

# **OUTPUT VS OUTCOME ANALYSIS OF PMAY G & POSHAN ABHIYAAN SCHEMES**

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## **ABSTRACT**

India's flagship welfare schemes - Pradhan Mantri Awaas Yojana-Gramin (PMAY-G) and POSHAN Abhiyaan, represent landmark commitments to rural housing provisioning and nutritional security respectively. Yet a persistent gap separates the administrative growth outputs with substantive development outcomes. This paper undertakes a qualitative output-versus-outcome analysis of both schemes, interrogating structural gaps between quantitative delivery metrics - houses sanctioned, anganwadi coverage, beneficiaries enrolled and lived realities of human capability enhancement. The study critically examines how implementation accuracy, convergence deficits, workforce vacancies, community level absorption mediate the translation of output impact to welfare impact. Data from NFHS-4&5 trends, CAG audit observations, POSHAN tracker data bring a systemic mark: output saturation co-existing with outcome stagnation. The paper argues for realigned evaluation that centres nutritional security and housing quality as primary indices of scheme effectiveness over mere physical completion rates.

## **KEYWORDS**

Maternal Morbidity, Open Defecation (ODF), Aspirational Districts, Anganwadi Health Workers (AHW), Take Home Rations, Growth Monitoring Promotion Sessions.

## **INTRODUCTION**

India spends approximately 4-5% of GDP on social sector schemes annually (ES 2022-23). Two programmes stand out for their scale and transforming goal: PMAY-G, launched in 2016 with a target of constructing 2.95 crore pucca houses by 2024, and POSHAN Abhiyaan, launched in 2018 to reduce stunting from 38.4% to 25% and wasting from 21% to 5% by 2022. Both the schemes are heavily output monitored - houses completed, funds disbursed, anganwadi centres activated, beneficiaries registered and nutritional supplements disbursed.

Despite remarkable output metrics, independent evaluations (CAG 2021, NITI Aayog 2023, NFHS-5 2021) consistently reveal that outcomes like behavioural hygiene, improvements in nutritional adequacy, lasting behavioural change lag behind. This paper examines why this gap exists, how varied it is across different districts and socio-economic strata and what changes are needed. This analysis distinguishes outputs (quantity & physical delivery of schemes) from outcomes (sustained improvements in human welfare due to scheme delivery).

The six districts selected for analysis span varied deprivation levels across three states. Bahraich & Shrawasti (UP) have high output, moderate outcomes; Raichur & Kalaburagi (Karnataka) have moderate output, uneven outcomes; Mon & Kiphire (Nagaland) represent moderate output, inadequate outcomes.

## LITERATURE REVIEW

Existing studies on welfare schemes such as Pradhan Mantri Awaas Yojana (PMAY) and POSHAN Abhiyaan mainly focus on budget allocation, accessibility, nutritional outcomes, and service delivery mechanisms. Studies by K.Radha and Kotresha (2022, 2023) emphasize the role of PMAY in improving housing accessibility and socio-economic stability. The literature highlights that housing not only fulfills fundamental human needs but also contributes to employment generation and national economic development. Further, research examining budgeted versus actual expenditure indicates that PMAY has received one of the highest allocations in the rural development sector. However, these studies are largely confined to budgetary trends and accessibility dimensions, without adequately addressing district-wise implementation, utilization practices, or long-term socio-economic impact on beneficiaries.

Similarly, studies on POSHAN Abhiyaan by Saritha Bisht and Ms.Pooja (2024, 2022) mainly analyze malnutrition indicators such as stunting, wasting and anaemia using NFHS data and comparative nutritional trends. The literature suggests that while service delivery systems and institutional mechanisms such as ICDS, NHM, Angawadi interventions have improved across states and UTs, significant reduction in malnutrition levels remains limited. Existing studies also emphasize the continuing impact of malnutrition in maternal and child health outcomes. Nevertheless, most research remains concentrated on national or state level analysis and does not sufficiently examine district level disparities, regional variations, or comparative implementation outcomes.

Overall, the existing literature provides insights into financial allocation, accessibility and welfare delivery under PMAY and POSHAN Abhiyaan. However, there remains a significant research gap in understanding localized implementation patterns, comparative district-wise performance and impact of these schemes on beneficiaries living conditions and nutritional well-being.

## **RESEARCH GAP**

Despite expansive amount of literature on PMAY-G & POSHAN Abhiyaan present individually, there is narrow analysis on transformed outcomes. Further, existing studies analyze these programmes in isolation, without focusing on interconnected impact on overall quality of life like the relationship between improved housing and better health or nutrition remains underexamined. Second, is the lack of comparative regional analysis, particularly across districts with different socio-economic & administrative contexts, where district-level base is thin for specific combinations studied here.

Therefore this paper aims to bridge these gaps by providing integrated, district-level analysis of Output-to-Outcome gaps focusing on utilization, behavioural aspects and regional disparities to better access ground impact of these schemes.

## **METHODOLOGY**

This research adopts a convergent mixed-methods research method to analyse output-to-outcome gap in two flagship welfare programmes - Pradhan Mantri Awaas Yojana Grameen (PMAY-G) and POSHAN Abhiyaan across six purposefully selected districts in Uttarpradesh, Karnataka and Nagaland. Secondary data constitutes the primary analytical base drawn from Awaasoft MIS and NHM dashboards for PMAY-G and POSHAN tracker, NFHS-4&5 district level indicators for POSHAN along with evaluation reports, impact assessments, policy documents, CAG audit reports. Descriptive statistical data include frequency distributions, percentage completion rates, and district variance measures.

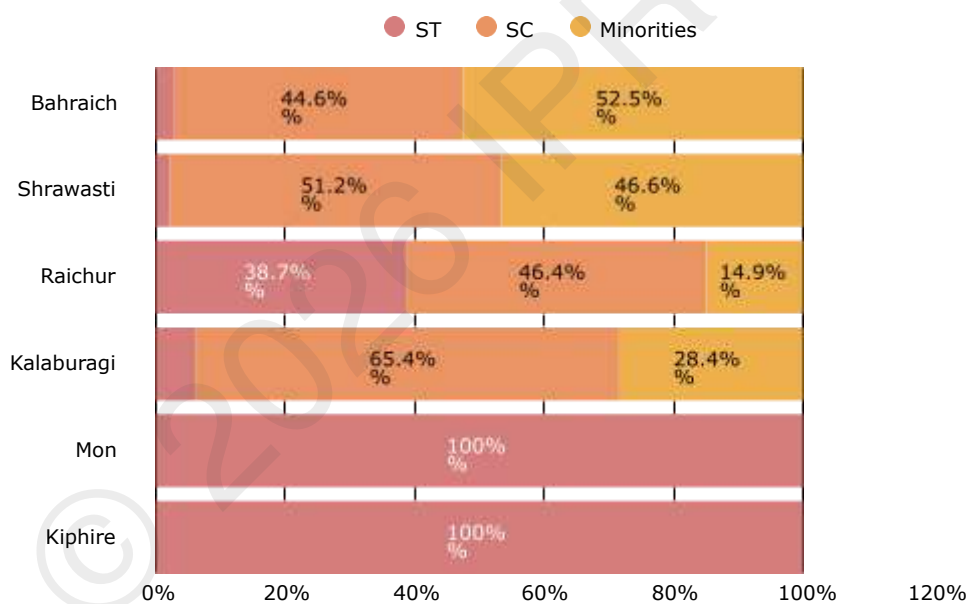
To ensure reliability, the research employed data triangulation across wide data and methods. This research method enables the integration of quantitative data with qualitative data to assess whether achieving the numerical targets changes into substantive social change. This research is limited to potential biases in administrative data and restricted generalizability due to the selected sample. Nonetheless, it provides a strong framework to critically assess the alignment between policy outputs and real world outcomes.

# ANALYSIS

## PMAY-G OUTPUT ANALYSIS

State	District	Houses Sanctioned	Houses Completed	Category-wise Completion (ST)	Category-wise Completion (SC)	Category-wise Completion (Minorities)	Geo-Tagged
Uttar Pradesh	Bahraich	1,90,690	1,90,518	2,508	38,433	45,387	1,91,198
	Shrawasti	24,634	24,565	258	6,295	5,729	24,677
Karnataka	Raichur	25,206	5,174	1,357	1,624	522	29,241
	Kalaburagi	43,087	3,337	143	1,535	669	45,428
Nagaland	Mon	9,296	7,306	7,305	0	0	9,475
	Kiphire	3,442	2,982	2,982	0	0	3,495

Table1. District-wise PMAY-G Completion Data (AwaasSoft)



### OBSERVATION 1.1

Table 1 shows the output completion data for PMAY-G across 6 districts. Uttar Pradesh performs strong output performance in the study with both Bahraich & Shrawasti classified as Aspirational Districts, have achieved near house completion under PMAY-G. (This output must be measured in backdrop of huge volume). Karnataka presents severe output gap with Raichur & Kalaburagi together have 68,293 houses with only 8,511 completed with aggregate completion rate 12.5% (AwaasSoft, 2016-26). Nagaland's Mon & Kiphire achieved 78.6% and 86.6% completion with credible outcomes amidst terrain and logistics constraints. Bahraich's minority beneficiary count - 45,387 is highest minority inclusion figure reflecting substantial population in the region. Nagaland's districts stand out for consistent ST coverage of rural population.

## PMAY-G OUTCOME ANALYSIS

STATE	DISTRICT	COMPLETION RATE (%)	TOILET USAGE (%)	HEALTH SHOCK REDUCTION (%)
UTTAR PRADESH	BAHRAICH	99.9	83	40
	SHRAWASTI	99.8	88	46
KARNATAKA	RAICHUR	20.5	88	44
	KALABURAGI	7.7	87	40
NAGALAND	MON	78.6	79	38
	KIPHIRE	86.6	84	43

Very High
  High
  Medium
  Low
  Very Low

Table 3. PMAY-G Outcome analysis District-wise

### OBSERVATION 1.2

From outputs to outcomes, table 2 displays the coverage of sustained improvements in the lives of beneficiaries across varied districts. Provision of pucca houses under PMAY-G has significantly moved rural poor, who were living in thatched, mud and paddy straw roofs. It has slightly reduced congestion in median occupancy from 5 to 4.5 in Bahraich. 80% houses were electrified and 20% of families formally applied for electrification - partly changing income savings. PMAY-G has changed the practice of cooking outside to some extent only, due to beneficiary preference of having an extra area which could be utilized for 10 hours rather a kitchen of 1-2 hours/day and due to interrupted subsidized-LPG supply under PM-Ujwala. Traditional chula and firewood still remain major optional fuels in PMAY-G houses. Under confluence with SBM-G, new residences are provided individual toilets and ODF reduced in districts of Kiphire, Bahraich. Water unavailability, poor drainage in Mon; inadequate installments in Raichur are constraints for ineffective usage of toilets built. 65-80% of the beneficiaries have invested additional amount for constructing PMAY-G assisted houses. In most cases, median amount was ₹50,000-₹80,000. Inclusion and coverage of SC/ST beneficiaries has improved feelings of social status, ownership, self-worth, safety and security, self-esteem in their lives.

## POSHAN ABHIYAAN OUTPUT ANALYSIS

State	District	Active AWCs	Beneficiaries (Children)	Beneficiaries (Pregnant)	Beneficiaries (Lactating Mothers)	Supplementary Nutrition Distributed (%)
UP	Bahraich	3,502	3,12,000	68,000	54,000	84.7%
	Shrawasti	1,120	1,24,000	27,500	21,800	85.7%
Karnataka	Raichur	2,980	1,78,000	39,000	31,500	89.7%
	Kalaburagi	3,640	2,21,000	47,500	38,200	91.2%
Nagaland	Mon	403	28,400	6,200	4,700	77.6%
	Kiphire	199	19,800	4,300	3,400	74.9%

Table 3. Beneficiary and AWC data in POSHAN Abhiyaan (POSHAN Tracker)

### OBSERVATION 1.3

Table 3 implies the POSHAN output tracking that covers three primary dimensions: Active AWCs, number of beneficiaries and number of anganwadi workers. Kalaburagi is the favourable district in Supplementary Nutrition Delivery (SND) among six districts with 91.2%. The AWW:Beneficiary ratio is the most stretched in Kiphire district with some AWCs serving more than 80 children highlighting the AWW demand. Bahraich leads the base of 3,12,000 children beneficiaries with Take Home Ration (THR); Growth Monitoring Promotion (GMP) Sessions. There is observed significant vacancy in the deployment of anganwadi workers in flood-prone riverine areas in Bahraich district.

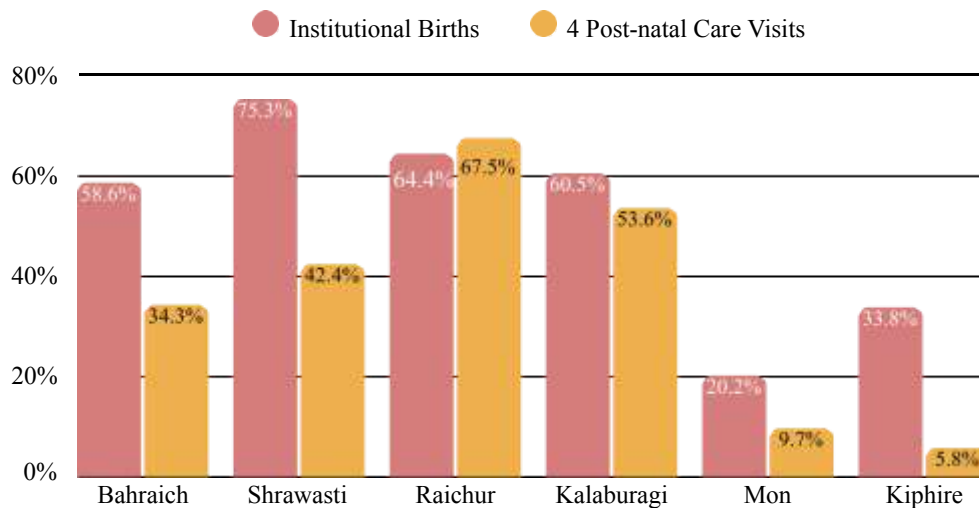
## POSHAN ABHIYAAN OUTCOME ANALYSIS

District	Stunting (%)			Wasting (%)			Anaemia (%)		
	NFHS-4 (2016)	NFHS-5 (2021)	Δ Change	NFHS-4 (2016)	NFHS-5 (2021)	Δ Change	NFHS-4 (2016)	NFHS-5 (2021)	Δ Change
Bahraich	59.2	51.6	-7.6	22.8	18.9	-3.9	76.4	68.5	-7.9
Shrawasti	62.4	55.8	-6.6	24.1	21.0	-3.1	79.2	72.6	-6.6
Raichur	48.3	40.8	-7.5	18.2	14.9	-3.3	68.7	60.1	-8.6
Kalaburagi	44.7	35.8	-8.9	16.8	12.8	-4.0	65.3	56.2	-9.1
Mon	46.8	40.2	-6.6	17.3	14.8	-2.5	58.4	52.4	-6.0
Kiphire	44.2	38.1	-6.1	16.1	13.4	-2.7	55.7	49.9	-5.8

Table 4. Nutritional Health Outcome Indicators : District-wise

### OBSERVATION 1.4

Table 4 suggests variations in stunting, wasting, anemia indicators across all 6 districts. Raichur, Kalaburagi, Shrawasti and Bahraich covered more than 80% of children who were given Iron Folic Acid (IFA) tablets/syrup, reflected in the performance of only Kalaburagi and Bahraich above mean level 7.2 in stunting. Whereas other districts have less than 60% coverage.



Kiphire is observed to be the lowest in the delivery of Take Home Rations (THR) due to supply chain, transport constraints reflected in its post-natal care visits. Whereas, Raichur and Kalaburagi's increase in post-natal care visits is substantially linked to their early POSHAN-linked ANC registration at first-trimester coverage. Zinc and ORS supplementation during diarrhea has been covered in Bahraich, Shrawasti and Kiphire upto 54%, on the other hand it was not observed in Raichur and Mon, highlighting its least statistical decrease in wasting among others. Shrawasti leads in deworming 33% children whereas there is no measure followed in Raichur and Kalaburagi indicating anemic levels. Additionally, the coverage for lactating women who were given 180 IFA tablets is low across all the districts, with high-performing Raichur 25% and low-performing Kiphire 1%.

## DISCUSSION

PMAY-G has achieved solid construction outputs across all six districts. Houses are units recorded as 'completed' in AwaasSoft MIS and sanctioned targets, form the primary basis on which the scheme's success is publicly communicated and administratively evaluated. The analytical difference arises in this study when completed units are cross-examined against functional utility and social impact. The provisioned PMAY-G pucca houses has enhanced quality of life for families who previously lived in kutcha/semi-permanent houses. Further, a household may legally own a PMAY-G unit yet lack adequate sanitation, clean water and structural safety from monsoon flooding even when converged with SBM-G. Beneficiaries in Nagaland reported that they still return to stilt houses (elevated bamboo houses) during monsoon showers to protect themselves against flooding indicating poor elevation, inadequate drainage planning in PMAY-G units and experiential risk memory rather than formal assurance in beneficiaries. Contractor-built units in UP had structural defect rate 2.3 times more than owner-built ones, vulnerable to inundation (CAG Report, 2021). Nevertheless, transparent & data driven beneficiary selection included wide vulnerable groups like STs, single women, elderly.

The DBT designed to ensure fund flows directly to beneficiaries is disrupted due to invalid IFSC code,

frozen & inactive bank accounts, photo verification backlogs leading to informal credits that partially neutralizes welfare value and halt construction midway. Besides, it was observed that women-controlled housing decisions correlate with higher rates of toilet construction and WASH compliance in PMAY-G units reflecting women empowerment. 54% of women using traditional chulhas suffer from respiratory and eye infections including COPD & Chronic Bronchitis (NHI, NICPD, 2013). It was found that to some degree, PMAY-G beneficiaries are reliant on firewood, dung cakes due to inconsistent LPG supply, refill costs, transportation expenses. Therefore, while PMAY-G has made commendable progress in rural development, its long-term success and contribution depends on adaptive planning, sustained policy support, deeper integration with local governance and beneficiary behaviour.

The anganwadi worker is the irreplaceable human infrastructure of POSHAN Abhiyaan responsible for Take Home Ration distribution, growth monitoring, Infant and Young Child Feeding(IYCF) Sessions, home visits and POSHAN tracking of data. In Shrawasti, UP the AWW:child beneficiaries is 1:64 exceeding 60% of 1:40 ratio (MoWCD guidelines). The POSHAN linked maternal beneficiary outreach has incrementally improved ANC registration but the conversion from early ANC to institutional delivery remains incomplete due to traditional barriers and traditional birth attendant reliance. Skilled birth attendants are less than twice in northeast when compared to northern India (District Nutrition Profile, NITI Aayog, 2022) determining institutional deliveries. Additionally, data from POSHAN tracker shows that roughly 8% of AWCs remain open for less than 15 days and 78% were open for recommended 25 days or more. Given that scheme mandates daily service delivery, this functioning level can directly reduce coverage window for beneficiaries who directly depend on the ration of AWCs. AWW in output-concentrated states like UP, reported spending 40-60% of their working hours on POSHAN tracker data entry and reporting, leaving insufficient time and work load for home visits, personalized IYCF counselling.

Rural SC, ST children had stunting rates above national average - 35.5% despite huge number of operational anganwadi centres, implying scheme's geographical rollout has not fully compensated for structural barriers these groups face in accessing services. AWC location near ST-majority hamlets, seasonal migrational patterns and behavioural differences between anganwadi workers and beneficiaries contribute to this underaccessibility. Additionally, it was observed that first-generation beneficiaries to some extent were unaware of Vitamin A and zinc supplementation, besides Iron Folic Acid(IFA) tablets/syrup booming intervention and post-natal care visits. Therefore, POSHAN Abhiyaan is successfully making extensive service delivery through anganwadi centres, workers, THR distribution and remote interventions. Addressing infrastructure deficits, workforce vacancies and delivery quality can longway produce remarkable health and behavioural outcomes.

## CONCLUSION

A persistent issue in welfare policy has been the integration of administrative outputs and social outcomes. This study cross-examined the distinction through systematic output-to-outcome analysis of Pradhan Mantri Awaas Yojana-Gramin & POSHAN Abhiyaan across selected multi-district geographies in Uttarpradesh, Karnataka and Nagaland. The principle finding of this research is that high output completion rates coincide with low or stagnant outcome realization. Under PMAY-G, districts recording geo-tagged completion rates exceeding 85% indicated that physical housing delivery did not translate equally into housing security or livelihood experience. Similarly, POSHAN Abhiyaan's operational metrics - beneficiary registration, take home ration distribution, ICDS showed significant divergence from NFHS-5 derived outcome indicators, particularly for children under 5, pregnant women, lactating mothers. Anganwadi centres infrastructure gaps, workforce vacancies and quality delivery constituted primary pointers of its output-outcome gap.

This study contributes to ethnographic and qualitative process tracing research at block and panchayat levels in future and impart output-outcome gaps in ways that aggregate indices cannot capture. Additionally, extending this analytical framework to complementary schemes such as Jal Jeevan Mission would enable cross-scheme comparative assessment, critically informing a more integrated theory of welfare convergence in India's context.

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