-allotted pharmacies. These are important channels for promoting awareness and accessibility of generic medicines among the public, especially in urban areas. Therefore, the PMBJP scheme should focus on strengthening its collaboration with these partners and providing them with adequate incentives and support to join the Janaushadhi movement.



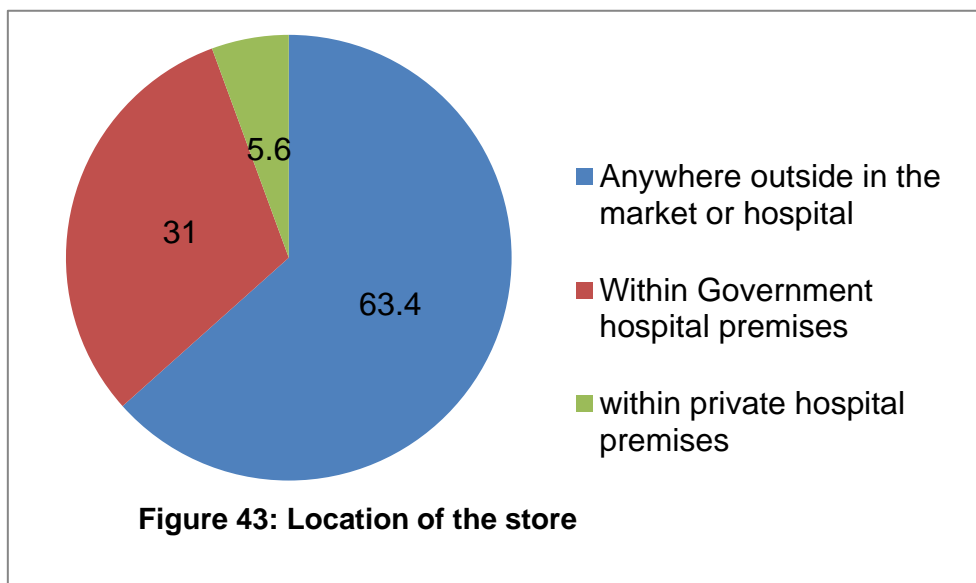
Procurement of medicine

The data reveals that online procurement is the most preferred option, accounting for 52.8% of the responses and procurement from distributors and warehouses is selected by 42.9%. While PMBJP has a full-proof online system for medicine procurement, retailers also benefit from being close to warehouses or distributors to collect and procure the medicine while pushing their orders online. This indicates that the department has a well-maintained system for distributing and reaching out to retailers. It also conveys that online procurement is convenient, efficient and cost-effective for the store owners. The data interpretation shows how the different procurement options relate to the objectives of the PMBJP scheme, which are to ensure the availability, accessibility and affordability of quality generic medicines to the public.



Location of the store

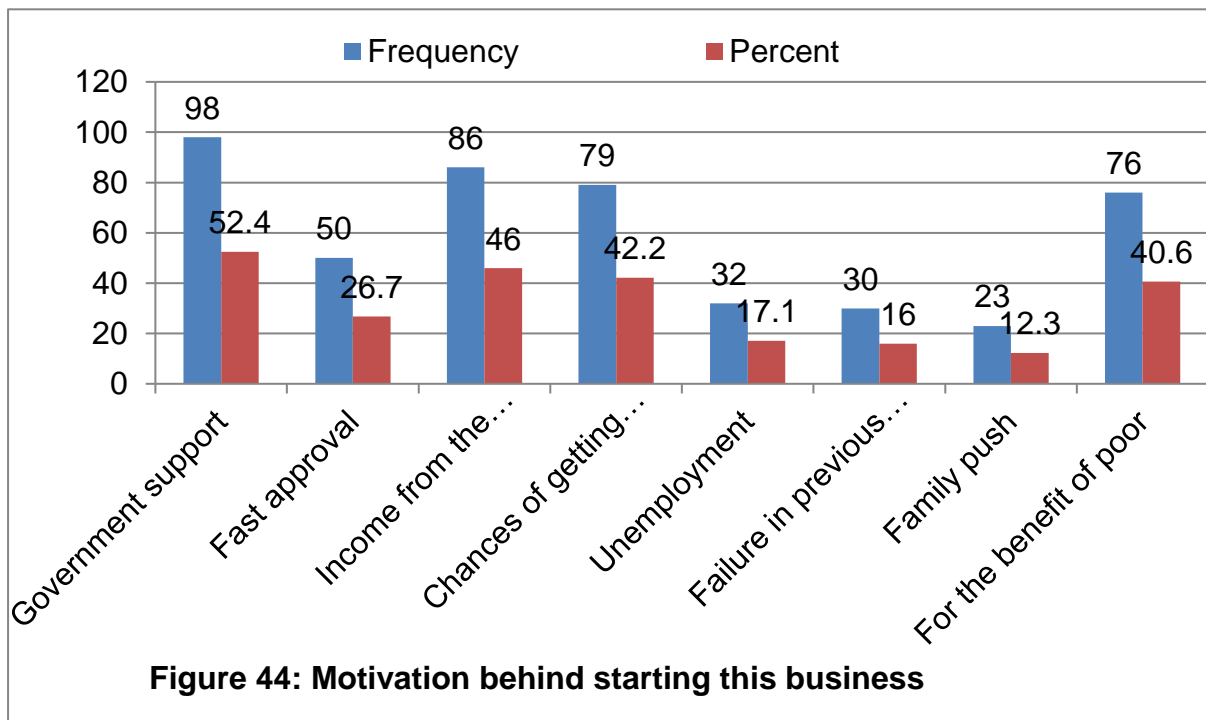
The store's location is an important factor affecting the accessibility and affordability of generic medicines under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme. The data collected from retail store owners for Janaushadhi shows that 63.4% of the stores are located in the market or near the hospital, 31% are within government hospital premises, and 5.6% are within private hospital premises. Progress in technology and an increase in stores shall help strengthen Kendras' network and its locations. The scheme could benefit from increasing the number of stores within government and private hospitals, which would help create awareness and demand among patients and doctors for generic medicines.



The motivation behind starting this business

The data is based on a multiple-choice question in which respondents have chosen multiple options to show their preferences or motivation towards starting their business.

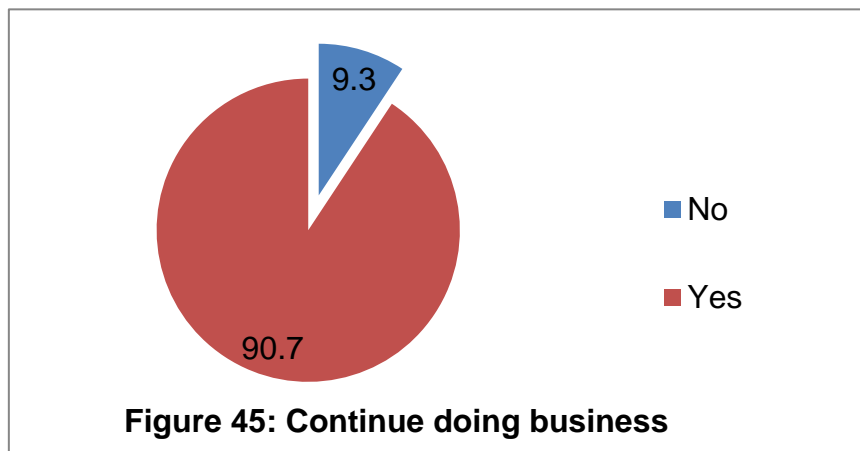
The data analysis shows that the most common motivation for starting a JAK store was government support, followed by income from the business and chances of getting employment. These factors indicate that JAKs are a viable and attractive option for entrepreneurs who want to earn a decent income while serving a social cause. However, some retailers also reported factors such as unemployment failure in previous businesses and family pressure to pursue any business idea. It may have been the last option in some cases, but most retailers are satisfied with what they started. Moreover, the fact that retailers could choose multiple reasons for their motivation implies that a mix of intrinsic and extrinsic factors may influence their decision to start a JAK store.



Continuity of the business

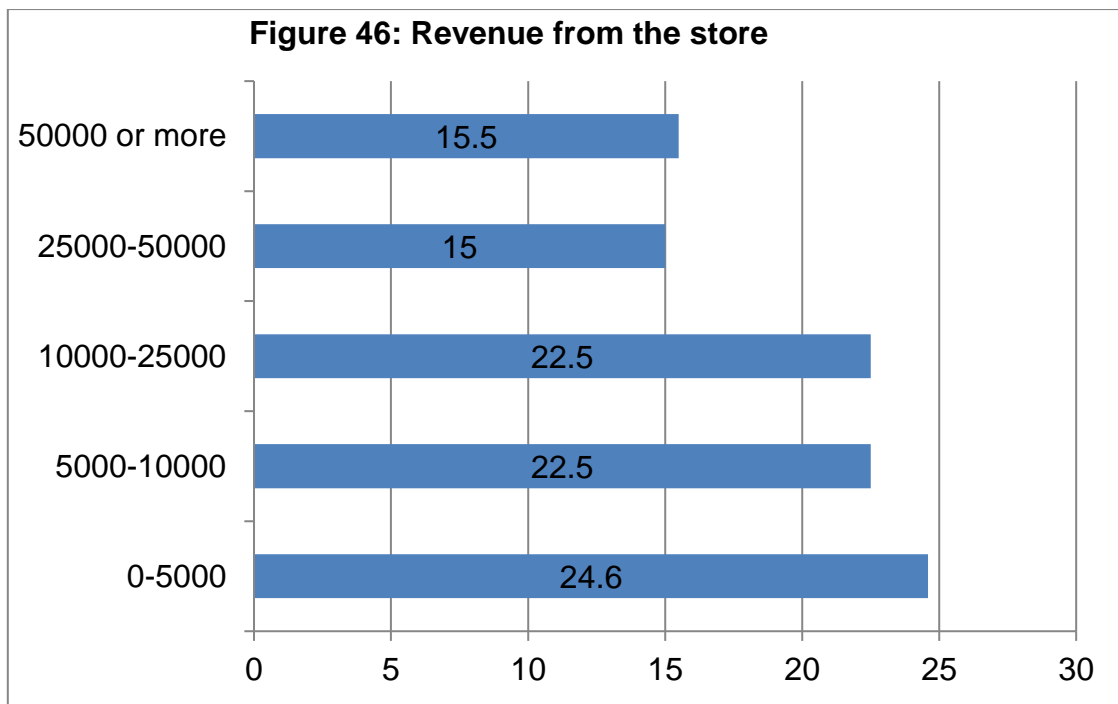
The results showed that 90.7% of the respondents said yes, while only 9.3% said no to this question. The data indicates that most JAK owners are satisfied with the business and perceive it as a viable and beneficial venture. The high percentage of

positive responses can be attributed to several factors. The demand for PMBJP medicines is high among consumers, especially the poor and marginalized sections of society, who cannot afford branded medicines. The supply of PMBJP medicines is adequate and consistent. The price of generics is significantly lower than branded medicines, as the government regulates and subsidizes the prices of the medicines. The profit margin for JAK owners is attractive, as they achieve a 20% margin on stocking and selling these medicines, subject to certain conditions and limits. The percentage has increased from 15 per cent to 20 per cent recently and works as an incentive for the retailers of PMBJK.



Revenue from the store

The data shows that the revenues from the JAK store vary widely among the retailers. The data reveals that almost half of the retailers (47.1%) have revenues below 10000 rupees per month while another 30.5% have up to 25000 rupees per month. Another group of 22.5% of the retailers have revenues between 10000 and 25000 rupees per month, suggesting a moderate monthly revenue achieved by these Kendra's. The data also shows no clear relationship between the location of JAK and the revenues. For example, some JAKs in rural areas have higher revenues than others in urban areas, and vice versa. Suggesting that other factors, such as demand, supply, competition, awareness, and quality, may influence JAK's revenues more than location. The analysis of the revenue data provides some insights into the continuous viability of JAK in India. It indicates that JAK's have a mixed performance in terms of profitability and needs improvement. It also implies that location is not a decisive factor for the success of JAK and that other aspects need to be considered and addressed.



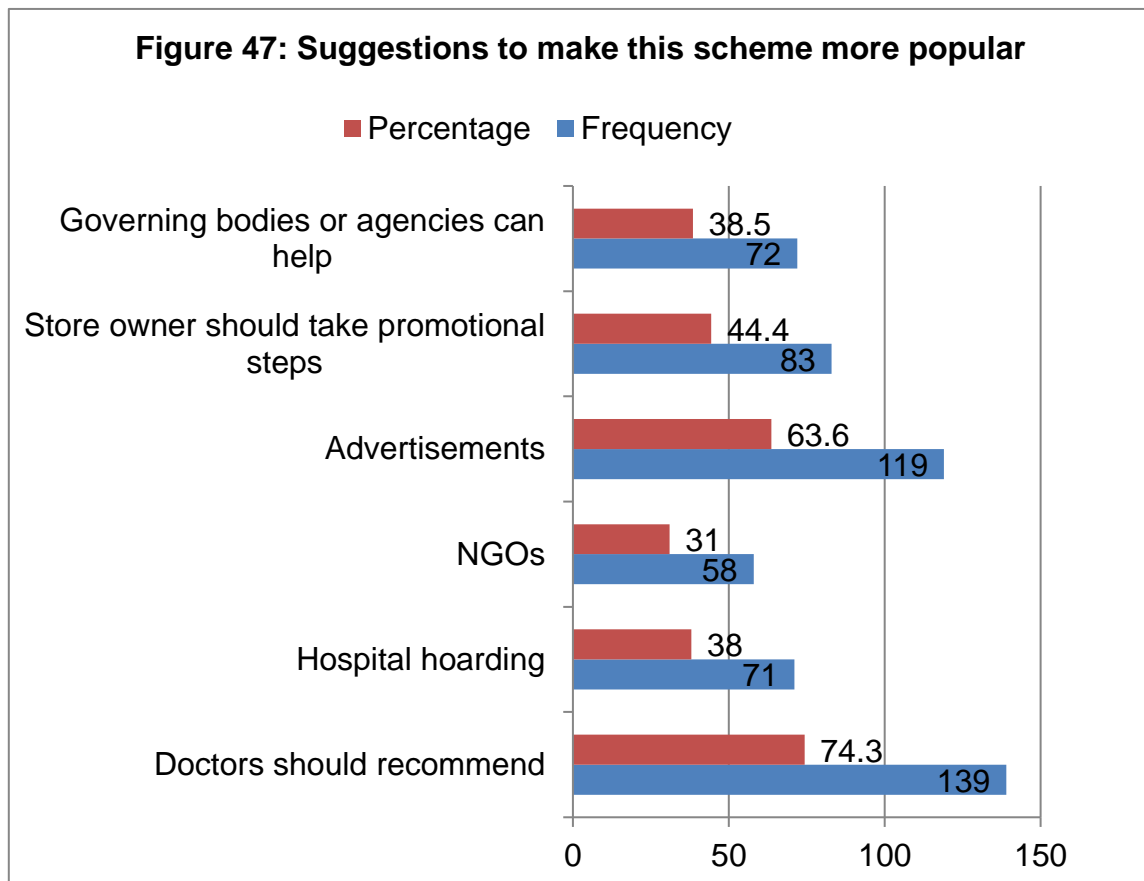
Suggestion to make the scheme more popular (multiple choice question)

In the below data, retailers were asked to select one or more suggestions to make their stores more profitable and viable. The data shows the frequency and percentage of each suggestion among the respondents.

The most important suggestion was that doctors recommend generic medicines to their patients, chosen by (74.3%). The second suggestion was that advertisements should be used to promote JAK stores and medicines, chosen by (63.6%). The third most popular suggestion was that store owners should take promotional steps to attract and retain customers, which was chosen by (44.4%). The fourth suggestion was that hospital hoardings should be used to display information about JAK stores and medicines, which was chosen by (38%). The fifth most popular suggestion was that NGOs should support and promote JAK stores and medicines, which was chosen by (31%). The sixth suggestion reflects that governing bodies or agencies can help JAK stores by providing subsidies, incentives, and training chosen by (38.5%).

This indicates that the retailers perceive a lack of awareness and trust among the doctors and the public about the quality and efficacy of JAK medicines. Also, more

publicity and visibility could attract more customers and increase their awareness about the benefits of JAK medicines. Retailers recognize the importance of customer service and loyalty and are willing to take initiatives to improve their business performance. Therefore, discounts, loyalty cards, and free samples could increase customer satisfaction and retention. The retailers appreciate the role of NGOs in social welfare and advocacy and want to collaborate with them to reach out to more people and communities.

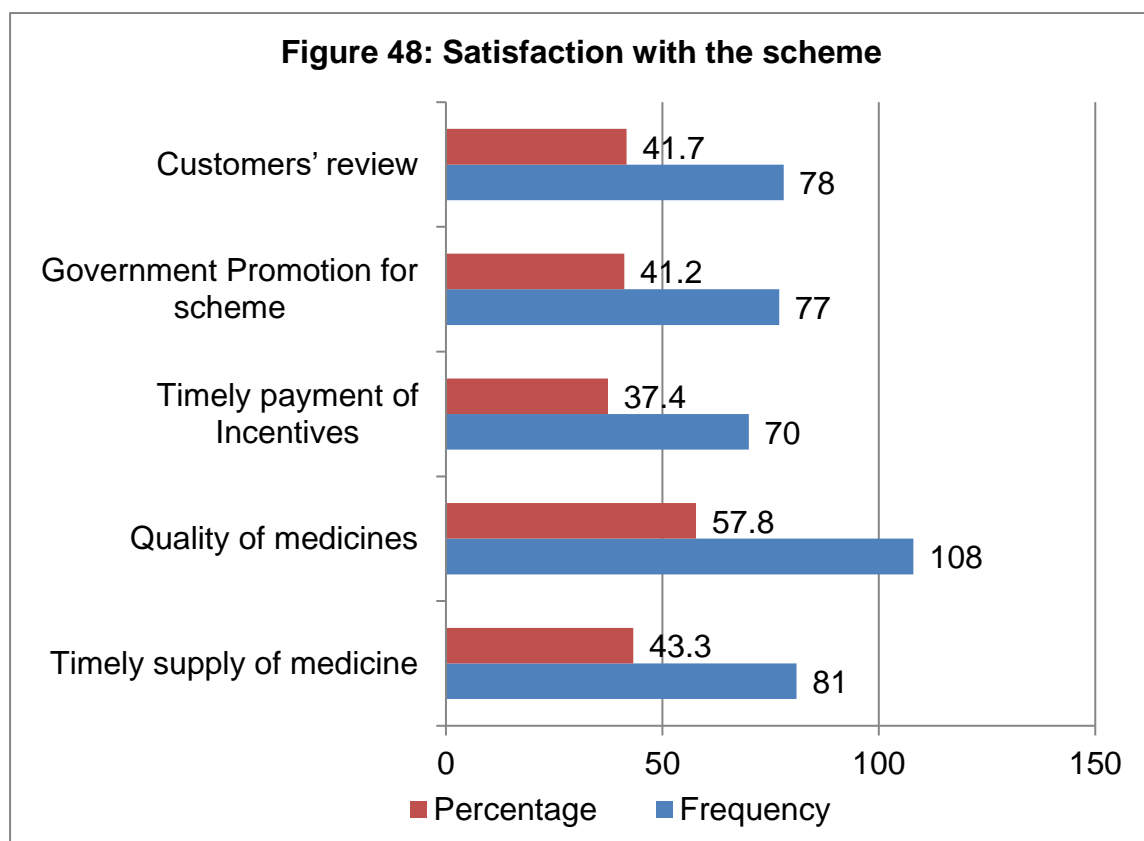


Satisfaction with the scheme in terms of various factors

The data analysis below is based on a multiple-choice question, where retailers could select multiple options. The most common factor influencing the retailers' satisfaction was the quality of medicines, which 57.8 per cent of them chose. The second most common factor was the timely medicine supply, which was selected by 43.3 per cent of the retailers. The third most common factor was the customers' review, which was chosen by 41.7 per cent of the retailers. The fourth most common factor was the government promotion of the scheme, which was referred to by 41.2

per cent of the retailers. The fifth most common factor was the timely payment of subsidies, which 37.4 per cent of the retailers chose.

This indicates that the retailers value the quality of their products and trust the PMBJP scheme to provide them with high standards. It also shows that the retailers appreciate the efficiency and reliability of the PMBJP scheme in delivering the medicines they need. The retailers recognize the importance and benefits of the PMBJP scheme and support its publicity and awareness mechanism. Moreover, retailers are satisfied with the timely delivery of financial incentives and assistance provided under the scheme.

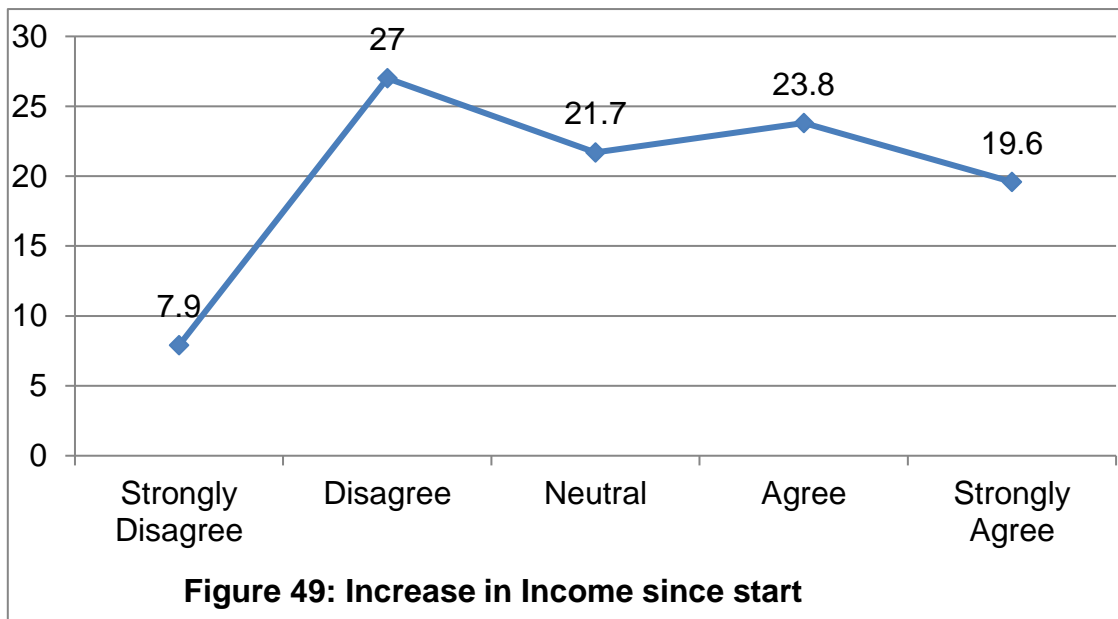


Note: The responses are based on Multiple choice questions where % does not add up to 100

Increase in income since the establishment of the store

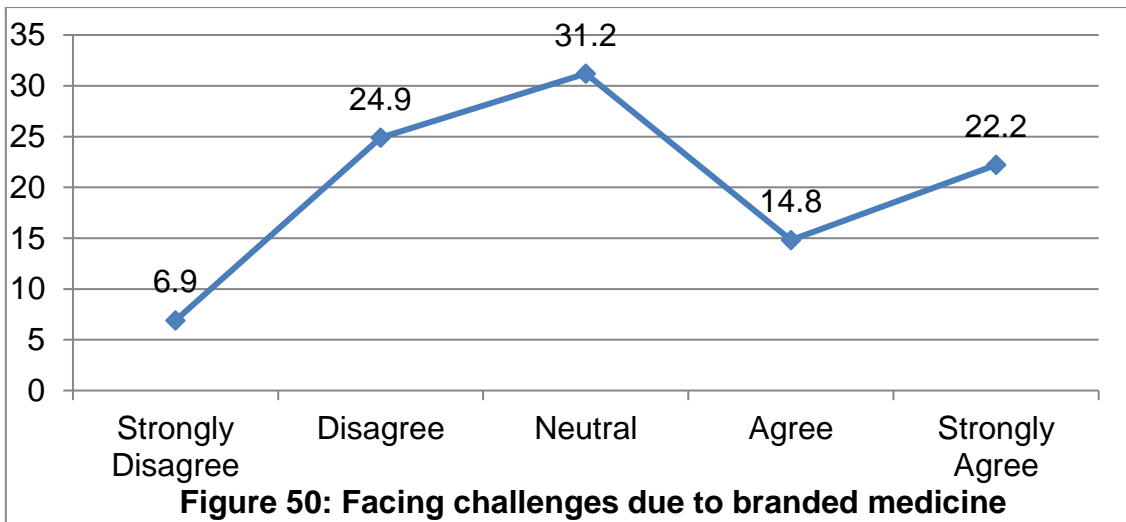
One of the aspects of the continuous viability of Janaushadhi Kendra's in India is the increase in the retailers' income since they started operating. The data collected from retailers shows that 43.4% agree or strongly agree that their income has increased, while 34.9% disagree. The remaining 21.7% are neutral on this issue. This suggests that the income increase is not uniform across the retailers, and other factors may

influence their earnings. A possible interpretation of this data is that the Jan aushadhi Kendra is more viable in some regions or markets than others or that some retailers have better strategies or practices to attract customers and increase sales.



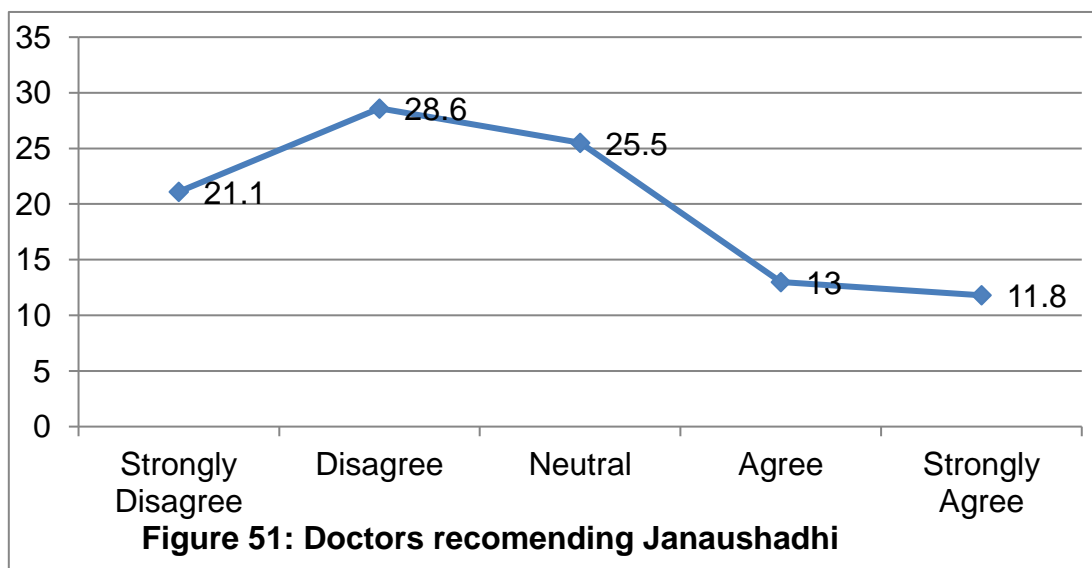
Challenges due to branded medicine

The figure below shows the frequency and percentage distribution of the responses. The data shows that most JAK owners (46%) are either neutral or agree that they face challenges due to branded medicine, while only 31.8% disagree or strongly disagree. This suggests that branded medicine poses a significant threat to the viability of JAKs, as it may reduce their customer base and profit margin. Therefore, it is important to explore the factors that influence the preference and perception of customers towards generic and branded medicines and to identify the strategies that JAKs can adopt to overcome these challenges.



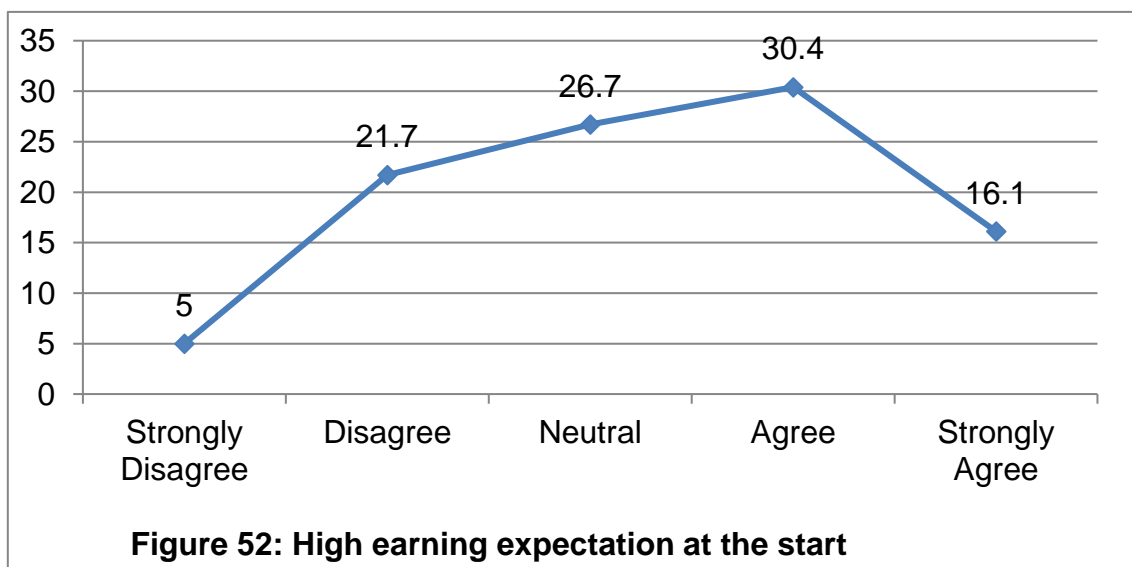
Doctors recommending generic medicines

The data is based on a Likert scale, ranging from strongly disagree to agree strongly. The data shows the percentage of responses for each category. 24.8% of JAK store owners agree or strongly agree that doctors recommend generic or Jan Aushadhi medicines, while 25.5% are neutral. The data also shows that most JAK store owners (49.7%) disagree that doctors recommend generic or Jan Aushadhi medicines to their patients. There can be varied reasons for such choices. It highlights that low awareness and acceptance of these medicines among doctors may affect the demand and sales of JAKs. Results indicate the need to increase the promotion and education of generic and Janaushadhi medicines among doctors and patients and to ensure the quality and availability of these medicines at JAKs.



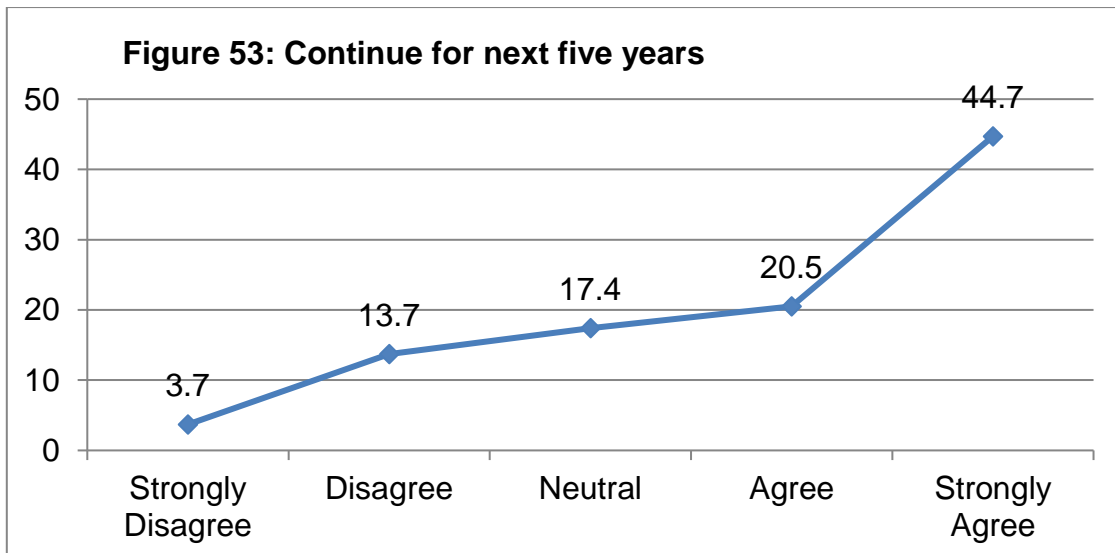
Expectations from the business at the start

The figure shows that most store owners (46.5%) agreed or strongly agreed that they expected high income from the store initially, while only 30% disagreed or strongly disagreed with the statement. This indicates that most of the store owners had high expectations of income when they started their business, which may or may not have been met by the store's actual performance. Businesses take time to reflect in the form of profits. As time goes by, the improvement in sales and revenues will automatically reflect based on the experience and marketing of the generic medicines.



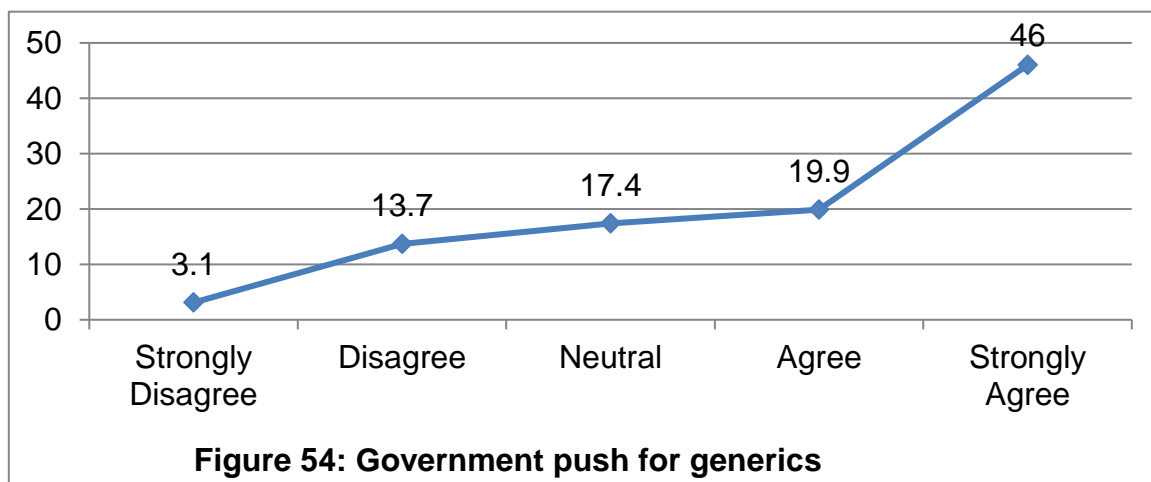
Continuing for next five years

The table shows that most JAK owners (65.2%) agreed or strongly agreed with the statement, indicating high commitment and satisfaction with their JAKs. Only 17.4% of JAK owners disagreed or strongly disagreed with the statement, suggesting low dissatisfaction or uncertainty about their JAKs. The remaining 17.4% of JAK owners were neutral, implying they were neither satisfied nor dissatisfied with their JAKs or had mixed feelings about their plans.



Need for government push for generic medicines

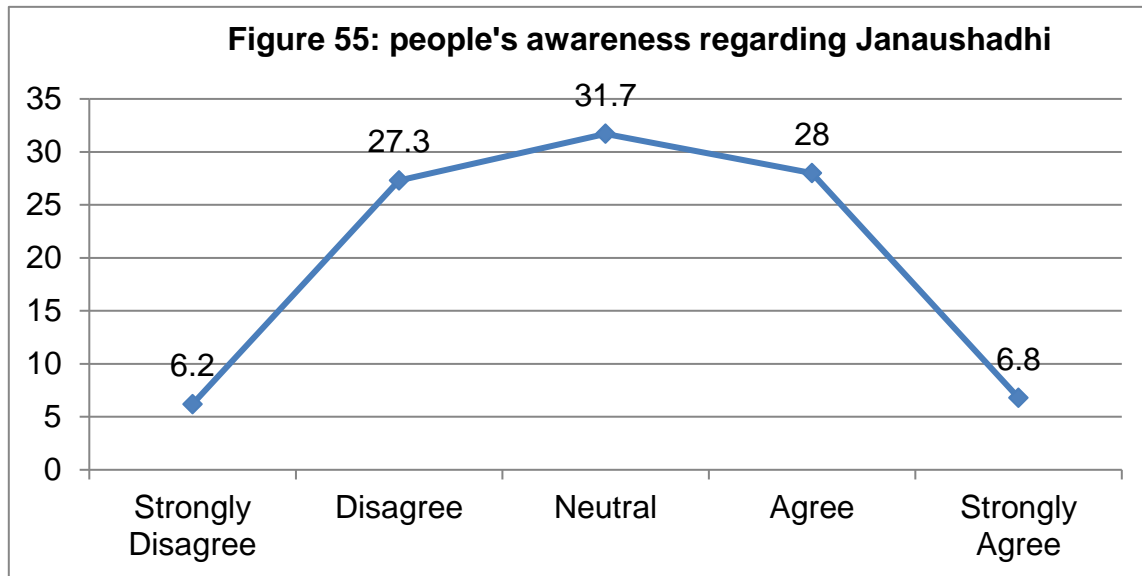
The figure shows that most JAK owners (65.8%) agree or strongly agree that generic medicines need a government push for awareness, while only 16.8% disagree or strongly disagree. This indicates that JAK owners perceive low public awareness and trust in generic medicines, which may affect their sales and profitability.



Awareness among people regarding generics

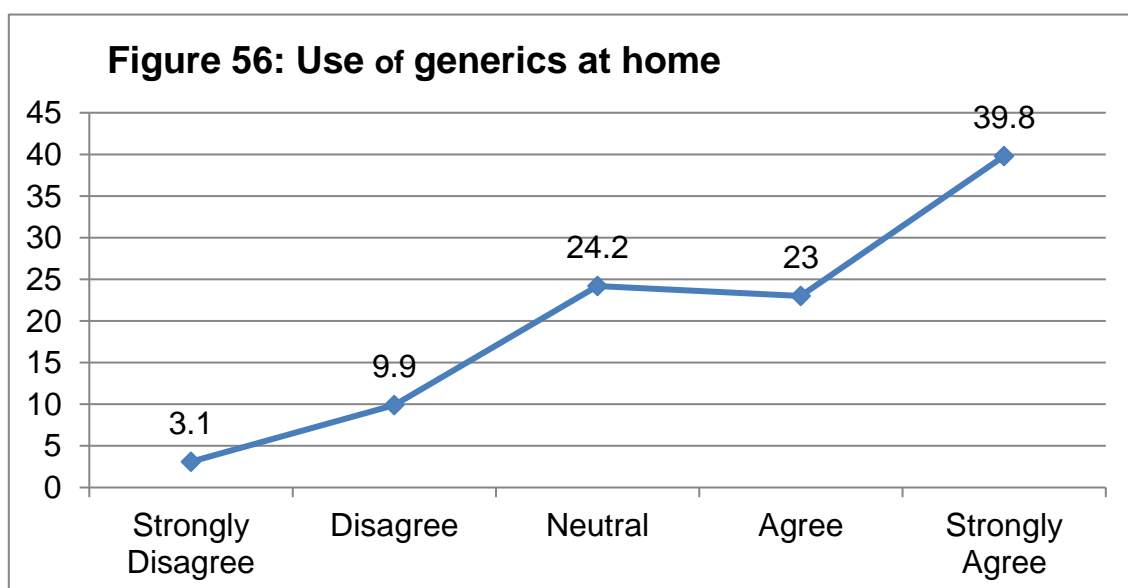
The data shows that most store owners (59.7%) are neutral or disagree with the statement, indicating a low public awareness level about generic medicines. Meanwhile, 34.8 per cent perceive that people are aware of generic medicine and its benefits. Retailers rely on the footfall of customers for their revenues. They also rely on the increase in demand for generic medicines to sustain their business.

Therefore, exploring the factors influencing the awareness and perception of generic medicines among potential customers is important.



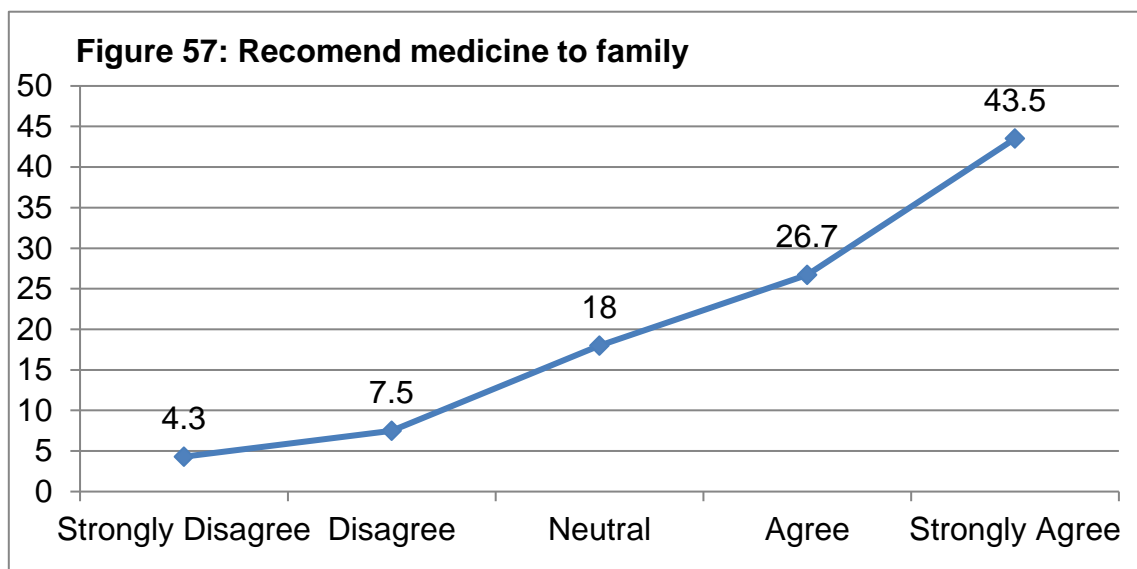
Using generics at home

The figure indicates that most JAK owners (62.8%) agree or strongly agree with using generic medicines at home, while only 13% disagree or strongly disagree. The results suggest that JAK owners have a positive attitude towards generic medicines and are likely to promote them to their customers. The report further analyses the factors that influence JAK owners' preferences and perceptions of generic medicines and their implications for the sustainability of JAKs in India.



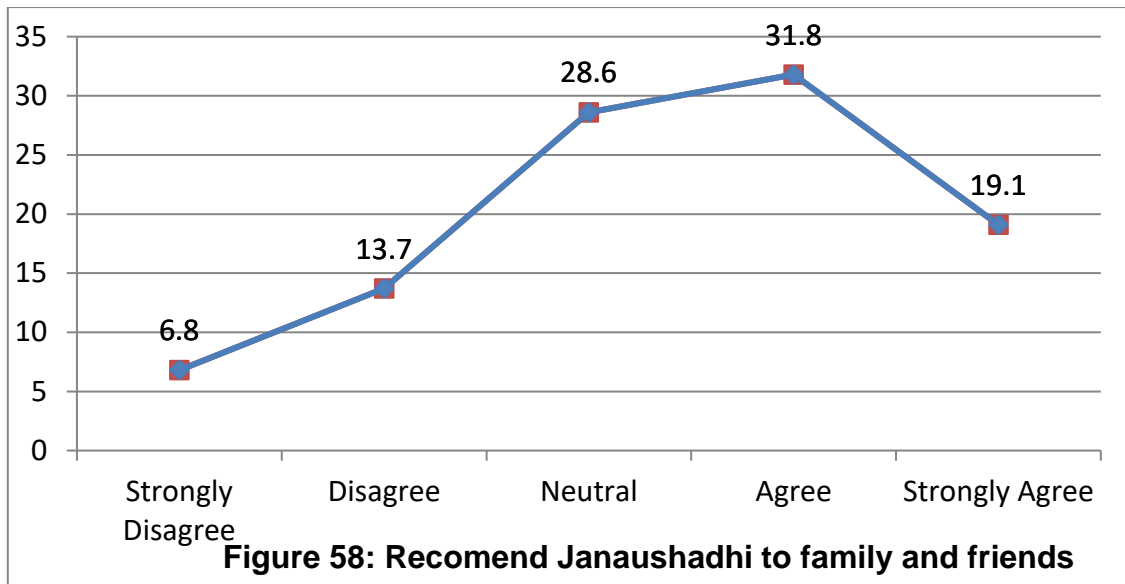
Recommending generics to family

The table indicates that most JAK store owners (70.2%) agree or strongly agree that they would recommend generic medicines to their family and friends, while only 11.8% disagree or strongly disagree. Suggesting that JAK store owners have a positive attitude towards generic medicines and trust their quality and efficacy.



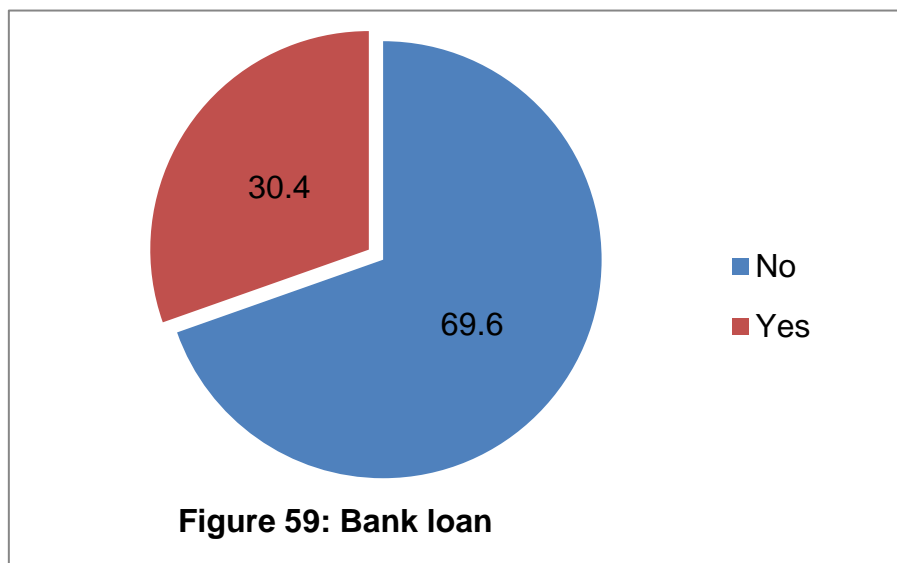
Easy procurement of medicines

The results indicate that most store owners are satisfied with the procurement procedures for availing medicines for their store. More than half of them agree or strongly agree that procuring medicines for their store is easy. Only a small number of retailers disagree or strongly disagree with this statement. The results suggest that the Janaushadhi scheme effectively ensures the continuous viability of the JAK by providing them with adequate and affordable medicines.



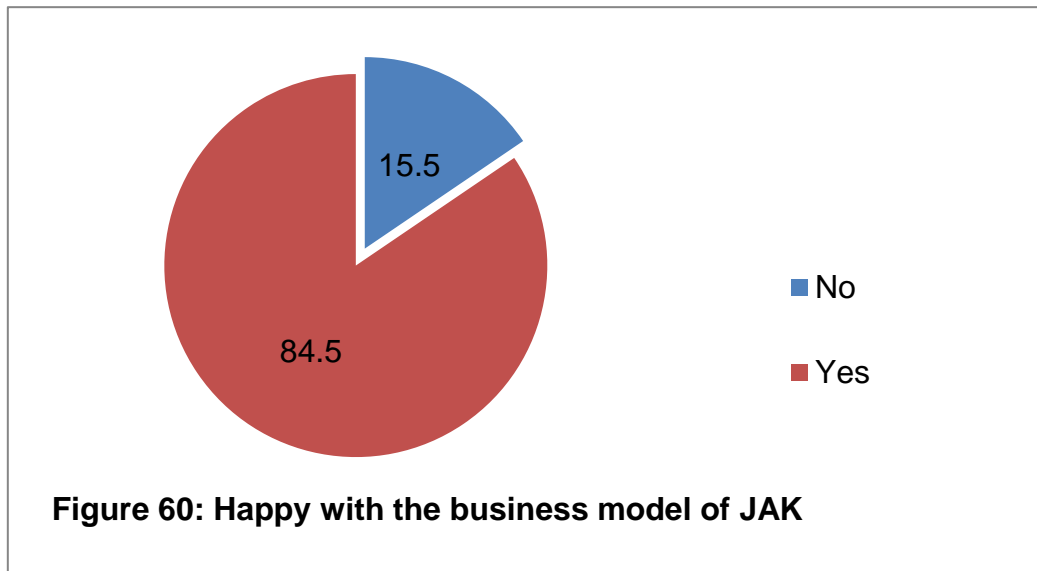
Bank loan for this business

The figure below shows whether the retailer has to take a loan to set up this Kendra. The results show that most JAK owners (69.6%) did not take a loan to start this business. Another group of 28 per cent had to seek loans to set up the store or increase its size or growth. This suggests that JAKs are financially sustainable for the majority of the owners and that they do not rely on external sources of funding to operate their stores. However, it also implies that some owners face challenges in managing their cash flow and profitability and may need additional support or guidance from the government or other stakeholders.



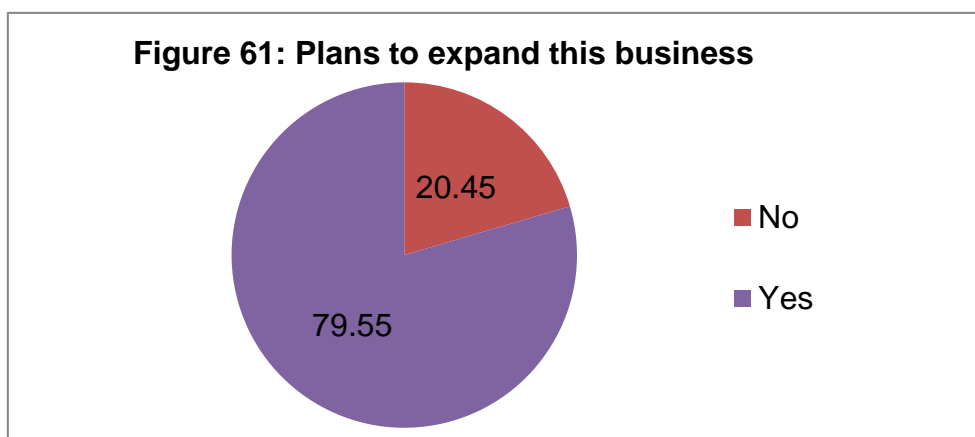
Happy with the business model of PMBJP

The survey results show that most JAK owners (84.5%) are happy with PMBJP's business model, while only 15.5% are not. This indicates that JAKs are generally profitable and sustainable and that PMBJP is a relevant scheme and has created a very sustainable business model for these stores to sustain and provide the public with access to quality medicines at low cost.



Plans to expand in future

The figure shows that most JAK owners (79.55%) plan to expand their business, indicating high confidence and satisfaction with the JAK scheme. This also suggests a strong demand for generic medicines among the public and that JAKs can meet this demand effectively. The scheme has continued to support the strengthening of the generic drugs network, procurement, and ecosystem in the country. It is visible from the confidence in the below graph.



Procurement and feedback mechanism

The Janaushadhi retailers have shared their views on various aspects of the scheme, such as procurement, feedback, complaint redressal, and customer satisfaction. All these themes emerge from individual interactions and can be considered individual suggestions, not representing the whole bunch of retailers in the survey.

One of the main themes that emerged from the analysis of the text information is the challenge of supply chain management. Many retailers reported that they face difficulties in getting timely delivery of medicines, especially the ones that are in high demand. Some also mentioned that they cannot return the expired medicines, which leads to losses. From this perspective, the department has already planned a structured system to return expired or shelved medicines.

Another theme is the lack of support from doctors for recommending generic medicines. Several retailers stated that doctors do not recommend or prescribe generic medicines to their patients, which affects the sales and awareness of Janaushadhi Kendra. Retailers also talk about the expressed concerns about the shape and life of medicines and tablets, which may affect the trust and satisfaction of the customers.

A fourth theme is the positive impact of the scheme on poor people, who can access good quality medicines at affordable prices. Some retailers praised the scheme as an outstanding initiative by the government and suggested that doctors advise patients to take medicines from Janaushadhi Kendra. Some retailers said they received positive feedback from the patients who benefited from the scheme, as they could access affordable, standard medicines.

They suggested that doctors can advise patients to take medicines from Janaushadhi Kendra and that the government should provide more financial support and publicity for the scheme.

Suggestions for making this scheme more effective

Retailers' suggestions for making this scheme more effective can be listed below.

- Timely delivery and availability of medicines
- Doctor's recommendation and prescription of generic medicines

- Advertisement and promotion of the scheme by the government and other stakeholders
- Financial help and support for the retailers and customers
- Increasing variety of medicines, consumables and surgical items
- The themes listed above highlight the significant areas of improvement as suggested by retailers in the survey. These highlight the strengths and weaknesses of the PMBJP scheme and identify the areas that need improvement or intervention.

CHAPTER VI

DISCUSSION AND RECOMMENDATIONS

In 'Chapter Six' of the report, researchers discuss the results and provide fruitful recommendations for the policy and furthering of beneficial initiatives like PMBJP. The data provides us with a very positive and clear understanding of the continuous viability of the PMBJP scheme for the government. The data provides a clear overview of the success of making the benefit of generic medicines reach the relevant people. The data also shows that the scheme's advantage is being received by the entire social stratum, economic classes, religious groups, and especially the country's economically and socially disadvantaged people. Both customers and retailers were part of the survey, and findings show that the data survey has led to vital research outcomes, which are discussed below in the form of recommendations and conclusions.

The recommendations from the findings can be divided into three sections. One is related to the impact and outreach of the program to varied sections of society for both customers and retailers. The second section of the recommendation deals with the problem of implementation and benefits from various perspectives. The benefits and difficulties in implementation are in the form of affordability, accessibility, business generation, awareness of the generics and outreach of the scheme to the general masses. The third important section of the recommendation discusses the problems and prospects of the scheme (future scope) and the continuous viability of the scheme for the country. Let us now discuss the recommendations section-wise and theme-wise.

SECTION 1: OUTREACH AND IMPACT OF THE PMBJP SCHEME OVER INDIA

- Customers and retailers exhibit a high level of awareness regarding generic medicine and PMBJP Kendra, primarily attributed to the government and other stakeholders' efforts to promote public awareness and outreach. While responses are very positive, there is a need to make a greater outreach of the program through varied channels so that the scheme's benefit can reach further. The PMBI initiatives in the form of social media outreach can benefit the overall

promotion, and the department is already doing a lot in this space. The department's use of social media channels significantly addresses the gap of 'not accepting generic medicine as effectively as branded ones'.

- The data shows that the primary information channels for customers and retailers include word of mouth, television, advertisements, personal acquaintances (friends), and healthcare institutions and professionals. While word of mouth remains a powerful tool for awareness, social media also significantly brings awareness among people. PMBI has increased its social media presence significantly in recent times.
- The satisfaction level among customers is notably high due to the easy availability, price, and quality of generic drugs offered by Kendras. Nevertheless, the primary obstacles encountered include competition from branded drugs, complications within the supply chain, regulatory impediments, insufficiency in infrastructure, and profit margins.
- Customers express high satisfaction regarding the quality, availability, and price of the generic pharmaceuticals offered by the Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs). After acquiring generic medications, they saw notable reductions in their medical expenditures and enhancements in their health outcomes. The primary factor customers cite when purchasing generic medication nationwide is the affordability of such pharmaceutical products. Other factors, such as medicinal recommendations, reduced side effects, and accessibility to the store, are also mentioned.
- The study revealed that many customers purchase Janaushadhi products when needed, while others do not purchase medicine regularly. In contrast, a third group expressed a preference for frequent purchases of drugs. While the purchase pattern can be different, PMBI has been making efforts to make most of the drugs available at 50-90 per cent lower prices.
- The primary reasons cited for the satisfaction with the services provided by Janaushadhi Kendra include its timely availability, cost-effectiveness, quality, and credibility. While most cite these factors, certain groups of respondents also expect more momentum in the delivery mechanism. PMBI is making significant efforts to push procurement through its online system. The department cannot

push the availability per Kendra, which depends on various reasons like prescription, demand and others.

- The findings indicate that customers are primarily interested in the drug's price, quality, and minimal side effects. This Somehow underscores the trustworthiness of generic medications and their impact on the general population. However, there is a growing belief that generic drugs possess both medical efficacy and affordability.
- The PMBJKs have proven beneficial for retailers, as they have observed a rise in sales volume, revenue, and profit margin over the years. The respondents also acknowledged the help and guidance offered by the Pharmaceutical and Medical Devices Bureau of India, the implementing agency of the PMBJK scheme.
- The PMBJKs have additionally contributed to a favourable societal outcome through the facilitation of job creation, the promotion of gender equality and empowerment, and the improvement of health literacy within the general population.
- Approximately 80% of the respondents are male, whereas the remaining 20% are female. The findings underscore the efforts of PMBJP to advance gender neutrality. PMBI has increased the number of medicines specific to women, and it is also that women do not go to buy medicine often. Things are improving, undoubtedly increasing women's participation in the Janaushadhi moment.
- Individuals from various social categories and social backgrounds own the Janaushadhi Kendra. It is in the criteria of PMBI to support women, ex-servicemen, and physically challenged and all social categories in establishing Kendra's. The same is true in the policy, and PMBI also has special incentives for various categories.
- Approximately 52.8% of retailers procure pharmaceuticals online only, while 42.9% buy from warehouses or distributors. Technology is the present and future of procurement. PMBJP has a reliable procurement system based on SAP, which has helped deliver medicine promptly and benefited the overall medicine distribution system.
- The significant sources of information for retail stores for opening Janaushadhi stores have been TV, news, friends, doctors, and government sources.

Surprisingly, social media and government programs have not been the primary source of information. People still rely on TV and word of mouth for updates.

- It is clear from the data that government support for this scheme is a significant reason for retailers opening Janaushadhi Kendra's. Other factors like revenue generated from the business, the likelihood of securing employment and the betterment of individuals in lower socioeconomic brackets are unique to this list. The scheme goes with the motto '*Seva Bhi Rozgar Bhi*'.
- Several significant factors served as motivation for the establishment of these businesses. Many retail dealers believe that pursuing government work presents a viable opportunity, hence serving as a motivating factor for them.
- Over 50% of respondents affirm that they generate incomes ranging from 5000 to 10000 and 10000 to 25000 through the sale of medicine. Another group reported 0 to 5000 per month; the remaining earnings exceeded 50000. While the government is pushing the setting up of Kendra, it is the responsibility of the Kendra owner to push sales by promoting it, and the government is also supporting the same so that the retailers' income can increase.

SECTION 2: GAPS IN IMPLEMENTATION AND BENEFITS OF THE PMBJP TO THE COUNTRY

- Approximately 80 per cent of the customers reported utilising cash as their preferred payment method for the necessary pharmaceuticals. This observation underscores that adopting online payment methods, such as UPI or card transactions, has not experienced significant growth at Kendra. Less than 20 per cent of the payments made at the Kendra are conducted through online channels. This can be attributed to the amount to be paid and the diverse age range of its customer base.
- Over 75% of the customers confirmed their commitment to Janaushadhi Kendra and acknowledged it as a highly favourable choice for purchasing medication to address specific health concerns. Individuals experiencing severe medical conditions and requiring ongoing medication often opt to buy their prescribed medicines from a local Janaushadhi store regularly. This results in significant cost savings for them.

- According to the survey results, a significant majority, 80 per cent of the participants, expressed the belief that doctors and practitioners should endorse the utilisation of Janaushadhi as a means of treatment. This initiative is expected to enhance sales, instil confidence, and increase customer belief. Other than state governments, it is also the responsibility of the entrepreneurs to discuss the issues with local doctors and ask them to give prescriptions, including Janaushadhi, and increase awareness locally.
- A significant proportion of the participants, precisely 37 per cent, reported increased income after establishing their businesses. Additionally, 36 per cent of retailers perceived intense competition from branded medical establishments.
- According to the findings, 16 per cent of retailers perceive doctors commonly prescribe generic medication to their patients. This low percentage highlights a negative feeling among retailers towards pushing generic medicines to ordinary people. While the perception can be correct, the government has already amended the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, on 08.10.2016. The new amendment dictates that physicians prescribe (preferably) medicine in capital letters with generic names and ensure a rational prescription and use of drugs.
- Most Kendra's, precisely 57 per cent, believe that generic drugs possess an equivalent level of quality compared to branded pharmaceuticals. This confidence needs to increase more so that for both customers and retailers, generics become easy to accept and use.
- For various reasons, over sixty-five per cent of retailers think they will stick with the pharmaceutical business. For the advantage of the regular customers, this needs to rise even further so that most Kendra stores stay open. Additionally, by doing this, more new businesses will be formed rather than existing ones closing.
- Most respondents, precisely 64 per cent, believe the government's efforts will contribute to the scheme's success. The government should increase its efforts to enhance public awareness of the efficacy of generic drugs. Retailers and customers rely on the government's push for efforts to improve the scheme's impact on ordinary people.

- About thirty-two per cent of people know the distinction between branded and generic medications. This suggests that marketing generics and making them easily affordable for regular people is necessary to raise general awareness and close the knowledge gap.

SECTION 3: RECOMMENDATION AND PROSPECTS OF THE PMBJP SCHEME STAKEHOLDERS

- Over 85 per cent of the respondents express their support for the continuation and expansion of this scheme beyond its current scope. The provision of increasingly effective and inexpensive drugs benefits customers. Establishing Kendra's in various locations across the country also becomes advantageous for individuals from diverse segments of society. The recent announcement of increasing the number of Kendra's to 25000 by March 2027 will significantly help make medicines more affordable in rural and urban India.
- Numerous individuals have expressed their belief that the government should establish connections between the Janaushadhi program and various government-run initiatives while also elevating its visibility through the involvement of ASHA workers. While a significant section of the country's population resides in poverty and is at the bottom of the pyramid, considerable effort is required to disseminate the benefits to the target population.
- Over 58% of retailers endorse the use of generic medicine for common ailments, and they also express their intention to prescribe generics to their own families.
- Approximately 85% of the retailers surveyed expressed satisfaction with their current business and indicated their intention to maintain their existing business.
- A significant majority, over 86 per cent, express the intention to extend their current operations to increase revenue and foster future growth. These willing retailers need more financial support to grow and develop their businesses. The PMBI has already done an MOU with SIDBI to provide financial support for infrastructure development and other requirements.
- Broadening the range of products offered by the Janaushadhi Kendra to encompass a more comprehensive selection of medication, surgical supplies, and additional healthcare items. As per the latest data, the JAK sell 2047 varieties of drugs and more than 300 varieties of surgical items.

- One area of focus is enhancing the efficacy of supply chain management to facilitate the prompt delivery of medications to PMBJP Kendra.
- Enhancing the infrastructure and amenities of Kendra's, including implementing cold storage facilities and computerisation.
- One potential strategy to improve the profitability of PMBJP Kendra operators is to implement measures aimed at reducing taxes, fees, and other financial burdens.
- Implementing educational initiatives and promotional activities should be sustained to enhance public knowledge and stimulate the demand for generic pharmaceuticals and PMBJP Kendra's.
- The survey presents the finding that the PMBJP is a relevant initiative that has effectively improved the well-being of a substantial population by granting them convenient and cost-effective access to medicine.
- The PMBI should strengthen its monitoring and evaluation mechanism to ensure quality standards, compliance, and feedback from the PMBJKs.
- The PMBJKs should intensify their marketing and promotional activities to attract customers and create awareness about generic medicines.
- The PMBJKs should also collaborate with local healthcare providers, NGOs, and community groups to increase their outreach and impact.

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**ANNEXURE 1: JAN AUSHADHI KENDRAS OPENED IN FY
2022-23 AND 2023-24**

S No	State	22-23	23-24	No. of JAKs
1	Andaman & Nicobar	0	0	0
2	Andhra Pradesh	16	143	159
3	Arunachal Pradesh	1	2	3
4	Assam	23	22	45
5	Bihar	85	197	282
6	Chandigarh	2	3	5
7	Chhattisgarh	6	34	40
8	Delhi	14	60	74
9	Goa	1	3	4
10	Gujarat	17	154	171
11	Haryana	37	94	131
12	Himachal Pradesh	3	11	14
13	Jammu and Kashmir	95	72	167
14	Jharkhand	10	28	38
15	Karnataka	115	165	280
16	Kerala	19	50	69
17	Ladakh	0	0	0
18	Lakshadweep	0	1	1
19	Madhya Pradesh	37	110	147
20	Maharashtra	36	93	129
21	Manipur	3	11	14
22	Meghalaya	3	1	4
23	Mizoram	0	0	0
24	Nagaland	1	0	1
25	Odisha	55	114	169
26	Puducherry	1	6	7
27	Punjab	15	64	79

28	Rajasthan	16	139	155
29	Sikkim	1	3	4
30	Tamil Nadu	54	187	241
31	Telangana	19	21	40
32	The Dadra and Nagar Haveli and Daman and Diu	0	2	2
33	Tripura	1	0	1
34	Uttar Pradesh	199	694	893
35	Uttarakhand	7	35	42
36	West Bengal	47	140	187
Grand Total		939	2659	3598

**ANNEXURE 2: STATE-WISE AND UNION TERRITORIES WISE
JAN AUSHADHI KENDRAS OPENED TILL 31.12.2024 ACROSS
THE COUNTRY**

S No	State/Uts	No of Kendras
1	Andaman & Nicobar	9
2	Andhra Pradesh	273
3	Arunachal Pradesh	34
4	Assam	165
5	Bihar	773
6	Chandigarh	10
7	Chhattisgarh	239
8	Delhi	486
9	Goa	15
10	Gujarat	742
11	Haryana	384
12	Himachal Pradesh	69

13	Jammu and Kashmir	316
14	Jharkhand	143
15	Karnataka	1387
16	Kerala	1487
17	Ladakh	2
18	Lakshadweep	1
19	Madhya Pradesh	525
20	Maharashtra	707
21	Manipur	52
22	Meghalaya	24
23	Mizoram	15
24	Nagaland	21
25	Odisha	660
26	Puducherry	32
27	Punjab	489
28	Rajasthan	468
29	Sikkim	12
30	Tamil Nadu	1321
31	Telangana	199
32	The Dadra and Nagar Haveli and Daman and Diu	39
33	Tripura	29
34	Uttar Pradesh	2580
35	Uttarakhand	305
36	West Bengal	576
Total		14589

ANNEXURE 3: QUESTIONNAIRE FOR CUSTOMER/ BENEFICIARIES

Beneficiaries Impact Assessment Survey

Demographic information

Q1: Name: **State**..... **District**.....

Q2: Education

Not Educated	10th	12th	Graduation	Post-graduation
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Q3: Age: **Q4:** Mobile number:

Q5: Gender: Male Female Others

Q6: I am:

Hindu	Muslim	Sikh	Christian	Jain	Other
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Q7: *Economic Category or level:* BPL APL Homeless

Q8: Location Urban Rural Semi urban

Q9: *Profession*

Public Sector Job Private Sector Job Business Retired
 Student Not Working Unemployed/in house

Q10: *Where did you hear about Janaushadhi Yojana?*

Family members Friends TV/Newspaper
 Hoarding in hospital s/Roads Doctor / Govt ads
 Medical staff Others (Pls. Specify)

Q11: *What is the Price difference in percentage terms for medicines at the Janaushadhi Kendra and other medical stores?*

20-30% 30-40% 40-50% > 50%

Q12: *The reason for buying medicine (generic) from Janaushadhi Kendra is*

Affordability of medicine	Yes	No
Recommended by Doctor	Yes	No
Fewer side effects	Yes	No
Accessibility to the store	Yes	No
Effectiveness of the medicine	Yes	No
Good behaviour of the retailer	Yes	No

Q13: What is the frequency of your purchase of generic medicines?

Occasionally Frequently Once in a year At the time of need

Q14: Do you know about the Sugam App

Yes No Not sure

Sugam App is an Online app for searching stores, finding locations and knowing the prices of medicine

Q15: Can you identify the address of the PMBJK store from the app

Yes No Not sure

Q16: How do you pay at the store

Cash Online/UPI Debit/Credit Card

Q17: I am satisfied with the Janaushadhi Kendra in terms of:

Timely availability	Yes	No
Cost effective (Affordability)	Yes	No
Quality medicine	Yes	No
Easy to get without waiting	Yes	No
Credibility/trust	Yes	No

Q18: Satisfaction level from generic medicine depends on

Price of the medicine	Yes	No
Quality of the medicine	Yes	No
Government push	Yes	No
No side effects	Yes	No
Easily availability	Yes	No

Q19: Are you a regular and committed customer of the Janaushadhi Kendra store?

Very Committed Committed Not fully committed

Q20: What do you feel about PMBJK Stores

Attractive Unique Normal Pleasant

Q21: Do you want new medicines to be added to the available in the store

Yes No

Q22: Would you like this scheme to continue?

Yes No

Q23: What is your suggestion to make this scheme more effective?

- Link to ASHA health workers Advertisements
 Special promotion by hospitals Home delivery options
 Increasing number of stores Any other

Q24. Do you recommend Janaushadhi Kendra to your known?

Yes No

Either Yes or No, please specify a reason.....

Q25. Do you like other nutrition products available at Janaushadhi Kendra?

Yes No

Q26. Do you always get medicine your doctor recommended or not recommended/
required only?

Yes No

Q27. If no, what are the reasons given by the store owner?

Q28. Do you ever complain about the availability of medicine?

Yes No

Q29. If yes, where.....

ANNEXURE 4: RETAILERS QUESTIONNAIRE

Retailer (seller) Impact Assessment Survey

Demographic information

Q1: Name:

Q2: State.....

Q3: District.....

Q4: Education 10th 12th Pharma Graduate Graduation Post-graduation

Q5: Age: Q6: Mobile number:.....

Q7: Gender:

Q8: Religion: Hindu Muslim Sikh Christian Jain Other

Q9: *Belong to:* General Category OBC SC/ST Other

Q10: *Shop Location:* Urban Rural Semi-urban

Q11: Year of establishment

Q12: Previous profession

Q13: Planning to continue this business Yes No

Q14: Type of store

- Under NGO Government hospital Independent store
 Individual entrepreneurs Home based Private Hospital
 Doctor clinic Pharmacy State government allotted

Q15: How do you buy your stocks?

- Online Distributor At the warehouse

Q16: Location of the store?

- Within Government hospital premises within private hospital premises
 Nearby outside Any hospitals anywhere outside in the market or locality

Q17: Where did you hear about the Janaushadhi Kendra scheme?

- Family members Friends TV/Newspaper
 Hoarding in hospital s/Roads Doctor Medical staff others

If No, please discuss why

Q18: What motivated you to start this business?

Government support	Yes	No
Fast approval	Yes	No
Income from the business	Yes	No
Chances of getting employment	Yes	No
Unemployment	Yes	No
Failure in previous business	Yes	No
Family push	Yes	No
Social cause	Yes	No

Q19: How much do you earn in a month?

Less than 5000 rs	5-10 thousand	10-20 thousand	20-50 thousand	>50 thousand
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Q20: In your opinion, what strategies need to be adopted to make it more popular?

- Doctors should popularise Hospital hoarding NGOs
 Advertisements Store owner should take promotional steps
 Governing bodies of agencies can help

Q21: Are you satisfied with this scheme in terms of:

- Timely supply of medicine **Yes/No**
 Quality of medicines **Yes/No**
 Timely payment of incentive **Yes/No**
 Government Promotion for scheme **Yes/No**
 Customers' review **Yes/No**

Q22: Rank the statements in the below table in the range of 1-5.

Did your income increase since the start?	1 (Least)	2	3	4	5 (highest)
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Do you face challenges because of Branded Medicine?	1	2	3	4	5
Do you think doctors recommend generic drugs?	1	2	3	4	5
Do you think generic drugs are quality medicine?	1	2	3	4	5
Did you expect a high earning from this store?	1	2	3	4	5
Do you want the government to push more about generic drugs	1	2	3	4	5
Do you think people are aware of this scheme	1	2	3	4	5
Do you use any medicine at home	1	2	3	4	5
Do you recommend these medicines to family	1	2	3	4	5
Are you able to procure medicines easily	1	2	3	4	5

***1 is least or very low 5 is best/ very high**

Q23: Do you have a bank loan due to this business?

Yes No

Q24: Are you happy with the business model that PMBJK is following?

Yes No

Q25: If no give some reasons

.....

Q26: Would you like this scheme to continue?

Yes No

Q27: Do you have plans to expand this business in future?

Yes No

ANNEXURE 5: PHOTOS FROM THE SURVEY FIELD







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