



Assessing The Effectiveness And Outcomes Of Government Schemes: A Comprehensive Analysis

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ABSTRACT:

These three major schemes launched by the Government of India to improve the socio-economic conditions of the poor and marginalized sections of the society: Pradhan Mantri Jan Dhan Yojana (PMJDY), Pradhan Mantri Jan Arogya Yojana (PMJAY), and Pradhan Mantri Gram Sadak Yojana (PMJSY). The paper examines the objectives, features, benefits, challenges, and outcomes of these schemes, and analyses their impact on the financial inclusion, health care, and rural development of the target population. The paper concludes that these schemes have made significant progress in achieving their goals, but also face some limitations and gaps that need to be addressed. The paper argues that these schemes can be more effective and sustainable if they are coordinated and harmonized with each other and with other relevant policies and programs.

Keywords: Financial Inclusion, Universal Health Coverage, Rural Connectivity, Socio-economic development, Policy integration.

Chapter 1: Introduction

These flagship initiatives—PMGSY, PMJDY, and PMJAY—reflect the Indian government's commitment to addressing key developmental challenges and improving the lives of its citizens. Together, they represent comprehensive efforts towards infrastructure development, financial inclusion, and healthcare accessibility, with the overarching goal of promoting inclusive growth and socio-economic empowerment across rural and urban India. By bridging critical gaps in connectivity, financial services, and healthcare provision, these programs play a pivotal role in realizing India's vision of sustainable and equitable

development for all its citizens.

Pradhan Mantri Jan Dhan Yojana (PMJDY) Launched in 2014, this financial inclusion program aims to provide universal access to banking services, promote financial literacy, and foster economic empowerment among marginalized communities in India. Pradhan Mantri Gram Sadak Yojana (PMGSY) Initiated in 2000, this scheme focuses on providing all-weather road connectivity to rural areas, enhancing socio-economic development, and reducing rural isolation and poverty. Pradhan Mantri Jan Arogya Yojana (PMJAY) Launched in 2018, this is the world's largest government-funded healthcare program. It provides health insurance coverage to over 500 million vulnerable individuals and families in India, aiming to improve health outcomes and socio-economic well-being. Each of these schemes plays a crucial role in improving the quality of life for individuals across India, addressing key areas such as financial inclusion, infrastructure development, and healthcare.

PRADHAN MANTRI JAN AROGYA YOJNA:

The novel corona virus illness, or COVID-19, which originated in China in December 2019, was first reported in India on January 30, 2020 [1]. By March 11th, 2020, COVID-19 was classified as a pandemic; although there was still only one positive case in India, the total number of cases worldwide rose to 9,826. The World Health Organization (WHO) recommended that everyone wash their hands frequently, cough politely, keep a one-meter space, stay away from crowded areas, and if you suspect an infection, keep yourself isolated and notify the health authorities as soon as possible. India, one of the most populated nations on earth, was unquestionably at a disadvantage in a situation where physical distance was the primary means of communication. India became the third most impacted nation, behind the United States of America and Brazil, when the country's COVID-19 case count reached almost 2 million by August 2020. India has the lowest resources per person of the three, therefore a relatively dire loss is to be feared. It has been advised that the low incidence of COVID-19 in developing nations at first might have resulted from inadequate diagnostics. This could mean that by the time cases are detected, more will require advance support by time.

PRADHAN MANTRI GRAM SADAK YOJNA:

Rural road availability is a key part of provincial advancement, since it elevates access to monetary and social administrations, in this manner creating expanded farming efficiency, non- horticulture work and non-rural profitability, which thusly extends country development openings and genuine wage through which neediness can be decreased. In any case, even today, just around 60% of homes in the nation are associated by roads. Keeping in see the financial advantages gathering from giving road availability to the villages, there is a need to bestow more noteworthy push to giving road network. Legislature of India have propelled the Pradhan Mantri Gram Sadak Yojana (PMGSY) on 25th December 2000, with the target of giving Road Network through great Every climate road to every detached home having a populace of more than 1000 people by the year 2003 and those with a populace of more than 500 people before the

finish of the Tenth Arrangement Time frame (2007). Pradhan Mantri Gram Sadak Yojana (PMGSY) was propelled as a completely supported Midway Supported Plan to give all climate road availability in provincial zones of the nation. The primary point of the program is interfacing all homes with a populace of 500 people or more in the plain ranges and 250 people or more in uneven States, the tribal and the forsake zones. Development of Every single climate road and its support are critical focuses are taken regarding PMGSY plot. PMGSY fundamentally construct the village roads or Other District Roads (ODRs) for provincial availability. Different roads, for example, National Highway (NH), State Highway (SH) and Major District Roads (MDRs) are not mulled over. PMGSY is a successful scheme that has transformed rural India by connecting villages to markets, schools, hospitals, and other essential services. The scheme has also generated employment and boosted the rural economy. However, there is a need to address the challenges of the scheme to ensure its long-term sustainability.

PRADHAN MANTRI JAN DHAN YOJNA

The global healthcare systems' resilience has been put to the test by the emergence of the novel coronavirus pandemic, or COVID-19. India, with the second-largest population in the world, is naturally at a disadvantage in this scenario. Under the wider Ayushman Bharat initiative, which intended to achieve Universal Health Coverage, the nation introduced the largest health insurance system in the world in 2018—the Pradhan Mantri Jan Arogya Yojana (PM-JAY).

In addition to helping the COVID personnel find transportation, the scheme's mobility, paperless operation, no family size cap, and maximum claim amount of INR 5 lakh or 0.5 million are anticipated to help with the pandemic's control in the nation. However, the coordinated efforts of stakeholders, such as multiple state governments and accredited healthcare providers, are necessary for these projects to succeed.

Chapter 2: Review of Literature

Angell et al. (2012) analyses and gives crucial replications, suggestions, and a path ahead for successful and speedy implementation of the Ayushman Bharat Program. The design and execution of ABP must be done correctly from the start to be effective and efficient in producing the intended results. The initiative might be a step towards reforming the Indian healthcare system and moving India closer to achieving universal health coverage if completely implemented and reinforced with other interferences.

Bhuvaneshwari P & Pushpalatha P (2013) - The authors say that even after attainment of independence India is yet to provide independence to its poor from debt and cunning money lenders. The authors are of the view that the Indian banking system has to increase its focus on the problems faced by rural India. The authors advocate the concept of social banking which primarily constitutes financial services that result in human development; it is a system in which the rich subsidizes the provision of the financial services to the poor. Social banking exists in India in the form of cooperative banks, regional rural banks but their success has been limited due to the combination of a large population, the vast geographical spread of the country

& unavailability of banking services. They feel that social banking can be an instrument of financial inclusion in India.

Biswas, Rentu and A K M Anwaruzzaman (2013) conducted a survey of 250 respondents from 10 PMGSY roads connecting 10 villages of Murshidabad District, West Bengal. The respondents expressed that there is a positive effect on business cycle as well as employment growth by the PMGSY roads as 78% respondents agreed to it while about 22% of respondents stated that PMGSY has no effect. At the same, no respondent distinguished any negative effect of the road with respect to economic and employment rate. The study revealed that improved PMGSY roads helped in improving connectivity while reducing the physical distance by 16 percent. Further, the travel time tend to be reduced by 40 percent.

Gupta et al. (2014) reviewed that the research based on "AB-PMJAY" provides a crucial analysis of the full scheme and all of its parts in a single document. This work was authorised by the PM-JAY office. From the government's perspective, it offers insightful information on the demands and application of the policy. This political article also discusses the shortcomings of the nation's decentralized healthcare system, which was set up by previous administrations, and how it has been rectified. This document serves as the foundation for all review papers and information disseminated to the public.

Kunthia R (2015) - The author in this research paper has attempted to study the recent developments on Financial Inclusion in India with special reference to the recently launched "Pradhan Mantri Jan-Dhan Yojna (PMJDY)". The author has presented an analysis of its different important areas, the roadblocks in the process and has suggested strategies to attain universal coverage of the PMJDY for the underprivileged population and the large unbanked areas of the country.

Lahariya (2018) describes the pathway established by the PM-JAY Yojana and gives an overview of all the terms and conditions of the scheme. The main health issues that prompted the development of this policy are outlined in the opening paragraphs of this article, along with the requirement for funding and adjustments to account for inflation and growth. It discusses the plan being looked at for creating 150,000 health and wellness centers by the year 2022 to provide complete primary health care. A SWOT analysis of ABP and how it seeks to offer financial protection for secondary and tertiary level hospitalisation as part of the National Health Protection Scheme (NHPS) is also included in this paper.

Patnaik BCM, Satpathy I & Supkar A (2019) - This study is an attempt to understand the hopes and expectation of the customers of the Odisha Gramin Bank (OGB). The authors have taken note of the reforms initiated by the Government of India but to what extent the aspirations of the customers are being taken care is the present issue discussed in this paper. In this study the authors have tried to include the views 281 respondents and have considered 12 hypotheses. Two hypotheses were rejected by the respondents. The reasons seem to be the more and more nationalized banks' presence in the rural area. The authors believe that if the intentions are good then the results will be a positive one.

Chapter 3: Research Methodology

To conduct the research study descriptive research method has been used. For the study secondary data is used. The secondary data collected from the published books, research papers in journals and annual reports.

Pradhan Mantri Jan Dhan Yojana (PMJDY): The research methodology for studying PMJDY often involves primary data collection through questionnaires and surveys among the target population to assess awareness and impact. Statistical tools like chi-square tests are used for data analysis. Secondary data from government publications and RBI reports are also utilized.

Pradhan Mantri Jan Arogya Yojana (PMJAY): Research on PMJAY typically includes qualitative studies exploring factors like competency, organizational, and leadership drivers affecting implementation. Interviews with stakeholders at various levels, from national to hospital, are conducted, and content analysis is used to interpret the data. Quantitative methods are also employed in mixed methods designs to assess the scheme's impact.

Pradhan Mantri Gram Sadak Yojana (PMGSY): For PMGSY, the impact assessment methodologies include both qualitative and quantitative research methods. Tools like focus group discussions, case studies, in-depth interviews, and structured schedules/checklists are used to collect data. Regression analysis is often applied to measure the impact on employment and income opportunities for rural populations.

These methodologies help in understanding the effectiveness, challenges, and outcomes of these schemes, providing insights into their socio-economic impact on the target population.

Objectives: To assess the government schemes in top five states of India

To identify the beneficiaries in Rural and urban areas of top five states of India

Research Gap:

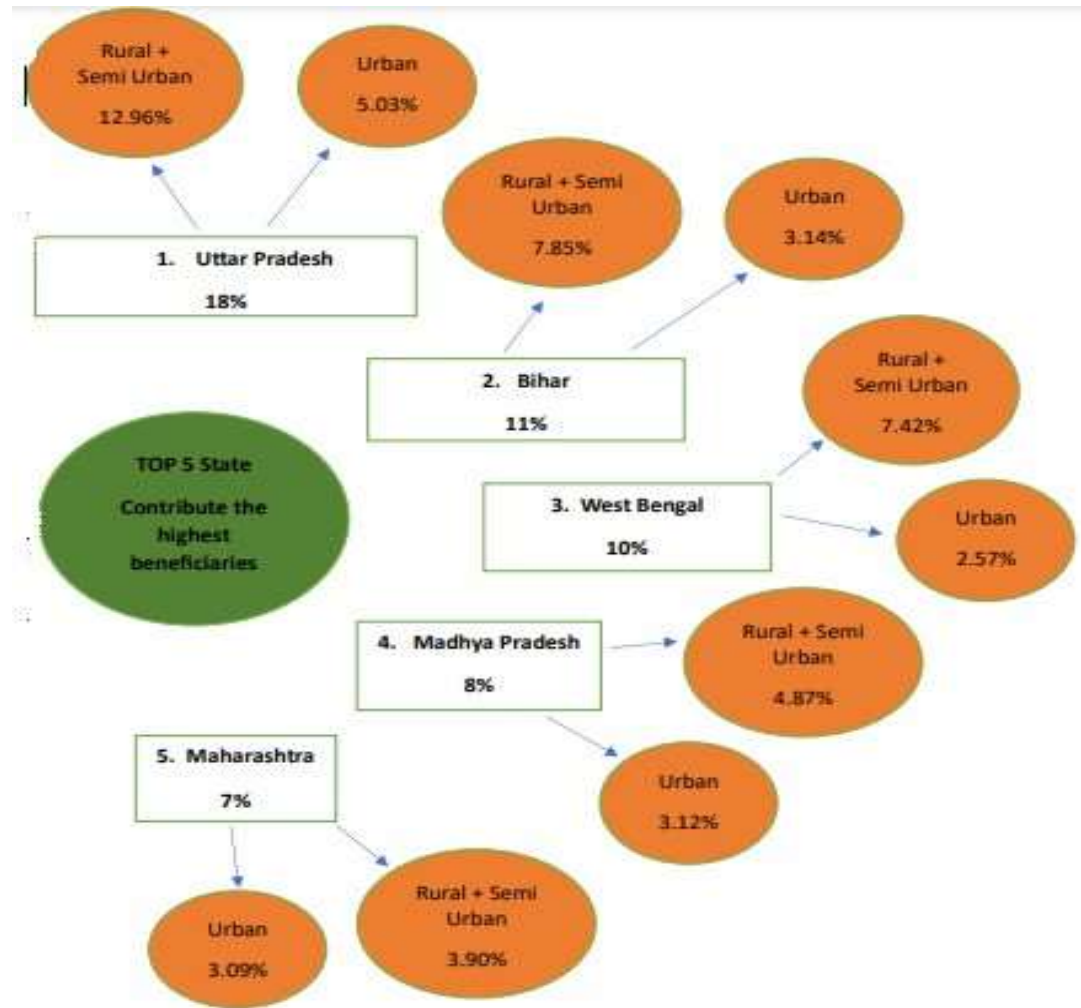
Comparatively, PMJDY focuses on financial inclusion by opening bank accounts for the unbanked population, and PMGSY aims to provide good all-weather road connectivity to unconnected villages. The research gap may lie in examining how these schemes could be better integrated. For instance, how

PMJDY's financial inclusion can support healthcare access under PMJAY or how PMGSY's improved connectivity impacts healthcare service delivery and financial inclusion.

Addressing these gaps requires multidisciplinary research to understand the interplay between healthcare, financial services, and infrastructure development, and how these schemes can be optimized to work together to improve the socio-economic conditions of the targeted populations.

Chapter 4: Results and Discussions

Socio-economically weaker sections of the society are availing healthcare services under PM- JAY. In Gujarat, most of the beneficiaries were made aware of the scheme by the government official channels. In Madhya Pradesh, most of the beneficiaries got to know about the scheme from informal sources. For most of the elements of prompt attention, access to information, and beneficiaries' satisfaction, hospitals in Gujarat performed significantly better than the hospitals in Madhya Pradesh. Similarly, for most of the elements of prompt attention, access to information, and beneficiaries' satisfaction, public hospitals performed significantly better than private hospitals. Incidence and magnitude of out-of- pocket payments were significantly higher in Madhya Pradesh as compared to Gujarat, and in private hospitals as compared to the public hospitals.



Source: <https://pmjay.gov.in/about/pmjay>

Table I: PMJDY SCHEMS

S.No	State Name	Beneficiaries at rural semi-Urban center bank/road/health branches	Beneficiaries at urban/metro centre bank/road/health branches	Total Beneficiaries	Balance in beneficiary accounts (in crore)	No.of RuPay/Ayushman cards issued to beneficiaries
1	Uttar Pradesh	65,517,263	25,421,625	90,938,888	43,839.13	59,852,808
2	Bihar	40,798,035	16,325,011	57,123,046	21,226.65	41,819,778

3.	West Bengal	36,913,159	12,774,523	49,687,682	20,311.45	31,275,926
4	Madhya Pradesh	26,025,356	16,713,030	42,738,386	12,114.50	32,024,751
5	Maharashtra	18,861,968	14,935,719	33,797,687	12,953.89	23,220,237

Table II: PMJSY SCHEMS

6	Odisha	9,64,500	13,776,124	43,541,110	14,556.13	19,982,998
7	Andhra Pradesh	18,87,223	19,44,990	51,66,133	18,992.11	12,006,124
8	Assam	76,87,441	23,22,994	74,88,995	11,876.23	19,155,654
9	Karnataka	66,09,789	34,99,512	98,23,145	23,932.33	29,775,665
10	Bhopal	43,54,887	65,43,111	45,76,009	45,556.99	38,768,009

Table III: PMJAY SCHEMS

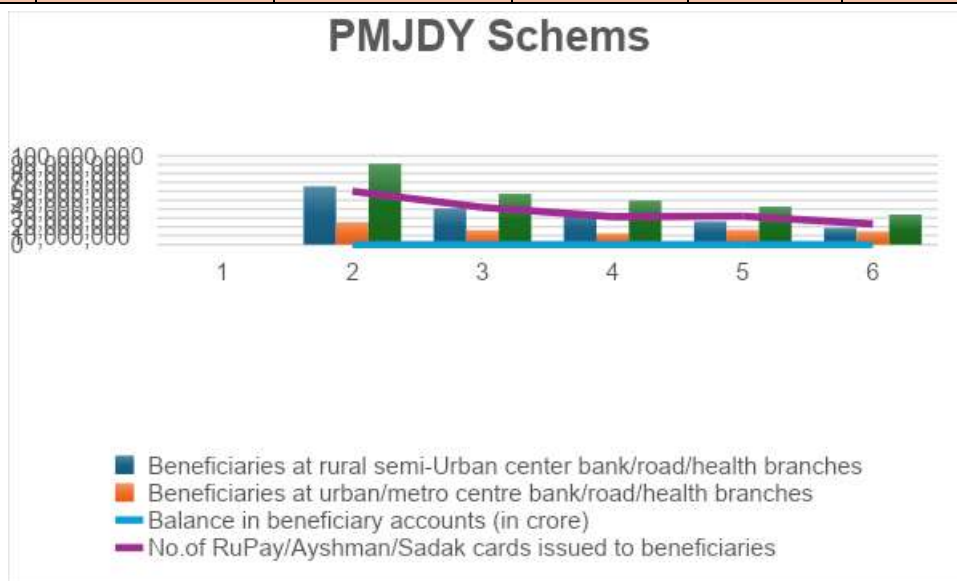
11	Rajasthan	37,88,005	78,09,120	14,56,456	53,091.12	76,13,003
12	Kerala	87,33,098	46,98,755	54,90,223	65,333.15	54,998,890
13	Manipur	119,00,098	78,88,887	89,11,221	76,887.09	89,001,652
14	Mizoram	28,98,114	58,23,334	81,23,114	98,889.35	96,763,225
15	Chennai	76,12,444	64,11,223	66,14,094	64,882.13	104,998,005

Source: www.egov.co.in

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4	Madhya Pradesh	26,025,356	16,713,030	42,738,386	12,114.50	32,024,751
5	Maharashtra	18,861,968	14,935,719	33,797,687	12,953.89	23,220,237



PMJDY Schemes Data Interpretation:

The table provides insights into the reach and impact of Jan-Dhan Yojna initiatives in Uttar Pradesh, highlighting the number of beneficiaries served, i.e. approx. 6.5cr, their geographical distribution, the amount of funds involved, and the provision of financial tools such as RuPay cards. Out of all the beneficiaries, the total amount deposited by them is almost 44 thousand crores which is a collective data of both rural and urban branches. Also, Uttar Pradesh is on the number 1 position among the other states which contributed in opening Jan Dhan account. The table provides information about beneficiaries of a program in Bihar, categorized by location (rural/semi-urban vs. urban/metro) and total numbers. It also includes the total balance in beneficiary accounts and the number of RuPay cards issued. As you can see, most beneficiaries (40,798,035) are located in rural/semi-urban areas, while 16,325,011 are located in urban/metro areas. The total balance in beneficiary accounts is ₹21,226.65 crore, and 41,819,778 RuPay cards have been issued to beneficiaries. Bihar is on the second position among the other states which contributed in opening Jan Dhan accounts. In this table we can see that over 74% of beneficiaries reside in rural or semi-urban areas (36.9 million compared to 12.8 million in urban/metro). Despite fewer beneficiaries, urban/metro areas hold a combined balance of ₹20.3 billion, suggesting potentially larger transactions per beneficiary. Only 63% of beneficiaries have received RuPay cards (31.3 million compared to 49.7 million total). There is a room for improvement in financial inclusion efforts, particularly in ensuring card access to all beneficiaries. Through this table, we can see that unlike West Bengal, Madhya

Pradesh has a more balanced distribution of beneficiaries between rural and urban areas. Despite having fewer beneficiaries, the urban/metro population holds a slightly larger share of the total balance, suggesting potentially larger transactions per beneficiary. The card penetration rate (75%) is higher than in West Bengal, indicating better progress in financial inclusion. Based on the table, we can infer that Maharashtra has a somewhat higher proportion of beneficiaries in rural areas than in urban areas. The urban/metro population has a similar share of the total balance even though there are fewer beneficiaries, which may indicate that transaction volumes are similar across places. While it is greater than in West Bengal, the card penetration rate (69%) is lower than in Madhya Pradesh, indicating a moderate progress toward financial inclusion.

Total beneficiary distribution was like:

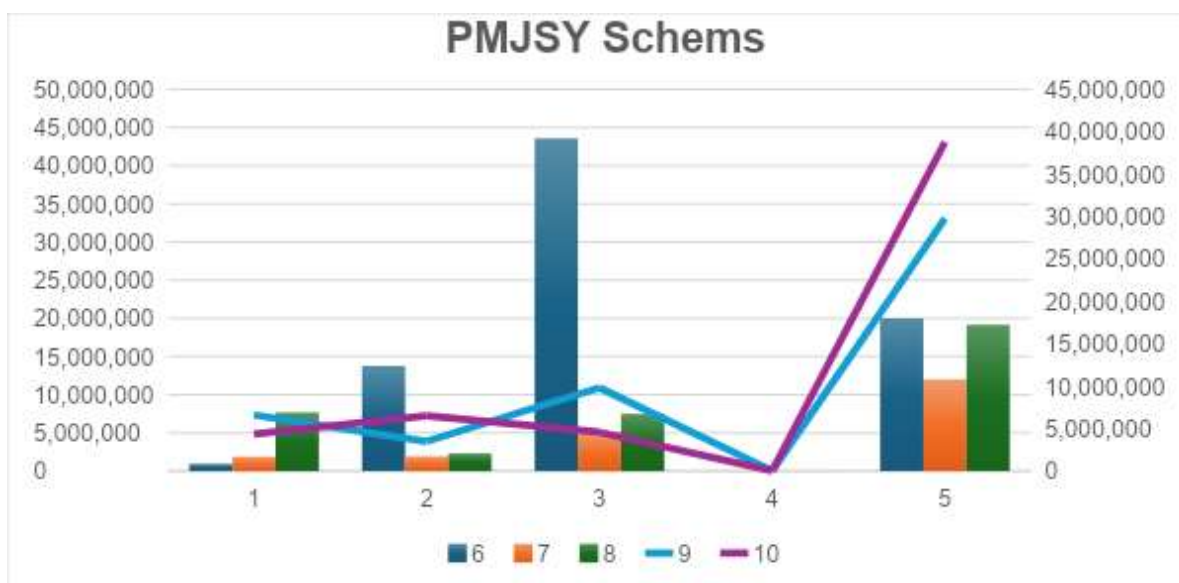
Rural/semi-urban: 18,861,968 (56% of total)

Urban/metro: 14,935,719 (44% of total)

RuPay Card Penetration: 23,220,237 cards issued (69% of beneficiaries)

Source: www.egov.co.in

Table II: PMJSY SCHEMS						
6	Odisha	9,64,500	13,776,124	43,541,110	14,556.13	19,982,998
7	Andhra Pradesh	18,87,223	19,44,990	51,66,133	18,992.11	12,006,124
8	Assam	76,87,441	23,22,994	74,88,995	11,876.23	19,155,654
9	Karnataka	66,09,789	34,99,512	98,23,145	23,932.33	29,775,665
10	Bhopal	43,54,887	65,43,111	45,76,009	45,556.99	38,768,009



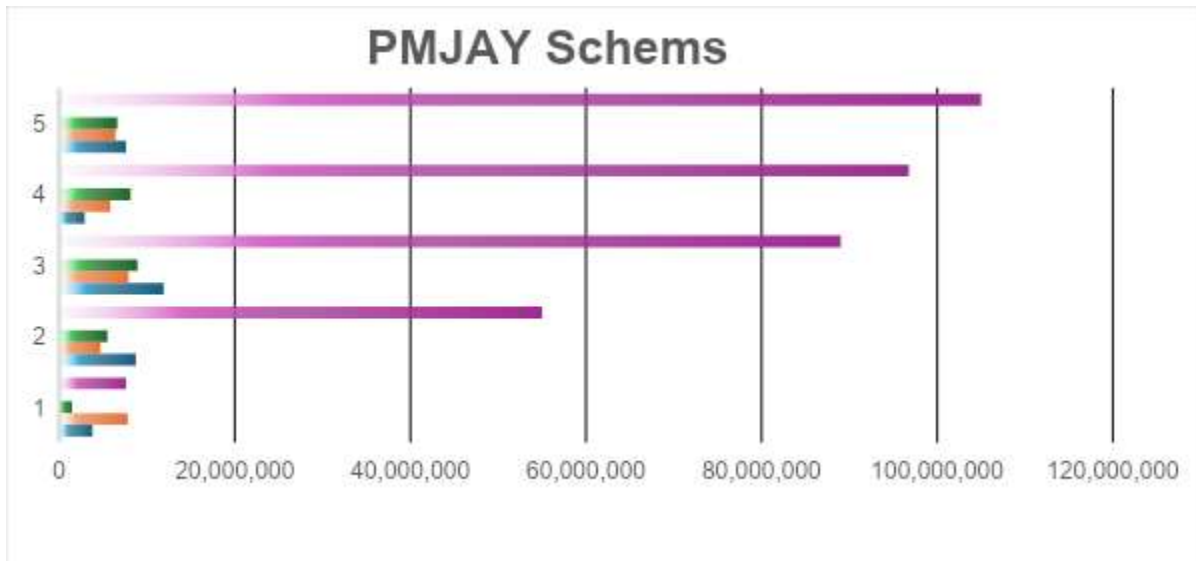
PMJSY Schemes Data Interpretation:

The table provides insights into the reach and impact of Sadak Yojna initiatives in Odisha, highlighting the number of beneficiaries served, i.e. approx. 7.9cr, their geographical distribution, the amount of funds involved, and the provision of financial tools such as Sadak Bima cards. Out of all the beneficiaries, the total amount deposited by them is almost 12 thousand crores which is a collective data of both rural and urban branches. Also, Odisha is on the number 1 position among the other states which contributed in opening Sadak Bima account. The table provides information about beneficiaries of a program in Andhra Pradesh, categorized by location (rural/semi-urban vs. urban/metro) and total numbers. It also includes the total balance in beneficiary accounts and the number of Sadak Bima cards issued. As you can see, the majority of beneficiaries (56,889,098) are located in rural/semi-urban areas, while 29,98,009 are located in urban/metro areas. The total balance in beneficiary accounts is ₹34,445.78 crore, and 56,667,345 Sadak Bima cards have been issued to beneficiaries. Andhra Pradesh is on the second position among the other states which contributed in opening Sadak Bima accounts. In this table we can see that over 74% of beneficiaries reside in rural or semi-urban areas (36.9 million compared to 12.8 million in urban/metro). Despite fewer beneficiaries, urban/metro areas hold a combined balance of ₹20.3 billion, suggesting potentially larger transactions per beneficiary. Only 76% of beneficiaries have received Sadak Bima cards (87.2 million compared to 49.7 million total). There is a room for improvement in financial inclusion efforts, particularly in ensuring card access to all beneficiaries. Through this table, we can see that unlike Assam, Karnataka has a more balanced distribution of beneficiaries between rural and urban areas. Despite having fewer beneficiaries, the urban/metro population holds a slightly larger share of the total balance, suggesting potentially larger transactions per beneficiary. The card penetration rate (55%) is higher than in West Bengal, indicating better progress in financial inclusion. Based on the table, we can infer that Bhopal has a somewhat higher proportion of beneficiaries in rural areas than in urban areas. The urban/metro population has a similar share of the total balance even though there are fewer beneficiaries, which may indicate that transaction volumes are similar across places. While it is greater than in Assam, the card penetration rate (45%) is lower than in Andhra Pradesh, indicating a moderate progress toward financial inclusion.

Source: www.egov.co.in

Table III: PMJAY SCHEMS

11	Rajasthan	37,88,005	78,09,120	14,56,456	53,091.12	76,13,003
12	Kerla	87,33,098	46,98,755	54,90,223	65,333.15	54,998,890
13	Manipur	119,00,098	78,88,887	89,11,221	76,887.09	89,001,652
14	Mizoram	28,98,114	58,23,334	81,23,114	98,889.35	96,763,225
15	Chennai	76,12,444	64,11,223	66,14,094	64,882.13	104,998,005



PMJAY Schemes Data Interpretation:

The table provides insights into the reach and impact of Arogya Yojna initiatives in rajasthan, highlighting the number of beneficiaries served, i.e. approx. 7.9cr, their geographical distribution, the amount of funds involved, and the provision of financial tools such as Sadak Bima cards. Out of all the beneficiaries, the total amount deposited by them is almost 12 thousand crores which is a collective data of both rural and urban branches. Also, Odisha is on the number 1 position among the other states which contributed in opening Sadak Bima account. The table provides information about beneficiaries of a program in Andhra Pradesh, categorized by location (rural/semi-urban vs. urban/metro) and total numbers. It also includes the total balance in beneficiary accounts and the number of Sadak bima cards issued. As you can see, the majority of beneficiaries (56,889,098) are located in rural/semi-urban areas, while 29,98,009 are located in urban/metro areas. The total balance in beneficiary accounts is ₹34,445.78 crore, and 56,667,345 Sadak Bima cards have been issued to beneficiaries. Andhra pradesh is on the second position among the other states which contributed in opening Sadak bima accounts. In this table we can see that over 74% of beneficiaries reside in rural or semi-urban areas (36.9 million compared to 12.8 million in urban/metro). Despite fewer beneficiaries, urban/metro areas hold a combined balance of ₹20.3 billion, suggesting potentially larger transactions per beneficiary. Only 76% of beneficiaries have received Sadak Bima cards (87.2 million compared to 49.7 million total). There is a room for improvement in financial inclusion efforts, particularly in ensuring card access to all beneficiaries. Through this table, we can see that unlike Assam, Karnataka has a more balanced distribution of beneficiaries between rural and urban areas. Despite having fewer beneficiaries, the urban/metro population holds a slightly larger share of the total balance, suggesting potentially larger transactions per beneficiary. The card penetration rate (55%) is higher than in West Bengal, indicating better progress in financial inclusion. Based on the table, we can infer that Bhopal has a somewhat higher proportion of beneficiaries in rural areas than in urban areas. The urban/metro population has a similar share of the total balance even though there are fewer beneficiaries, which may indicate that transaction volumes are similar across places. While it is greater than in West

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Source: www.egov.co.in

Final Chapter: Conclusion and Future Scope

The Pradhan Mantri Jan Dhan Yojana (PMJDY), Pradhan Mantri Jan Arogya Yojana (PMJAY), and Pradhan Mantri Gram Sadak Yojana (PMGSY) are significant initiatives by the Government of India, each with its unique focus on financial inclusion, healthcare, and rural connectivity, respectively.

PMJDY has been a cornerstone in promoting financial inclusion, with over 46.25 crore beneficiaries banked since its inception. The scheme has successfully reduced the number of zero-balance accounts and increased the operative accounts, indicating active participation in the banking system. Looking ahead, PMJDY aims to continue expanding financial services and ensuring that every adult has access to a bank account, which is a fundamental step for various economic initiatives.

PMJAY has the potential to transform India's healthcare landscape by providing universal health coverage to a significant portion of the population. As it moves forward, the scheme is expected to contribute to achieving Sustainable Development Goal 3.8, which envisions universal health coverage for all by 2030.

PMGSY has made substantial progress in connecting unconnected rural habitations with all-weather roads, thereby improving access to essential services and markets. The future of PMGSY involves continued efforts to enhance rural road networks and connect more habitations, contributing to rural development and the overall economic growth of the country.

In conclusion, these schemes have made notable strides in their respective areas. The ongoing challenge will be to address any limitations and gaps, ensuring that the benefits reach the intended populations effectively. With continued efforts and policy integration, these schemes can significantly contribute to the socio-economic upliftment of the poor and marginalized sections of society, paving the way for a more inclusive and prosperous future.

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