Rapid Assessment of Ayushman Arogya Mandir in State of Meghalaya and Karnataka

Synopsis Submitted to

The IIHMR University, Jaipur for
MBA in Hospital and Health Management
by

PRAGYA VERMA
Batch: MBA-HEM 27th
Roll: 1564
Stream: Health Management

Organization:

National Health Systems Resource Centre (NHSRC)

Under the Supervision and Guidance of:
Dr. Goutam Sadhu

Rapid Assessment of Ayushman Arogya Mandir in State of Meghalaya and Karnataka.

Introduction

India's healthcare system is undergoing a transformative shift towards strengthening primary healthcare services to ensure equitable access to quality care for all citizens. The National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through establishment of "Health and Wellness Centres" as the platform to deliver Comprehensive Primary Health Care and called for a commitment of two thirds of the health budget to primary health care. In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care and declared this as one of the two components of Ayushman Bharat.

HWCs, now renamed as ***Ayushman Arogya Mandir (AAM),*** which represents the base pillar of Ayushman Bharat, intend to deliver an expanded range of services to address the basic primary health care needs of the entire population in their area, rather than focus selectively on population sub-groups, thus expanding access, universality, and equity close to community. These centres aim to provide comprehensive primary healthcare services, including preventive, promotive, and curative care, by expanding and strengthening the existing Reproductive & Child Health (RCH) and Communicable Diseases services and by including services related to Non-Communicable Diseases (common NCDs such as, Hypertension, Diabetes and three common cancers of Oral, Breast and Cervix). Additionally, covering primary healthcare services for mental health, ENT, ophthalmology, oral health, geriatric and palliative care, trauma care, and health promotion activities like yoga. However, there is a need to assess the performance of these AAM/HWC to identify gaps, challenges, and opportunities for improvement.

Literature review

1. India's health and wellness centres: realizing universal health coverage through comprehensive primary health care. (Rajani R Ved, 2019)

India's health care system is shifting focus towards noncommunicable diseases, necessitating a reevaluation of primary health care quality and capacity. The Ayushman Bharat initiative aims to transform public health centers into health and wellness centers by 2022, offering free comprehensive primary health care, requiring paradigm shifts in human resources and service delivery.

2. Health and wellness centers: a paradigm shift in health care system of India? (Solanki, 2020)

The research paper discusses the changing disease epidemiology in India, focusing on noncommunicable diseases (NCDs), mental health issues, accidents, and injuries as emerging health threats.It highlights the weaknesses in the existing three-tiered public health system in India, leading to non-uniform coverage, overburdened health facilities, and high out-of-pocket expenditures for individuals, potentially pushing many into poverty. The proposed Health and Wellness Centers (HWCs) in India are designed to provide comprehensive primary healthcare services under 12 domains, including promotive, preventive, and curative aspects, with a focus on health promotion and disease prevention activities like yoga.

3. Health &Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward (Lahariya, 2020)

The AB-HWC initiative is considered the second wave of primary healthcare reforms in India, focusing on team-based service delivery with mid-level healthcare providers like Community Health Officers (CHOs) included in the centers. The paper analyzes the key design aspects of HWCs in relation to primary health care (PHC) services and the health system functions.The paper also highlights the need for dedicated focus on population-based and public health services within the AB-HWCs to ensure comprehensive primary healthcare delivery.

4. Health and Wellness Centres as a strategic choice to manage noncommunicable diseases and universal health coverage (Aravind Gandhi P, 2022)

Study highlights the significance of primary healthcare in managing NCDs and the role of HWCs in expanding NCD services at the community and facility levels. The paper discusses local innovations in NCD management, such as NCD

ticker bags, to improve treatment adherence and reduce drop-outs under the HWCs. Challenges in NCD management at the primary care level are identified, including lack of awareness, erratic supply of NCD drugs and diagnostics, capacity building for health manpower in NCD management, information flow for continuum of care, and low community participation in NCD screening and management. The study emphasizes the importance of addressing these challenges to progress towards UHC, meet NCD-related targets, and effectively implement the envisioned package in HWCs.

5. Health And Wellness Centres: Expanding Access to Comprehensive Primary Health Care in India (Nirupam Bajpai, 2019)

The research paper refers to Operational Guidelines for Comprehensive Primary Health Care through Health and Wellness Centres, emphasizing the importance of providing a package of essential services within a short timeframe to reduce morbidity and mortality burdens. It draws on the Rural Health Statistics Report 2017 to highlight the existing shortfall in rural health facilities, indicating the need for building new facilities to function as Health and Wellness Centres instead of just upgrading existing ones. The paper also mentions the role of Information and Communication Technology (ICT) in healthcare delivery, showcasing how digitization can enhance the efficiency of service delivery and improve health outcomes.

6. Assessment of Functioning of Health and Wellness Centers of Western Odisha: A Cross-Sectional Study of this article (Panda, 2023)

Studies indicate low utilization of public health systems for common ailments in rural and urban areas, emphasizing the importance of accessible primary care facilities like HWCs. Drug availability at HWCs is crucial for patient care, with the study finding that most drug groups were adequately stocked, although some medications like analgesics and PPIs were less available due to high prescription rates. The study highlighted staffing issues at HWCs, with shortages of medical officers, AYUSH medical officers, and staff nurses, impacting services like emergency care, mental health, and oral health, while services like family planning and NCD management were more consistently available. The establishment of HWCs under the Ayushman Bharat program is a significant national initiative, with a goal to operationalize a large number of HWCs to enhance primary healthcare services across India.

7. Assessment of functioning of Health and Wellness Centers in a district of Western Gujarat. (Hetal Rathod, 2020).

The research paper focuses on assessing the functioning of Health and Wellness Centers (HWCs) in Jamnagar district, Gujarat, under the Ayushman Bharat initiative. The study showed Satisfactory performance of most HWCs, with the presence of community health officers and multipurpose workers in the majority of centers. Prevalence rates of non-communicable diseases like hypertension, diabetes mellitus, oral cancer, breast cancer, and cervical cancer were reported. Identified areas for improvement included the need for staff training in areas like Techo and refresher training. The conclusion highlighted that while most HWCs were functioning well, some services like laughing club, music therapy, and meditation were lacking.

8. Enablers and barriers to work performance: A mixed methods assessment of Ayushman Bharat-Health and Wellness Centres in Punjab state of India (Prinja, 2023)

Study explores performance variations among HWCs and the reasons behind these variations from the perspective of community health officers (CHOs) and Auxiliary midwives (ANMs). The research utilizes a mixed methods approach, combining quantitative facility assessments with qualitative in-depth interviews to understand perceptions about service delivery. Findings suggest that infrastructure differences exist between high and low-performing HWCs, with capacity influenced by factors like training, work experience, self-belief, and role clarity. The study emphasizes the importance of improved communication, supportive supervision, incentives, role clarity, and management capacities to enhance work efficiency in HWCs.

9. Assessment of health and wellness centres in hilly district of Himachal Pradesh (Abhilash Sood, 2021)

A cross-sectional study was done to evaluate the Health and Wellness Centres (HWCs) in the district of Hamirpur, Himachal Pradesh. The study utilized a validated checklist provided by the NHM, Himachal Pradesh to assess various domains of the HWCs. The study identified deficiencies in human resources, inadequate skill competencies among newly appointed healthcare workers, and limited tele-consultations despite the availability of telemedicine equipment at the health centres. The results indicated gaps in service delivery and information technology at Primary Health Centres (PHCs). The assessment of sub-centres

revealed high gaps in training for health workers and skill competencies, with medium gaps in infrastructure and service delivery.

10. How useful do communities find the health and wellness centres? A qualitative assessment of India's new policy for primary health care (Abhishek, 2024)

The study aims to understand the usefulness of HWC services from the perspective of community members through focus group discussions (FGDs) conducted in various districts of Chhattisgarh, India. Beneficiaries appreciated the proximity of HWCs to their communities, making healthcare services easily accessible. Community members highlighted the convenience of having essential medicines, blood pressure measurement apparatus, and point-of-care tests available at HWCs for conditions like hypertension, diabetes, minor injuries, and ante-natal care. The presence of necessary furniture, including labour tables, and accessibility features like ramps in most HWCs were noted positively by participants.

Research Question

How are AAM/HWC performing in terms of infrastructure, service delivery, patient satisfaction, and health outcomes?

Objective

The primary objective of this rapid assessment is to assess the overall performance of Ayushman Arogya Mandir (AAM).

Specific objectives of the assessment are:

- To assess the infrastructure and facilities available at AAM/HWC.
- To evaluate the quality and accessibility of expanded package of services offered at AAM/HWC.
- To document best practices and challenges in operationalization of AAM/HWC.
- To understand the stakeholder's perspective towards the functional AAM for service delivery including wellness component.

Scope of assessment

The scope of this assessment encompass various dimensions of healthcare delivery, including infrastructure, services offered, staffing, patient satisfaction, accessibility, health outcomes, financial sustainability, and policy compliance.

The assessment involved analysis of facility-based records, official reports and databases, qualitative assessments through interviews and observations, and stakeholder engagement to gather diverse perspectives and insights.

Research Methodology

Study design: Cross-sectional study with a mixed methodology approach.

Setting: Primary healthcare settings of two states (Meghalaya and Karnataka) were assessed from both urban and rural areas including AAM-UPHC, AAM-PHC, and AAM-SHC.

Study population:

Inclusion criteria:

- Facilities that have been converted into AAM/HWC.
- AAM/HWC operational form more than 1year.

Study tools:

- Facility based checklist tool was used including a facility tool and a checklist for drugs and diagnostics.
- Interview guide was prepared to conduct stakeholder interviews.

Duration of the study: 2 months

Sample: A sample of total 24 facilities was taken including 13 SHCs, 6PHCs, 5UPHCs.

Sampling: Purposive sampling was done to select total of twelve health facilities from each state consisting of AAM-SHC, AAM-PHC and AAM-UPHC.

Data collection

1. Both primary and secondary data was collected for the rapid assessment of the AAMs.
2. A facility tool was used for all the target groups for the primary data collection.

3. Interview guide was used to collect qualitative data from stakeholder's interviews.
4. Secondary data undertaken from the AAM registers, AAM portal, facility reports, AAM assessment reports and available literature.

Data analysis

Collected data was analyzed using descriptive statistics, qualitative coding, and thematic analysis. Data was compiled, entered, and analyzed using appropriate software. Frequency, and percentage was calculated for the quantitative data and thematic analysis will be done for the qualitative data.

Ethical considerations

Assessment was carried out only after prior permission from all the health authorities. Written approval was taken from the states. As it was a part of national field assessment, Informed verbal consent of the participants was taken before asking any questions.

Expected Outcomes

- Insightful assessment of the performance of AAMs/HWCs, highlighting areas of success and areas for improvement.
- Actionable recommendations to inform policy and programmatic interventions aimed at strengthening primary healthcare delivery and improving health outcomes.
- Enhanced understanding of enablers and barriers influencing the performance of health and wellness centres and opportunities for knowledge sharing with stakeholders.

References

1. Ved RR, Gupta G, Singh S. India's health and wellness centres: realizing universal health coverage through comprehensive primary health care. WHO South East Asia J Public Health. 2019 Apr;8(1):18-20. doi: 10.4103/2224-3151.255344. PMID: 30950425.
2. Solanki, Hariom Kumar & Rath, Rama & Silan, Vijay & Singh, Satya. (2020). Health and wellness centers: a paradigm shift in health care system of India?. International Journal Of Community Medicine And Public Health. 7. 799. 10.18203/2394-6040.ijcmph20200470.

3. Lahariya C. Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward. Indian J Pediatr. 2020 Nov;87(11):916-929. doi: 10.1007/s12098-020-03359-z. Epub 2020 Jul 8. PMID: 32638338; PMCID: PMC7340764.
4. Gandhi P, Aravind & Nangia, Ria & Thakur, Js. (2022). Health and Wellness Centres as a strategic choice to manage non-communicable diseases and universal health coverage. International Journal of Noncommunicable Diseases. 7. 104. 10.4103/jncd.jncd_41_22.
5. Bajpai, N., & Wadhwa, M. (2019). Health and Wellness Centres: Expanding Access to Comprehensive Primary Health Care in India.
6. Panda SK, Panda D, Behera RR, Panda SC, Munda A, Sahu PR. Assessment of Functioning of Health and Wellness Centers of Western Odisha: A Cross-Sectional Study. Cureus. 2023 Apr 16;15(4):e37665. doi: 10.7759/cureus.37665. PMID: 37200643; PMCID: PMC10189193.
7. Rathod, Hetal & Pradeep, Pithadia & Patel, Disha & Goswami, Mukeshgiri & Dipesh, Parmar & Kotecha, Ilesh. (2020). Assessment of functioning of Health and Wellness Centers in a district of Western Gujarat. Healthline. 11. 34-39. 10.51957/Healthline_142_2020.
8. Prinja, Shankar & Purohit, Neha & Kaur, Manmeet & Kshirsagar, Swarupa & A, Balasubramanya & Kotwal, Atul. (2023). Enablers and barriers to work performance: A mixed methods assessment of Ayushman Bharat-Health and Wellness Centres in Punjab state of India. 10.22541/au.167960344.41737110/v1.
9. Sood, Abhilash. (2021). Assessment of health and wellness centres in hilly district of Himachal Pradesh. International Journal of Community Medicine and Public Health. 8. 5852-5855. 10.18203/2394-6040.ijcmph20214578.
10. Abhishek S, Garg S, Keshri VR. How useful do communities find the health and wellness centres? A qualitative assessment of India's new policy for primary health care. BMC Prim Care. 2024 Mar 19;25(1):91. doi: 10.1186/s12875-024-02343-2. PMID: 38504174; PMCID: PMC10949732.
11. https://nhsrcindia.org/sites/default/files/2024-01/AB-HWC%20Report%20-%20FINAL%20-%20May%2013.pdf
12. https://ab-hwc.nhp.gov.in/download/document/45a4ab64b74ab124cfd853ec9a0127e4.pdf

13. https://static.pib.gov.in/WriteReadData/specificdocs/documents/2023/apr/doc2023424185801.pdf
14. https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf
15. https://phfi.org/wp-content/uploads/2021/12/HWC-Report-Print_final.pdf