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Original Article

Evaluating the Impact of Ayushman Bharat Yojana on Healthcare Accessibility Among Below Poverty Line Families in District Pithoragarh, Uttarakhand

Divya Oli[1], Jitendra Kumar Lohani[2], Rajnish Pande[3]

Department of Economics, D.S.B. campus, Kumaun University, Nainital.

Corresponding Author : olidivya2931@gmail.com

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Abstract - *This study aims to analyze the impact of the Ayushman Bharat Yojana on Healthcare Accessibility Among Below Poverty Line families in the two development blocks of District Pithoragarh of Uttarakhand State. The Indian government has started various schemes that are beneficial for the betterment of society in India. One of the best services that the Indian government has initiated is Ayushman Bharat Yojana, in which, per family, Rs. Five lakhs are given as a medical claim policy to cover health. This scheme is very useful to financially protect those people who cannot get timely medical treatment due to expensive cost. This research study focuses on checking whether any relationship exists between the Ayushman Bharat Yojana and Healthcare Accessibility. Therefore, to investigate the effect and relationship, independent variable like Ayushman Bharat Yojana is further segregated into five construct dimensions: coverage and Eligibility, financial support, awareness and Utilization, infrastructure and implementation, and policy governance. Dependent variables like Healthcare Accessibility are also divided into physical accessibility, financial accessibility, service utilization, equity in access, and satisfaction with the quality of care. A cross-sectional study was followed to evaluate the data collection of 410 respondents in District Pithoragarh of Uttarakhand, considering Below Poverty Line Families in a significant manner. After conducting the data analysis, it has been observed that there is a significant and positive association between Ayushman Bharat Yojana and Healthcare Accessibility. Each independent variable demonstrated a notable positive impact on Healthcare Accessibility, with the Ayushman Bharat Yojana showing the strongest influence.*

Keywords - *Ayushman Bharat Yojana, Healthcare Accessibility, Financial burden, Financial support.*

1. Introduction

Healthcare access is the fundamental pillar of an equitable health system, regardless of the socio-economic status (Phalswal et al., 2023), and provides timely and inexpensive access to health care among individuals. In India, healthcare's reach has been a prolonged concern, especially among the poverty line (BPL) families, which face financial vulnerability and inadequate health infrastructure issues (Verma et al., 2024). In response to this clear call, the Government of India launched the Ayushman Bharat Yojana (ABY) for financial security and better access to healthcare for the economically disadvantaged population (Thomas et al., 2024). According to the plan, health insurance of ₹ 5 lakh per year per family is being provided, under which beneficiaries get hospitalized services without any out-of-pocket expenditure in health facilities (Davoudi-Kiakalayeh et al., 2017). The current study attempts to assess the impact of ABY on the reach of healthcare among BPL families in Pithorgarh district of Uttarakhand state, and analysis of factors affecting coverage eligibility, financial assistance, awareness and use of health infrastructure (Kshatri et al., 2022). In terms of evaluation of these factors, the purpose of the study is to check if ABY has been successful in overcoming physical, financial and service-related obstacles to healthcare access in the district (Kourav & Kaur, n.d., 2022). Since healthcare equity has been a primary agenda item in India's development agenda, ABY performance can be a lesson for policymakers and health administrators to improve the program rollout (Kunika Sharma et al., 2024).

2. Literature Review

The impact of healthcare schemes is largely driven by the degree of awareness within the target community. Verma et al. (2024) observed poor awareness of ABY as the primary cause for its under-utilization among the rural population. Based on their study, nearly the entire span of beneficiaries reported unawareness regarding the facilities extended under ABY, leading to no or even delayed Utilization of healthcare services. Dang et al. (2021) also observed that in states with robust government-sponsored awareness schemes, the rate of Utilization of the benefits of ABY was very robust. The authors observed higher enrolment and ABY facility usage in states of high literacy, along with community outreach schemes.

Though Hande et al. (2018) are of the opinion that simply awareness is inadequate if healthcare behavior is not developed, based on their study, rural households also have a more pronounced preference toward traditional or domiciliary care, despite awareness of the benefits of ABY.

A study by Davoudi-Kiakalayeh et al. (2017) through comparative analysis on urban and rural beneficiaries of ABY indicates that, despite better awareness in urban dwellers, the rural population lacked organized programs of awareness building. They placed emphasis on awareness building through targeted localized campaigns responding to rural socio-cultural settings.

Verma et al. (2024) concluded that a cutting-edge healthcare system is essential for ensuring equitable access to medical treatments, especially by BPL households. Despite governmental support under ABY, under-equipped hospitals and a short supply of health professionals and ancillary equipment stand in the way of accessibility, even in major areas. Their research indicated that even rural ABY beneficiaries are hindered in accessing healthcare because of the unavailability of empanelled hospitals. They indicated that over 40% of the ABY-approved hospitals were in urban areas, leading to low rural population access.

Chaudhuri et al. (2023) analyzed ABY performance in hilly states like Himachal Pradesh and Uttarakhand, where geographical limitations further restrict healthcare access. They indicated that while ABY eased financial limitations, inadequate healthcare infrastructure remained the primary limiting factor.

The other major issue is the quality of services provided under ABY. Joseph et al. (2021) indicated that the majority of empanelled hospitals lacked adequate medical staff, leading to long waiting times and poor service quality. They recommended scaling up healthcare infrastructure and providing more incentives to hospitals for empanelment to enhance the effectiveness of ABY.

3. Research Gap

Even as Ayushman Bharat Yojana (ABY) has seen widespread rollout, research so far is mainly concentrated on its policy structure and macro-level rollout. Yet few empirical studies have evaluated the actual ground-level impact of ABY on healthcare access, especially in rural and economically backwards areas such as Pithoragarh, Uttarakhand.

Some key gaps in the literature remain unanswered, i.e., Regional Disparities in ABY Implementation, Impact of Financial Support on Healthcare Utilization, Barriers to Awareness and Utilization, and Healthcare Infrastructure Issues. Filling these gaps, this research aims to present empirical findings on the effect of ABY on enhancing healthcare accessibility through its coverage, financial support, awareness, and infrastructure components in a rural context.

4. Significance of the Study

This research is theoretically and practically significant in that it adds to the academic literature on the accessibility of healthcare and provides policy-relevant findings for enhancing the rollout of Ayushman Bharat Yojana (ABY) in rural settings.

- Adding to the current literature, it offers empirical insights on the effect of ABY at the ground level, particularly among BPL families in the study area.
- Analyses major determinants of healthcare access (coverage, financial protection, awareness, and infrastructure) and their impact on physical, financial, and service use aspects of healthcare.
- It adds to the research in health policy by elucidating gaps in ABY execution and the scope for improvement in models of healthcare accessibility.
- Provides a foundation for future research on healthcare accessibility, patient satisfaction, and ABY's long-term effects on public health outcomes.

5. Research Objectives

The research focuses on assessing the effect of Ayushman Bharat Yojana (ABY) on healthcare access among Below Poverty Line (BPL) families in two randomly selected development blocks (Moonakot & Bin) in District Pithoragarh of Uttarakhand. The goals are:

1. To evaluate the degree of awareness and enrolment in Ayushman Bharat Yojana (ABY) among BPL families.
2. To analyze the Influence of Coverage and Eligibility on Healthcare Accessibility
3. To examine the Effect of Financial Support on Healthcare Accessibility
4. To Evaluate the Impact of Awareness & Utilization on Healthcare Accessibility

6. Research Hypotheses

6.1. Primary Hypothesis (H_0 and H_1)

- H_0 (Null Hypothesis): Ayushman Bharat Yojana (ABY) has no effect on healthcare accessibility for BPL families in the study area.
- H_1 (Alternative Hypothesis): Ayushman Bharat Yojana (ABY) has an effect on healthcare accessibility for BPL families in the study area.

6.1.1. Sub-Hypotheses

- $H_0$1: Coverage & Eligibility regarding ABY does not have a considerable influence on healthcare accessibility.
- $H_1$1: Coverage & Eligibility regarding ABY has a considerable influence on healthcare accessibility.
- $H_0$2: Financial Support regarding ABY does not have a considerable influence on healthcare accessibility.
- $H_1$2: Financial Support regarding ABY has a considerable influence on healthcare accessibility.
- $H_0$3: Awareness & Utilization regarding ABY does not have a considerable influence on healthcare accessibility.
- $H_1$3: Awareness & Utilization regarding ABY has a considerable influence on healthcare accessibility.

7. Research Methodology

7.1. Research Design

The current research adopts a quantitative research methodology with a descriptive and analytical research design to assess the influence of Ayushman Bharat Yojana (ABY) on healthcare accessibility of Below Poverty Line (BPL) families in Pithoragarh, Uttarakhand.

A systematic survey-based research design is utilized to gather information from the scheme beneficiaries and probable beneficiaries. The research emphasizes exploring the connection between Ayushman Bharat Yojana (ABY) dimensions (independent variables) and healthcare accessibility (dependent variable).

7.2. Population and Sampling

The population under study includes BPL families living in randomly selected two development blocks (Moonakot & Bin) of district Pithoragarh in Uttarakhand State, who possess an Ayushman Card under Ayushman Bharat Yojana and have availed the scheme.

Since the study is of a descriptive nature, a convenience sampling technique is used. As the population is finite (8452), the calculated sample size for the finite population and 368 is the statistically determined sample size at a 95% level of confidence with 5% Margin of Error.

The researchers adopted a sample size of 410 respondents for the present study to make it more valuable, ensuring an adequate representation of the target population. Such a sample size is likely to give statistically significant insights regarding the effect of ABY on healthcare accessibility while keeping sampling errors at a minimum.

7.3. Data Collection Method

The main data for this research is gathered via a structured questionnaire prepared using a 5.1 Likert scale from Strongly Disagree (1) to Strongly Agree (5). The questionnaire has several sections. The questionnaire is conducted via face-to-face interviews and online questionnaires to ensure data collection from a diversified group within the study area.

7.4. Data Analysis Techniques

Collected data is statistically analyzed using quantitative statistical techniques assisted by SPSS and Python. Analysis involves descriptive and inferential statistical tools.

8. Data Analysis and Result Interpretation

Table 1.0 shows the respondents' socio-economic and demographic profile, which covers gender, marital status, size of family, level of education and occupational structure. There is almost equal representation of males and females in the sample, which ensures a balanced perspective in the study. 65.36 percent of respondents are married and residing with their families in the study region. The educational profile of the respondents shows that 10.0 percent have no formal education, and most of the respondents (44.6 percent) have attained secondary education, which suggests that there is limited higher education access among the respondents. The occupational structure of the respondents shows that farming is the most common occupation (44.90 percent), reinforcing the agrarian nature of the population. A substantial percentage (29.80 percent) engaged in small business, which indicates a shift towards entrepreneurial activities among the respondents, while daily wage labourers (15.10 percent) and unemployed (10.2 percent) indicate the economic vulnerability within a section of the population and employment challenges in the study area.

Table 1. Socio-Economic & Demographic Profile of Respondents

Demographic Variable	Categories	Frequency
Gender	Male	204
	Female	206
Marital Status	Single	142
	Married	268
	No formal education	41
Education Level	Primary (Up to 5th standard)	81
	Secondary (Up to 10th standard)	183
	Higher Secondary & above	84
Occupation	Daily Wage Labourer	62
	Farmer	184
	Small Business Owner	122
	Unemployed	42

Source: Primary Data

Table 2. Descriptive Demographic Statistics

Variable	N	Mean	Std. dev.	Max. Value	Min. Value
Age	410	53.14	15.83	17.5	85.5
Family Size	410	5.25	2.30	01	10
Monthly Household Income (Rs.)	410	12024.30	4686.31	20000.00	0.00

Source: Primary Data

Table 3. Correlation analysis table

Correlation Analysis					
		Coverage and Eligibility	Financial Support	Awareness and Utilization	Healthcare Accessibility
Coverage and Eligibility	Pearson Correlation	1	.003	.158**	.718**
	Sig. (2-tailed)		.944	.001	.000
	N	410	410	410	410
Financial Support	Pearson Correlation	.003	1	-.246**	.217**
	Sig. (2-tailed)	.944		.000	.000
	N	410	410	410	410
Awareness and Utilization	Pearson Correlation	.158**	-.246**	1	.043
	Sig. (2-tailed)	.001	.000		.380
	N	410	410	410	410
Healthcare Accessibility	Pearson Correlation	.718**	.217**	.043	1
	Sig. (2-tailed)	.000	.000	.380	
	N	410	410	410	410
**. Correlation is significant at the 0.01 level (2-tailed).					

Source: Primary Data

Table 2.0 presents descriptive demographic statistics, including the variables, namely age, family size and monthly household income. The average age of respondents is 53.14 years, with a moderate level of variability in the age of respondents, as shown through the standard deviation of 15.83. The average household size is 5.25, with a standard deviation of 2.30, which shows that there is some variation in family sizes of respondents. The monthly household income (Rs.) shows that the average income of respondents is Rs. 12024.30, with a substantial variation in income level among the respondents, which indicates some economic disparity between the respondents in the sample.

Table 3.0 reveals the correlation between Coverage and Eligibility, Financial Support, Awareness and Utilization, and Healthcare Accessibility under Ayushman Bharat Yojana (ABY) implementation. Results indicate a strong positive correlation (r= 0.718, $p < 0.01$\) between Coverage and Eligibility and Accessibility to Healthcare, implying that those who are better provided for and more eligible under the ABY scheme can access healthcare much better. Awareness and Utilization also have some positive correlation (r=0.158, $p < 0.01$\) with coverage and Eligibility, but it is at a weaker level, suggesting that as coverage increases, scheme awareness and usage do improve, but not as significantly. However, Financial Support and Awareness and Utilization have a negative correlation (r=-0.246, $p < 0.01$\), which indicates that even when there is financial support, awareness and Utilization remain a problem, which could be attributed to a lack of information or other administrative challenges. Concurrently, Financial Support and Healthcare Accessibility are positively correlated, although only moderately so \(r=0.217, $p < 0.01$\). This suggests that financial support granted under ABY does improve healthcare access, but it is not the only consideration. Use of the scheme does not depend on such aid. Notably, the correlation of Awareness and Utilization with Healthcare Accessibility is weak (r=0.043, p>0.05), having no correlation.

Table 4. Regression analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.750[a]	.562	.559	.29679
a. Predictors: (Constant), Awareness and Utilization, Coverage and Eligibility, Financial Support				

Source: Primary Data

The model summary regression analysis evaluates how Coverage and Eligibility, Financial Support and Awareness and Utilization impact Healthcare Accessibility within Ayushman Bharat Yojana (ABY). The statistical analysis demonstrates a strong positive relationship between the independent and dependent variables through its R value of 0.750, which shows that the combined predictors significantly affect healthcare accessibility. The independent variables within the model account for 56.2% of the variability in healthcare accessibility, as demonstrated by the R^2 value of 0.562. The Adjusted R^2 value (0.559) shows minimal deviation from R^2 because it considers the number of predictors, which demonstrates that the model fits well without signs of overfitting. The standard error of the estimate reveals that observed values typically deviate from predicted values by 0.29679 units, indicating moderate prediction accuracy. The study demonstrates that Coverage and Eligibility, Financial Support, and Awareness and Utilization determine healthcare accessibility while acknowledging the influence of other unidentified factors. The model can achieve increased predictive power by incorporating extra variables like infrastructure availability or patient satisfaction into its framework.

Table 5. ANNOVA Table

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	45.873	3	15.291	173.595	.000[b]
	Residual	35.762	406	.088		
	Total	81.635	409			
a. Dependent Variable: Healthcare Accessibility						
b. Predictors: (Constant), Awareness and Utilization, Coverage and Eligibility, Financial Support						

Source: Primary Data

The ANOVA test checks if the regression model that predicts Healthcare Accessibility based on Coverage and Eligibility, Financial Support, and Awareness and Utilization under Ayushman Bharat Yojana (ABY) makes sense overall. The findings reveal that the regression sum of squares (45.873) is much bigger than the residual sum of squares (35.762). This means the model explains a lot of the changes in healthcare accessibility. The F-statistic (173.595, $p < 0.001$) is very important, showing that all the independent variables together greatly affect the dependent variable. The mean square value for the regression (15.291) is way higher than the residual mean square (0.088), which backs up the idea that the model explains things well. The significance value ($p = 0.000$) proves that these results are not just by chance, pointing to a strong link between the predictors and healthcare accessibility. In the end, the ANOVA results confirm that Coverage and Eligibility, Financial Support, and Awareness and Utilization play a big role in healthcare accessibility. The regression model does a good job explaining why healthcare access varies among people who benefit from ABY.

Table 6. Regression coefficients

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.546	.155		9.979	.000
	Coverage and Eligibility	.463	.021	.720	21.631	.000
	Financial Support	.148	.024	.210	6.186	.000
	Awareness and Utilization	-.013	.024	-.019	-.551	.582
a. Dependent Variable: Healthcare Accessibility						

Source: Primary Data

The regression coefficients analysis looks at how Coverage and Eligibility, Financial Support, and Awareness and Utilization affect Healthcare Accessibility under Ayushman Bharat Yojana (ABY). The constant (1.546, $p < 0.001$) shows the baseline level of healthcare accessibility when all independent variables are zero. Of the predictors, Coverage and Eligibility ($B = 0.463$, $p < 0.001$, $\beta = 0.720$) has the strongest and most significant effect on healthcare accessibility, showing that better coverage and Eligibility improve accessibility. Financial Support ($B = 0.148$, $p < 0.001$, $\beta = 0.210$) also has a positive and significant effect, suggesting that financial aid helps improve healthcare access but less than coverage and Eligibility. However, Awareness and Utilization ($B = -0.013$, $p = 0.582$, $\beta = -0.019$) is not significant, as shown by the high p-value ($p > 0.05$) and low t-value (-0.551), meaning that awareness alone does not affect healthcare accessibility in this model. These results suggest that while coverage and financial support are key to improving healthcare access, awareness efforts might need to be stronger or paired with other actions to lead to increased use and accessibility of healthcare services.

Table 7. Hypotheses with Values

Hypothesis	Relationship	Regression Coefficient (β)	Significance (p-value)	Result
$H_1 1$	Coverage & Eligibility → Healthcare Accessibility	0.72	$p < 0.001$	Significant
$H_1 2$	Financial Support → Healthcare Accessibility	0.21	$p < 0.001$	Significant
$H_1 3$	Awareness & Utilization → Healthcare Accessibility	-0.019	$p = 0.582$	Not Significant

1. Coverage and Eligibility ($\beta = 0.720$, $p < 0.001$) has the biggest and most meaningful effect on Healthcare Accessibility. This suggests that making it easier to sign up and offering wider coverage boosts healthcare use.

2. Financial Support ($\beta = 0.210$, $p < 0.001$) makes healthcare more accessible, but its impact is moderate. This hints that people might still face hidden costs or other money-related barriers.
3. Awareness and Utilization ($\beta = -0.019$, $p = 0.582$) does not show a meaningful link. This means that just making people aware does not guarantee they will access healthcare unless paired with good strategies to encourage health-seeking behavior.

9. Conclusion

The study considers the effect of Ayushman Bharat Yojana on health services access to the poverty line (BPL) families in Pithorgarh, Uttarakhand. Conclusions indicate that coverage and choice are the most important factors in improving access to health services after financial support. Conversely, consciousness and use do not affect access. The results emphasize the importance of increasing the economic mechanisms, strengthening awareness campaigns, expanding hospital networks and dealing with administrative inefficiencies to ensure effective implementation of the abyss. This research increases the existing literature by providing empirical evidence of the influence of both economic and non-economic factors on access to health services. However, future studies should check the long-term effects of the scheme, satisfaction, and regional differences in the plan in the Aby implementation. By addressing these questions, decision makers can make informed decisions to work to improve access to health services for the weaker population and achieve universal health coverage in India (World Health Organization, 2022).

Limitations of the Study

While the study offers valuable insights, it has several limitations:

1. The research employed a convenience sampling method, which may lead to selection bias and restrict the generalizability of the findings. Future studies could benefit from a random sampling approach to yield more representative results.
2. The focus on two randomly selected development blocks, namely Moonakot and Bin in Pithoragarh district of Uttarakhand, means that the findings may not be relevant to urban areas or other rural regions with different healthcare infrastructures and socio-economic conditions.
3. The reliance on survey responses may introduce recall bias, social desirability bias, or misinterpretation of questions.
4. The model accounts for 56.2% of the variance, suggesting that other factors, such as healthcare infrastructure, availability of medical professionals, service quality, and trust, should also be considered.

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