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Research Article

Analysis The Performance of Ayushman Bharat Pradhan Mantri Jan Arogya Yojna In Himachal Pradesh: A Study Of Kangra District

Naresh Kumar*

*Ph.D. Research Scholar, Department of Commerce, Himachal Pradesh University Shimla

*E-mail: nk979806@gmail.com

Abstract

Ayushman Bharat, is a health insurance scheme of Government of India was launched in 2018, with aim to achieve the target of universal health coverage. The scheme crossed the milestone of 30 crore Ayushman cards created in 2024. Uttar Pradesh has top state in the list of states with the highest number of Ayushman Cards creation following by Madhya Pradesh and Maharashtra. The AB-PMJAY was launched in Himachal Pradesh on 23rd September, 2018 for providing cashless treatment up to five lakhs per year per low-income families in rural and urban areas for secondary and tertiary care hospitalization. In Himachal Pradesh 13.47 lakhs Ayushman Cards have been created under AB-PMJAY and 2,34,155 authorised hospital admissions till November, 2024. The Government of Himachal Pradesh also included senior citizens aged 70 years and above and 44 thousand Anganwadi and Asha workers to get benefits of up to Rs. 5 lakhs health insurance cover. The present study is an attempt to analysis the performance of AB-PMJAY in Himachal Pradesh. The objectives of study are to know about the status of Ayushman card created, empanelled hospitals and authorised hospital admissions in state and to identify and analysis of factors influencing the satisfaction level of beneficiaries under AB-PMJAY. The data and relevant information for the study were collected through primary and secondary source of information. Statistical tools such as, percentage method, and factor analysis have been used for data analysis and finding results. The study found that over 3.06 lakh patients have benefited under Ayushman Bharat scheme, with an expenditure of Rs. 408.38 crore, shortage of specialist's doctors and absence of medical infrastructure, lack of post hospitalisation follow-up care services, empanelled hospitals were failure in meeting the prescribed criteria of operating operation, people's being facing difficulties in making Ayushman cards. The study also found that the factor "hospitals availability and cleanliness services" has high influence on satisfaction level of beneficiaries under AB-PMJAY in Kangra district of Himachal Pradesh, followed by quality services and treatments, medical staff attitudes, medical infrastructure and punctuality and caring services. The study highlighted significant suggestions for improving the performance of Ayushman Bharat Scheme in Himachal Pradesh.

Key Words: AB-PMJAY, HWCs, Ayushman Cards, Empanelled Hospitals, Beneficiaries, Satisfaction Level.

***Author for correspondence: E-mail: nk979806@gmail.com**

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I. Introduction

Ayushman Bharat is a health scheme of the Government of India launched on 23 September 2018

by Ministry of Health and Family Welfare, to achieve universal coverage as recommended in the National Health Policy, 2017 with envisages the attainment of the

highest possible level of health and well-being for all at all ages. It is a centrally sponsored scheme and is jointly funded by both the union government and states government. The scheme has been rolled out in rural and urban areas and aim of the scheme is reduction in out-of- pocket expenditure of poor and vulnerable population.

The key features of PMJAY includes such as, providing health coverage to 10 crores households with cover of up to ₹ 5 lakh per family per year on family floater basis, for medical treatment through public and private empanelled hospitals. Cashless and paperless treatment for the beneficiary at the time of hospital admission, no money is required. No cap on family size, age or gender. Dependents of the registered beneficiary can avail benefits on his/her card. Coverage of 3 days of pre-hospitalization and 15 days of post-hospitalization expenses including medicines, follow-up consultation and diagnostic services.

The scheme benefits are portable across the country, a beneficiary can avail PMJAY benefits in empanelled hospitals from any State beyond his/her home State. The treatment of COVID-2019 patients had also been covered under AB-PMJAY w.e.f. 04 April 2020. The benefits cover under the scheme includes all expenses incurred on the components of the treatment such as, medical examination, treatment and consultation, pre hospitalization, medicine and medical consumables, non-intensive and intensive care services, diagnostic and laboratory investigations, medical implantation services, accommodation facility, food services, complications arising during treatment, post - hospitalization follow- up care up to 15 days.

The funding of AB-PMJAY is shared between the Central and State Governments with the ratio of 60:40 between Centre and State in all States, except the two Himalayan States (Himachal Pradesh and Uttarakhand) and Union Territory with legislature (Jammu and Kashmir), where the sharing ratio is 90:10. For Union Territories without legislatures, the Central Government may provide up to 100 percent on a case-to-case basis.

II. Review of Literature

Kumar Negi, Arun, Patiyal Nitin, S.D.S Guleria, and Kanwar Vikrant (2020) carried research on “Perception of patients getting teleconsultation in an OPD during Covid pandemic” The study found that majority of patients were satisfied with teleconsultation services availed by them through Dr. RPGMC Tanda hub.

Sood Abhilash, Kumar Devender, Kumar Arvind, Sanjay, Sood Aditya and Neetu (2021) work done on “Assessment of health and wellness centres in hilly district of Himachal Pradesh” The study observed that target to upgrade AB-HWCs have been achieved but still human resource, infrastructure, trainings, skills competencies of health care workers are inadequate.

Kanwal Dr. Shweta (2023) conducted study on “Assessing Awareness, Utilization and Satisfaction regarding service under Ayushman Bharat (AB-PMJAY) in a Tertiary care Hospital of North India: A

Cross -Sectional Study” The study revealed that 99.1% of study participants had ever heard about AB-PMJA, 49.4% were aware about the coverage under the scheme and 95.8% have good rating under satisfaction regarding the services received in the health institution, and overall 45.5% of the study participants were able to get surgical services under AB-PMJAY at tertiary care centre.

Kumar Arvind and Thakur, Dr. Jyoti (2023) completed their research on “A Study of Awareness Level of Ayushman Bharat Among the Beneficiaries of Himachal Pradesh” The study reported that the awareness level among the beneficiaries is not very high because of people think that these schemes only limited to certain class of people and they are not benefited from the scheme.

Kanwal Shweta, Kumar Dinesh, Chauhan Raman and Kumar Raina Sunil (2024) carried out their research on “Measuring the Effect of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) on Health Expenditure among Poor Admitted in a Tertiary Care Hospital in the North State of India” The study found that AB-PMJAY scheme found to be useful in reducing catastrophic health expenditure in a tertiary hospital.

III. Research Gap

From the foregoing research studies, it is quite clear that “Performance Analysis” component has not covered by any researcher and researchers have given emphasis upon, perception, assessment, awareness level and Measuring effects of AB-PMJAY. Furthermore, no researcher has taken study on ongoing topic earlier in Himachal Pradesh. Hence, such research gap arises the need of study.

IV. Need and Scope of Study

An efficient healthcare system can contribute to the development of a significant part of a country's, states, economy development and industrialization. It is very important to have better healthcare system in any country and state. Under the Pradhan Mantri Jan Arogya Yojna, the peoples of Himachal Pradesh, fall below the poverty line are being providing free health treatment in Government and empanelled Private hospitals. Therefore, it becomes necessary to study whether the peoples of the states are getting the actual benefit of the health services facilities being provided or not. Whether the health scheme is fulfilling the aims for which it has been implemented. Therefore, in this present study emphasis has been laid on to know about the performance status of AB-PMJAY in Himachal Pradesh and an attempt have been also made to identify and analysis of factors influencing the satisfaction level of beneficiaries under AB-PMJAY.

V. Objectives of the study

- 1) To know about the status of Ayushman Card Created, Empanelled Hospitals and Authorised Hospital Admissions in state of Himachal Pradesh.
- 2) To identify and analysis of factors influencing the satisfaction level of beneficiaries under AB-PMJAY.

VI. Research Methodology

(a) Study Area: To know about the exact performance of AB-PMJAY in the state of Himachal Pradesh, study covers the beneficiaries/people of eight tehsil namely as, Baijnath, Palampur, Nagrota Bagwan, Kangra, Multhan, Thural, Baroh and Dhira tehsil of Kangra District.

(b) Source of Data: For accomplish the objectives of study both primary as well as secondary data have been used in this study. Primary data are collected from beneficiaries of PMJAY, through google form questionnaire. The secondary data and information's are gathered through PMJAY portal, various reports, research publications and internet sources etc. Discussion meetings also have been conducted with beneficiaries to know about the status of scheme in the state of Himachal Pradesh.

(c) Population and Sample Size: The population size were beneficiaries/peoples of eight tehsil namely as, Baijnath, Palampur, Nagrota Bagwan, Kangra, Multhan, Thural, Baroh and Dhira of Kangra District. Those availed treatments from various authorised public and private empanelled hospitals situated in the State. The sample size of study were 200 beneficiaries/peoples of Kangra District.

(d) Sampling Technique: In this study convenience sampling technique were used for data collection from the respondents/beneficiaries. 25 beneficiaries/peoples have been selected as sample size from each eight tehsil of Kangra District through convenience sampling method.

(e) Statistical Tools and Techniques Used: Statistical tools such as, percentage method, and Factor Analysis have been used for data analysis and finding results.

VII. Data Analysis and Results

(a) Status Analysis of AB- PMJAY in Himachal Pradesh:

Table No. 1 Demographic Characteristics of the Respondents (Beneficiaries)

Age Group (Years)	No. of Respondents	Percentage (%)
Below 20	07	3.5
20-40	25	12.5
40-60	125	62.5
60-80	43	21.5
Above 80	0	0
Gender	No. of Respondents	Percentage (%)
Male	111	55.5
Female	89	44.5
Others	0	0
Education Status	No. of Respondents	Percentage (%)
Primary School	81	40.5
Middle School	49	24.5
Matriculation	36	18
Higher Secondary	26	13
UG	02	1
PG	06	3
Doctorate	0	0
Residential Area	No. of Respondents	Percentage (%)
Rural	198	99
Urban	02	1
Income (Yearly)	No. of Respondents	Percentage (%)
Below 1,00,000	145	72.5
1,00,000-2,00,000	54	27
2,00,000-3,00,000	1	0.5
3,00,000-4,00,000	0	0
Above 4,00,000	0	0
Category	No. of Respondents	Percentage (%)
SC	113	56.5
ST	26	13
EWS	44	22
Others	17	8.5
Total	200	100

Source: Field Survey (Collected through Questionnaire)

From Table No. 1 shows the demographic characteristics of the respondents /beneficences of

AB-PMJAY. It is depicted from the table that 62.5 percent of beneficiaries (125) are under age group of

40-60. Out of 200 beneficences only 3.5 percent in the age group of below 20 years, taken treatment under scheme of AB-PMJAY. There are no beneficiaries in age group of above 80. The 55.5 percent of respondents/beneficiaries are male and 44.5 per cent are female beneficiaries. The greatest number of beneficiaries (40.5 percent) out of total 200 beneficiaries reported to have passed Primary School education followed by 24.5 percent of are Middle School education. There is no beneficiary reported have qualified Doctorate Degree. Most of beneficiaries

(99 percent) reported that they are came from rural area and only 1 percent of beneficiaries are from urban area of Kangra district of Himachal Pradesh. The table also revealed that most of respondents (72.5 percent) have income level of below 1,00,000 lakhs (yearly). There are no beneficiaries cover under income level of 3,00,000- 4,00,000 and Above 4,00,000. The highest number of beneficiaries (56.5 percent) are belonging to SC category followed by EWS (22 percent), ST (13 percent), and Others (8.5 percent), got benefits of health scheme.

Table No. 2 Status of Ayushman Card Created, Empanelled Hospitals and Authorised Hospital Admissions (Till Nov, 2024)

Districts	Ayushman Card Created	Empanelled Hospitals	Authorised Hospital Admissions
Kangra	2,81,237	58	43,283
Mandi	2,62,555	43	40,703
Solan	80,431	32	18,306
Una	90,509	32	16,682
Shimla	1,02,598	23	24,983
Kullu	1,06,892	22	20,769
Hamirpur	1,15,100	17	11,477
Sirmaur	1,17,583	16	23,210
Bilaspur	79,194	14	13,688
Chamba	91,939	13	16,008
Kinnaur	14,114	6	3,971
Lahul and Spiti	5,797	6	1,075
Total	13,47,949	282	2,34,155

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

It is revealed from Table No. 2 that total number of 13,47,949 Ayushman card have been created in all District of Himachal Pradesh till November 2024. The highest number of Ayushman health cards created in Kangra District of State reported as 2,81,237, followed by Mandi, Sirmaur, Hamirpur, Kullu, Shimla, Chamba, Una, Solan, Bilaspur and Kinnaur Districts. There is least number of 5,797 cards have created in Lahul and Spiti District of Himachal Pradesh. It is also found from table that highest number of empanelled hospitals

(58) are situated in Kangra district, followed by Mandi, Solan and Una, Shimla, Kullu, Hamirpur, Sirmaur, Bilaspur, Chamba and Kinnaur Districts. There are lowest number (only 6 empanelled hospitals) are located in Kinnaur and Lahul & Spiti Districts and districts having no private hospital empanelled under Ayushman Bharat Scheme. The greatest number of Hospital admissions (43,283) are in Kangra District and least hospital admissions are in Lahul and Spiti District out of all Districts of State.

(b) Analysis of Factors Influencing the Satisfaction Level of Beneficiaries under AB-PMJAY:

Table No. 3 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.647
Approx. Chi-Square	507.023
Bartlett's Test of Sphericity df	78
Sig.	.000

Table No.3 shows the KMO and Bartlett's Test for sampling adequacy and sphericity. The calculated value of KMO is .647, which is (> 0.5), indicates the factors are suitable for factor analysis. Further, in

Bartlett's Test of Sphericity Sig(p)- value is 0.00, which is (< 0.05). Thus, there are significant correlation between the variables and correlation matrix is not an identity matrix.

Table No. 4 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.795	21.500	21.500	2.795	21.500	21.500	2.246	17.274	17.274
2	1.898	14.597	36.097	1.898	14.597	36.097	1.911	14.701	31.975
3	1.593	12.252	48.350	1.593	12.252	48.350	1.811	13.933	45.908
4	1.196	9.203	57.552	1.196	9.203	57.552	1.314	10.110	56.018
5	1.039	7.994	65.547	1.039	7.994	65.547	1.239	9.529	65.547
6	.743	5.719	71.265						
7	.728	5.600	76.865						
8	.701	5.389	82.254						
9	.613	4.713	86.968						
10	.555	4.267	91.235						
11	.427	3.285	94.520						
	.377	2.897	97.417						
	.336	2.583	100.000						

Table No.4 shows the factors extractable from analysis along with their eigenvalue, percent of variance attributable to each factor and cumulative variance percentage of the factors. There are 5 factors/components have been extracted by Extraction Method of Principal Component Analysis. The eigenvalues of these 5 factors are greater than 1 and

cumulative percentage of Rotation Sums of Squared Loadings of these factors are 65.547% that indicated good sufficiency of result. The above table shows that the variance of first component is 21.500 %, the second is 14.597 %, third is 12.252 %, fourth is 9.203 %, fifth is 7.994 % respectively.

Table No. 5 Rotated Component Matrix^a

Variables/Factors	Components					Communality
	1	2	3	4	5	
Cleanliness in hospitals	.789					.633
Availability of Government and empanelled Private hospitals	.695					.693
Non-intensive and intensive care services	.688					.537
Food quality in hospitals		.770				.629
Medical examination, treatment, and consultation services		.666				.545
Quality of nursing services		.624				.473
Attitude of medical staff's			.849			.757
Behaviour of Doctor and Staff's			.830			.724
Availability of diagnostic machines and investigation laboratories in hospitals				.835		.760
Ayushman health care card facility				.536		.729
Accommodation facility					.662	.682
Time taken in treatment					.623	.679
Post- hospitalization follow-up care services					.572	.681

Extraction Method: Principal Component Analysis.
Rotation Method: Quartimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

Table No. 5 shows that the component 1, which is rename as "Hospitals availability and cleanliness

services". The factors that strongly correlated with components 1 are cleanness in hospitals (.789), Availability of government and empanelled private hospitals (.695) and non-intensive & intensive care services (.688). The "Quality services and treatments" name was given to component 2. The factors that strongly correlated with components 2 are Food quality in hospitals (.770), medical examination, treatment, and consultation services (.666) and quality of nursing services (.624). The component 3 renamed as "Medical staff attitudes". The factors that correlated with this component are Attitude of medical staff's (.849) and behaviour of doctor and staff's (.830). The component 4 known as "Medical Infrastructure". The factors that correlated with component are Availability of diagnostic machines and investigation laboratories in hospitals (.835) and Ayushman health care card facility (.536). Whereas, component 5 renamed as "Punctuality and caring services". The factors that correlated with component are Accommodation facility (.662), time taken in treatment (.623) and post-hospitalization follow-up care services (.572).

The table also shows the communalities values of each variables variance that can be explained by the factors. In table, all variables have communality values of greater than 0 that indicates that a large portion of the variable's variance is accounted for by the factors.

Hence, it can be said that the "Hospitals availability and cleanness services" factor have high influence on satisfaction level of beneficiaries under AB-PMJAY in Kangra district of Himachal Pradesh, followed by quality services and treatments, medical staff attitudes, medical infrastructure and punctuality and caring services.

VIII. Findings and Conclusions

The study found that, out of 200 beneficiaries' 62.5 percent beneficiaries are under age group of 40-60. Out of 200 respondent's 55.5 percent are male beneficiaries. The majority of respondents (40.5 percent) beneficiaries reported to have passed primary school education and no one has qualified doctorate degree. Majority of beneficiaries (99 percent) reported that they are from rural area. Most of respondents (72.5 percent) have income level of below 1,00,000 lakhs (yearly) and no beneficiaries came under income level of 3,00,000-4,00,000 and above 4,00, 000. The highest number of beneficiaries (56.5 percent) are belonging to SC category.

The study also found that the highest number of (2,81,237) Ayushman health cards created in Kangra District of Himachal Pradesh and least number of 5,797 cards have created in Lahul and Spiti District. The highest number of empanelled hospitals (58) are situated in Kangra and there are lowest number (only 6 empanelled hospitals) are located in Kinnaur and Lahul & Spiti Districts and districts having no private hospital empanelled under Ayushman Bharat Scheme. The highest number of Hospital admissions (43,283) are in Kangra District and least hospital admissions are in Lahul and Spiti District out of all Districts of State.

The study reported that over 3.06 lakh patients have

benefited under AB-PMJAY, with an expenditure of Rs. 408.38 crore. After formal discussion with the beneficiaries, it is found that there is shortage of specialist's doctors, absence of medical infrastructure and lack of post hospitalisation follow-up care services in hospitals empanelled under Ayushman Bharat Scheme. Many families in Himachal Pradesh are facing difficulties in making Ayushman cards. A significant number of empanelled hospitals were failure in meeting the prescribed criteria in Himachal Pradesh. The study also found that the fake Ayushman cards have been created by someone peoples in Himachal and claimed medical reimbursement in these fake cards. There is found significant mismatch in arguments and medical claim documents by private hospitals. It is revealed form performance audit report of CAG that patients previously marked as 'dead' in the system were found to be receiving treatment under the Ayushman Bharat scheme in Himachal Pradesh.

The study further revealed that the factor "Hospitals availability and cleanness services" has high influence on satisfaction level of beneficiaries under AB-PMJAY in Kangra district of Himachal Pradesh, followed by quality services and treatments, medical staff attitudes, medical infrastructure and punctuality and caring services.

Lastly, the study concludes that, AB-PMJAY aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families. In, Himachal Pradesh the scheme envisaged well-intended benefits for the deprived and marginalised beneficiaries. The highest number of Ayushman health cards, empanelled hospitals and number of hospital admissions are founded in Kangra District of Himachal Pradesh. Over 3.06 lakh patients have benefited under AB-PMJAY, with an expenditure of Rs. 408.38 crore. There is shortage of specialist's doctors, absence of medical infrastructure and lack of post hospitalisation follow-up care services in hospitals empanelled under Ayushman Bharat Scheme. A significant number of empanelled hospitals were failure in meeting the prescribed criteria in Himachal Pradesh and Many families in Himachal Pradesh are facing difficulties in making Ayushman cards. The study also concludes that the factor "hospitals availability and cleanness services" factor has high influence on satisfaction level of beneficiaries under AB-PMJAY in Kangra district of Himachal Pradesh, followed by quality services and treatments, medical staff attitudes, medical infrastructure and punctuality and caring services.

IX. Suggestions

The study suggested that there is need to establish private empanelled hospitals in Kinnaur and Lahul & Spiti Districts of Himachal Pradesh. The government should appoint specialist's doctors in hospitals, provide better food quality in hospitals, provide quality medical examination, treatments and consultation services. The quality nursing services should be in hospitals and cleanness services should be good in hospitals. The behaviour of medical staffs in hospitals with peoples

should be well mannered. The availability of “medical infrastructure” has also a factor of influencing satisfaction level of beneficiaries, hence the government should provide proper medical infrastructure i.e., availability of diagnostic machines and investigation laboratory in empanelled hospitals under Ayushman Bharat Scheme in the state. The good accommodation facility should be provided to people. There are quick medical diagnosis and treatment should be provided to peoples taken medical treatment in empanelled hospital under scheme. There is lack of post hospitalisation follow-up care services, so better post hospitalisation follows up services should be also provided to beneficiaries of scheme. There should be transparency in Ayushman health card creation process and empanelled hospitals should meet and follow prescribed criteria of operating operation.

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