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Short Communication

Improving access to PM-JAY through a corporate social responsibility-supported community intervention: a program evaluation from Western India

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ABSTRACT

Project Sangaath is a corporate social responsibility (CSR)-supported initiative aimed at improving accessibility and utilization of government welfare schemes in underserved regions of Gujarat and Maharashtra, India. It acts as a bridge between communities and government systems by enhancing awareness, reducing barriers, and facilitating beneficiary linkage. Despite wide coverage of schemes such as Ayushman Bharat (PM-JAY), utilization requires further strengthening. This study evaluates the effectiveness of Project Sangaath in improving access and utilization. The intervention included baseline household assessments, awareness campaigns, and facilitation support through trained local youth and village-level camps. A digital system was used for tracking applications and benefits. Data from program records were analyzed using descriptive statistics. A total of 40,641 households were successfully linked with PM-JAY through the intervention. The project facilitated a substantial cumulative sum assured exceeding ₹3000 crore, reflecting significant potential for financial protection. However, comprehensive tracking of utilization remains limited. Project Sangaath demonstrates the effectiveness of CSR-supported community-based interventions in significantly improving access and enrollment in government health schemes. While the intervention has created substantial potential for financial protection, further strengthening of awareness, beneficiary support, and health system responsiveness is needed to enhance utilization. The model offers a scalable approach for bridging gaps between communities and government services and advancing progress toward universal health coverage

Keywords: Project Sangaath, Ayushman Bharat, Corporate social responsibility, Community-based intervention, Universal health coverage, Government schemes, India

INTRODUCTION

India has experienced significant improvements in population health over time, alongside persistent challenges. Life expectancy increased from 42 years in 1960 to 65 years in 2009, reflecting progress in healthcare and living conditions.[1] There has also been an epidemiological transition from communicable, maternal, neonatal, and nutritional diseases to non-communicable diseases between 1990 and 2015.[2] Declines in infant and child mortality have been observed, although rates remain higher than in some other developing countries.[1]

Despite these gains, substantial disparities persist. Inter-state variations remain pronounced, with states such as Kerala, Punjab, and Tamil Nadu performing better than Bihar, Jharkhand, and Uttar Pradesh.[3] Tribal populations continue to face poor health outcomes due to marginalization and limited access to healthcare.[4,5] Overall, challenges include health inequities, inadequate

public healthcare infrastructure, and the dual burden of communicable and non-communicable diseases.[6,7]

India has also made progress towards sustainable development goals (SDG) 3 (Good health and well-being) and SDG 10 (Reduced Inequalities), though gaps remain. Improvements in indicators such as neonatal and under-five mortality have been noted.[8] However, low public health expenditure continues to hinder progress.[9] Variations across states persist, highlighting the need for integrated and data-driven approaches to address health inequalities.[10,11]

The Pradhan Mantri Jan Arogya Yojana (PM-JAY), launched in 2018, aims to provide financial protection through health insurance coverage of up to ₹5 lakh per family annually.[12,13] the scheme targets economically vulnerable populations and seeks to reduce out-of-pocket expenditure.[14,15] However, several challenges limit its effectiveness, including low awareness, administrative barriers, and confusion regarding service utilization.[12] Studies report that only 33-42% of eligible households possess PM-JAY cards, and utilization among cardholders varies widely.[16,17] In some cases, utilization has been reported as low as 3%.[18] These gaps indicate that increasing enrolment alone is insufficient without improving awareness and utilization pathways.[19,20]

CSR initiatives in India have emerged as important contributors to social protection efforts, including healthcare, education, and rural development.[21,22] Various corporations and financial institutions have implemented programs supporting community welfare and healthcare access.[23-25] These initiatives align business objectives with social development and can complement government programs.[26,27]

CSR-supported interventions can play a key role in strengthening PM-JAY implementation by addressing barriers such as lack of awareness, documentation challenges, and procedural complexity. Evidence suggests that targeted awareness efforts and facilitation support can improve enrolment and usage of the scheme.[28] However, gaps between enrolment and utilization persist, highlighting the need for interventions that focus on both access and effective use of services.[13,29]

This study highlights the role of a CSR-supported community-based intervention in facilitating access to government welfare schemes and improving beneficiary linkage to entitlements.

METHODS

This was a community-based program evaluation study using routine program data, with a cross-sectional sub-analysis for utilization. Project Sangaath initiated in 2019 in Bharuch district of Gujarat and has expanded to other 4 districts namely Chhotaudepur, Vadodara, Morbi and Amreli of Gujarat and three districts viz-a-vis Raigad, Palghar and Pune of Maharashtra state. The project is ongoing in more than one hundred and six villages as well as one urban cluster. A meticulous execution strategy was adopted for the project. The major steps of implementation are highlighted in the Figure 1 as shown below.

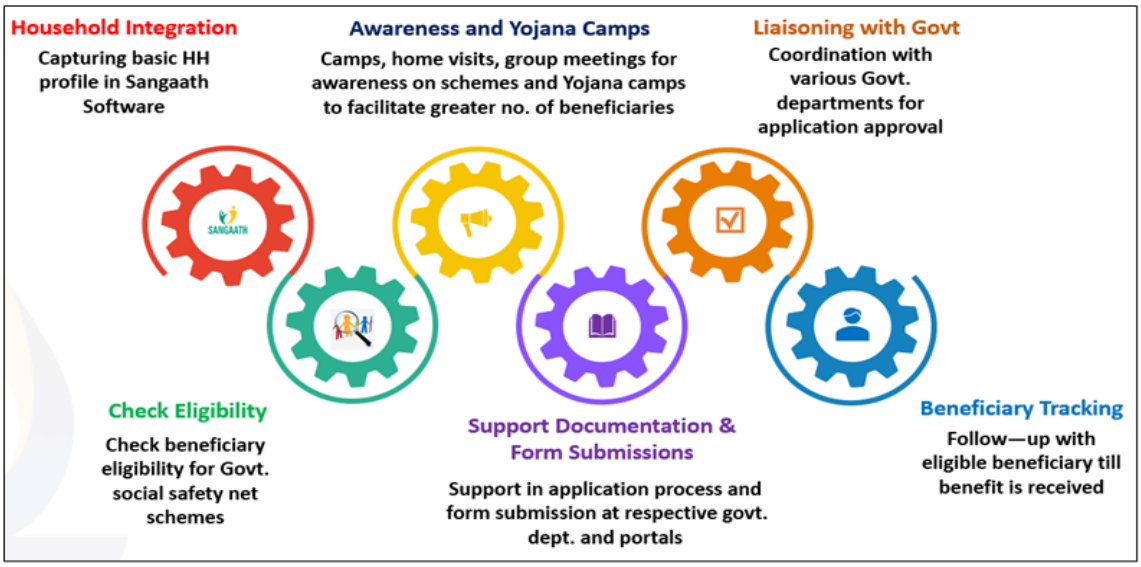

Figure 1: The implementation steps of the Sangaath project.

The preparatory steps involve meeting with village stakeholders namely, Sarpanch, Talati, ASHA worker and Anganwadi worker and drafting a detailed profile of the village and/or area. This is followed by the identification of youth (preferably women) from the area who are willing to work and at least have completed higher secondary education. After detailed orientation on organization's programs and policies to identified cadre, they are provided training on: Central and State government schemes covering eligibility criteria, required

documents, entitlements under scheme and process of filing application. Project execution in field and roles and responsibilities. Detailed training on standard operating procedure (SoP). Use of Sangaath software and Adhikar card for recording data and tracking of beneficiary. Household profiling and identifying eligible beneficiaries.

Household profiling

A detailed household survey is undertaken to capture the profile of the households and each household member. The data in integrated in Sangath software and each household is provided a Unique Identification Number and provided "Adhikar" which has a QR code through which the details of the households is reviewed

Identification of eligible beneficiaries

The household profiling enables us to identify the eligible beneficiaries of each household for various government schemes and services.

Awareness creation and confidence building

Local literate youth preferably women are capacitated to facilitate applications of schemes and pre-requisite documents (PRDs) through rigorous training. This ensures confidence in the program by local community. With support from local governing body and Panchayati Raj Members, awareness programs are organized to the sensitize community with regards to processes involved and benefits obtained through the government schemes.

Facilitation of PRD and scheme applications

Government liaisoning and stakeholder engagement is the key component of the project. Regular PRD camps and Yojana/ Scheme camps are organized in coordination with respective government departments at village level to facilitate a greater number of eligible beneficiaries. Through cooperation from local panchayat 'Jan Suvidha Kendra' is established at the premises of the panchayat which acts as a 'one stop centre' for knowledge on schemes and to seek guidance of application process.

Rigorous tracking and follow-up

Rigorous follow-ups and liaisoning are done at village, block and district level are done by the trained cadre to ensure the application submission process is smooth and benefits are received. Simultaneously, home visits are conducted to reach unreached and verification of benefits received. Additionally, a robust software system has been developed for the project. This system tracks beneficiaries and records all facilitated applications, ensuring a streamlined and efficient process from start to finish. The study population included all households in intervention areas. No sampling was done as complete enumeration followed. As the study utilized routine program data without personal identifiers, The study utilized anonymized program data; hence formal ethical approval was waived. This was a community-based program evaluation using routine program data, with a cross-sectional sub-analysis to assess utilization.

RESULTS

Nearly 40,000 households have been facilitated for the Ayushman Bharat Card in the intervention states. Of the total households as per census in the intervention villages, 92% households covered in Roha block of Raigad district, 47% in Mokhada block of Palghar district, 33% in urban cluster of Pune, 46% in Vagra block of Bharuch, 46% in Naswadi block of Chhotaudepur, 70% in Vadodara Rural block of Vadodara, 40% in Savli block of Vadodara and 43% each in Morbi and Amreli district. In the intervention villages with the active engagement of trained cadre and village stakeholders, more than 1,32,000 applications of Ayushman Bharat were submitted and among them 1,28,000 (97%) were approved and the cards were generated. In Figure 2, block wise information on applications submitted and approved is depicted. Of the total submitted applications, 31% applications were from Maharashtra and 69% were from Gujarat. This is due to the different project initiation period and the coverage area. Maximum applications were facilitated in Wankaner block of Gujarat and Roha block of Maharashtra. This reflects the need of intervention in facilitating the linkages with the scheme.

Table 1: Details on households facilitated for Ayushman Bharat card.

Blocks	Villages covered	Total households	Households linked	% linked
Roha	54	11847	10852	92
Mokhada	34	9569	4497	47
Pune	3 clusters	3110	1014	33
Vagra	33	11273	5140	46
Naswadi	24	7758	3594	46
Vadodara Rural	10	13279	9233	70
Savli	14	5018	1988	40
Wankaner	11	9006	3836	43
Amreli	1 school	1126	487	43
Total	-	71986	40641	57

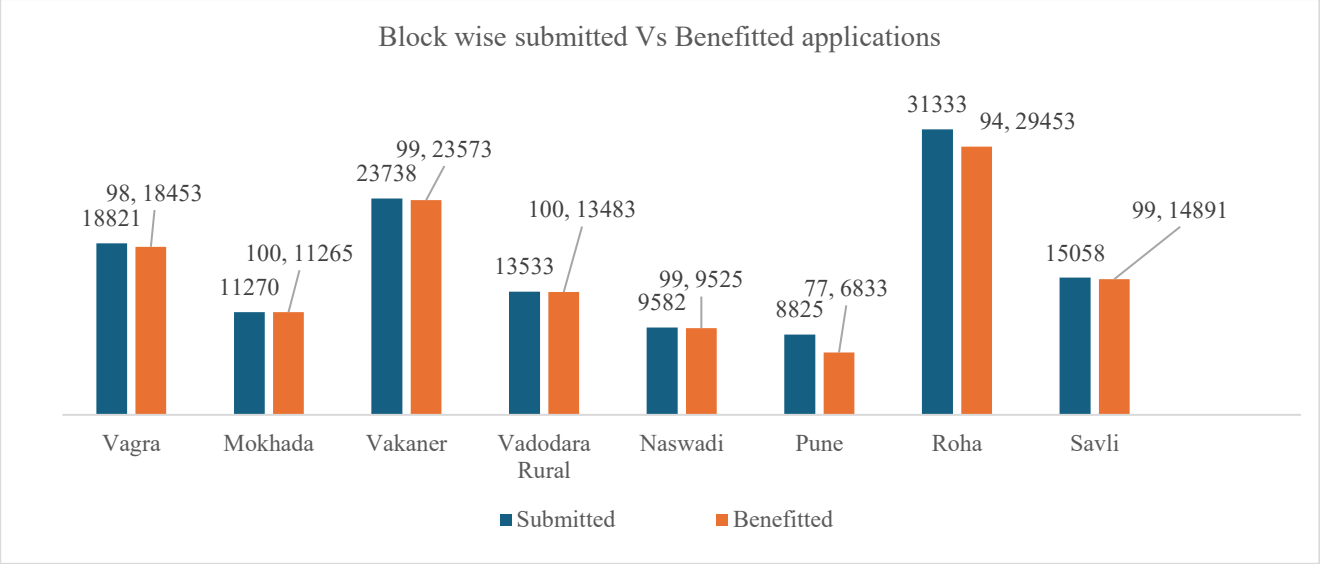

Figure 2: Status of applications at intervention site.

Case study

Ayushman Bharat-the purpose fulfilled

In the quiet village of Jetparda, 38-year-old Yusufbhai Hushenbhai Khorajiya, an auto driver earning ₹1,00,000 annually, struggled to support his family of six. He developed persistent oral discomfort, and after months of uncertainty and multiple visits to nearby hospitals, he was diagnosed with stage II oral cancer in Rajkot, attributed to long-term tobacco use. The required surgery, costing ₹4,50,000-₹5,00,000, was beyond his financial capacity.

A Sangaath facilitator assisted him with the application process, and he received his Ayushman card within two days. His surgery was successfully performed on December 3, 2023, with the entire cost covered under the scheme. Yusufbhai expressed gratitude for the timely support, which not only saved his life but also relieved his family from financial distress.

Transforming lives with ayushman bharat card

Charangaon village in Mokhada block is home to Manga Budhya Bhore, a 65-year-old farmer who suffered from kidney stone pain for over a year but avoided treatment due to financial constraints. Through the Sangaath project, he learned about the Ayushman Bharat Card and applied during a village camp. Within six days, he received his card and underwent successful surgery in Nashik on February 28, 2023.

The scheme covered ₹1.80 lakh of his treatment expenses, enabling him to recover without financial burden. He acknowledged the support of the Sangaath project and highlighted the transformative impact of the scheme on his life.

DISCUSSION

The paper focuses on Project Sangaath, a CSR initiative designed to improve access to government welfare schemes, particularly the Ayushman Bharat health insurance program, in underserved regions of Gujarat and Maharashtra, India. The project's multifaceted strategy, including baseline assessments, awareness campaigns, and hands-on assistance, appears to be effective in bridging the gap between eligible beneficiaries and government services. The success in facilitating over 400,000 scheme applications, including more than 1,20,000 Ayushman Bharat Health Cards, demonstrates the project's substantial impact.

The intervention effectively addresses key barriers such as lack of awareness, difficulties in obtaining prerequisite documents, and challenges in navigating application processes.[12,19,20] This aligns with existing evidence on the implementation gaps in Ayushman Bharat, particularly related to low awareness and uptake among eligible populations.[16-18] Project Sangaath exemplifies how CSR initiatives can complement government efforts in improving access to welfare schemes and strengthening last-mile delivery.[21,22,27]

The project's success highlights the potential for public-private partnerships in addressing healthcare disparities and advancing universal health coverage.[14,29] Case studies indicate meaningful positive impacts, particularly in reducing out-of-pocket expenditure and improving financial protection for vulnerable households. The comprehensive approach-encompassing household profiling, beneficiary identification, and rigorous tracking-demonstrates strong methodological and implementation design. Additionally, the engagement of local youth, particularly women, has contributed to

enhanced community trust, participation, and program ownership.

While the project has been highly effective in facilitating access, the findings underscore the need for greater emphasis on improving utilization. Strengthening beneficiary awareness regarding service use, improving referral linkages, and enhancing follow-up mechanisms could further translate coverage into actual health benefits. Long-term impact assessment and improved tracking of service utilization will be important for evaluating sustainability and overall effectiveness.

Limitation

A key limitation of the study is that the tracking of utilization is limited.

CONCLUSION

In conclusion, Project Sangaath demonstrates a promising and scalable approach to enhancing access to government welfare schemes, particularly in the health sector. By addressing key barriers and facilitating beneficiary linkage, the project contributes significantly to improving coverage and advancing equitable access in underserved communities.

The initiative highlights the effectiveness of collaborative efforts between government systems, non-profit organizations, and CSR-supported programs in strengthening service delivery. The substantial increase in enrollment and facilitation of scheme benefits indicates strong potential for financial risk protection. However, the observed gap between enrollment and utilization underscores the need to move beyond access-focused strategies toward ensuring effective service use.

Key challenges identified include streamlining the process for obtaining and correcting prerequisite documents, improving awareness on service utilization, and strengthening health system responsiveness. Addressing these challenges is essential to maximize the impact of such interventions.

Recommendations

Based on the program experience, the following recommendations are proposed: Implement user-friendly and accessible mechanisms for obtaining and correcting prerequisite documents to enhance inclusivity. Strengthen beneficiary awareness and follow-up systems to improve utilization of entitled services. Establish robust monitoring and evaluation frameworks to track both enrollment and utilization outcomes. Facilitate state-level consultations involving community-based organizations and grassroots workers to incorporate field-level insights. Advocate for policy and system-level improvements that support seamless service delivery and utilization.

Future research should focus on long-term outcomes, sustainability, and strategies to enhance utilization, thereby ensuring that increased coverage translates into meaningful health and financial benefits.

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