TO ASSESS THE AVAILABILITY AND ACCESSIBILITY OF EXPANDED HEALTH PACKAGE SERVICES AT AYUSHMAN AAROGYA MANDIR IN JAIPUR, RAJASTHAN

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Sanjeevita

Under the Supervision and Guidance of

Dr. Mamta Chauhan

2024

Government of Rajasthan
National Health Mission, Rajasthan
Department of Medical, Health & FW, Swasthya Bhawan, Jaipur
Tel.No.0141-2229108, Email ID: spm_raj.nrhm@yahoo.com

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CERTIFICATE

This is to certify that **Ms. Sanjeevita**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed her Dissertation & Internship at National Health Mission, Rajasthan from 18/03/2024 to 18/06/2024. She has worked on the project-

TO ASSESS THE AVAILABILITY AND ACCESSIBILITY OF 12 HEALTH PACKAGE SERVICES AT AYUSHMAN AROGYA MANDIR IN JAIPUR, RAJASTHAN

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

(Dr Jitendra Kumar Soni)
Mission Director, NHM
Special Secretary
Medical Health & Family Welfare

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **'To assess the availability and accessibility of Expanded Heath Package Services at Ayushman Aarogya Mandir in Jaipur, Rajasthan'** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Sanjeevita

(Signature)

Sanjeevita

Date- 03/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **'To assess the availability and accessibility of Expanded Health Package Services at Ayushman Aarogya Mandir in Jaipur, Rajasthan'** is a record of the research work undertaken by **Sanjeevita** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Mamta Chauhan
Faculty Guide
IIHMR University, Jaipur
Date 03/07/2024

Dr. Sanjay Gupta
MBA-HM Dean
IIHMR University, Jaipur
Date 03/07/2024.

ABSTRACT

To assess the availability and accessibility of Expanded Health Package Services at Ayushman Aarogya Mandir in Jaipur, Rajasthan.

Author Name: Sanjeevita, MBA Hospital & Health Management, IIHMR University, Jaipur

Advisor's Name: Dr. Mamta Chauhan, Professor, IIHMR University, Jaipur

Keywords: Health Services, Health & Wellness Centre, Ayushman Aarogya Mandir, Expanded Range of Services

Background: Ayushman Aarogya Mandir, also known as Health & Wellness Centre, was established as part of the Ayushman Bharat initiative, represents a significant enhancement in India's healthcare infrastructure. These Ayushman Aarogya Mandir were established to provide comprehensive primary healthcare services across the country, encompassing 12 health package services, that include RMNCH+A services Communicable and Non-Communicable Diseases, Basic Oral Health Care, Ophthalmic and ENT Problem, Management of Mental Health Ailments, Elderly Health Care Services, & Emergency Medical Services The initiative signifies a strategic effort to broaden access to essential healthcare services and improve health outcomes across the population.

Objective: This study evaluates how effectively these centers deliver 12 health package services to the population, highlighting areas for improvement in service provision and healthcare access. By examining the implementation of these services, the research aims to contribute valuable insights into the ongoing efforts to strengthen healthcare delivery under Ayushman Bharat.

Methodology: A mixed-methods approach was employed, combining quantitative and qualitative data collection. The study involved Community Health Officers (CHOs) and beneficiaries at 20 AAM-SHCs. Structured questionnaires with both closed and open-ended questions were used to gather data from 20 CHOs and 100 patients. Quantitative data were analyzed using Microsoft Excel, and results were visualized using graphs.

Findings: This study revealed that out of the 20 centers, 14 centers offered all 12 health package services, and 6 centers were found to lack these services like oral health, ENT, mental health, palliative care, and emergency care, because CHOs have not received

training in these expanded services. And this study also noted that CHOs were well-trained and knowledgeable about the services available.

Conclusions: The evaluation of Ayushman Aarogya Mandir's 12 health packages reveals positive results in managing diseases and meeting community health needs. However, some facilities lack essential services like oral health, mental health and emergency care. Staffing is generally sufficient, but cleanliness challenges exist. Recommendations for improving healthcare delivery include increased training for Community Health Officer (CHOs) to ensure comprehensive service provision.

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I would first want to express my sincere gratitude to IIHMR University and the National Health Mission, Jaipur, Rajasthan for giving me the chance to complete my internship. They put their faith and confidence in me, and I am appreciative since it allowed me to get useful real-world experience related to my subject of study.

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I want to sincerely thank my mentor, Dr. Mamta Chauhan, for all of her help throughout my internship and for serving as a mentor to me. My comprehension of the field and the development of my talents have been greatly influenced by her knowledge, patience, and desire to impart it.

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I also want to express my gratitude to the academic division at my institution for its assistance and support during the internship process. I was able to apply myself successfully during my internship because to the theoretical information and practical skills I gained during my education.

I'd want to close by expressing my sincere appreciation to my family and friends for their unflagging support, compassion, and inspiration. Their confidence in my skills and never-ending encouragement were key factors in my achievement throughout my internship.

I would want to conclude by saying how appreciative I am to everyone who helped me finish my internship report. Without a doubt, the knowledge I've received and the lessons I've learnt throughout my internship will influence my future endeavours.

Sincerely,

Sanjeevita

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ABBREVIATIONS

S.No	Abbreviations	Full Form
1.	AB	Ayushman Bharat
2.	AAM	Ayushman Aarogya Mandir
3.	ANM	Auxiliary Nurse & Midwife
4.	ASHA	Accredited Social Health Activist
5.	CHC	Community Health Centre
6.	CHO	Community Health Officer
7.	CPHC	Comprehensive Primary Health Care
8.	HWC	Health & Wellness Centre
9.	NHM	National Health Mission
10.	NRHM	National Rural Health Mission
11.	NUHM	National Urban Health Mission
12.	NHP	National Health Policy
13.	PHC	Primary Health Centre
14.	PMJAY	Pradhan Mantri Jan Aarogya Yojna
15.	PBI	Performance Based Incentive
16.	SHC	Sub-Health Centre
17.	TBI	Team Based Incentive

INTRODUCTION

The National Health Mission (NHM) was launched nationwide on 1st May 2013, by the Government of India. It comprises two sub-missions: the National Rural Health Mission (NRHM), initiated in 2005, and the National Urban Health Mission (NUHM), launched in 2013. The primary objective of the NHM is to enhance the accessibility, affordability, and quality of healthcare services for populations in both urban and rural areas, with a particular focus on women, children, and the economically disadvantaged.

The NHM encompasses various initiatives aimed at improving public health and reducing health disparities. Key areas of focus include maternal and child healthcare, immunization programs, and the provision of essential health services. The mission operates through local health organizations at the state level and collaborates with state governments. It receives funding from the central government as well as international organizations. The NHM strives to achieve the health-related goals set by the United Nations, ensuring that essential healthcare services are accessible to all individuals, regardless of their socioeconomic status or geographical location.(1)

Components of NHM:

1. RMNCH+N
2. Health System Strengthening
3. Non Communicable Disease Control Programmes
4. Communicable Disease Control Programme
5. Infrastructure Maintenance.(2)

Building on the foundation laid by the National Health Mission and considering the main goal (accessibility and affordability) of health services, Ayushman Bharat, launched by the Government of India in 2018, is a flagship initiative of Government of India aimed at achieving the Universal Health Coverage and addressing the growing burden of diseases in India, particularly non-communicable diseases (NCDs). A crucial reason for launching Ayushman Bharat was the increasing burden of NCDs, such as heart disease, diabetes, cancer, and chronic respiratory diseases, which significantly impact public health and the economy. The initiative aims to provide accessible and affordable healthcare to all citizens, especially those from economically disadvantaged sections of society. While Ayushman Bharat primarily focuses on health insurance coverage through the Pradhan

Mantri Jan Arogya Yojana (PM-JAY), which offers financial protection by covering hospitalization costs for secondary and tertiary care, it also emphasizes the establishment of Health and Wellness Centers (HWCs) across the country. These centers serve as the first point of contact for healthcare services at the grassroots level, providing a range of essential services including preventive, promotive, and curative care, rehabilitative and palliative care with a particular focus on early detection and management of NCDs through regular screenings and health promotion activities. By integrating comprehensive primary healthcare with financial protection, Ayushman Bharat aims to improve health outcomes and reduce the economic burden of NCDs on individuals and the nation.(3)

Ayushman Aarogya Mandir, previously known as Health and Wellness Centers, have become a cornerstone of India's healthcare system, offering vital services to communities nationwide. These centers provide basic healthcare services such as immunization, maternal and child healthcare, family planning, and treatment for common illnesses, ensuring access to essential care that prevents disease spread and promotes overall health.

A significant focus of Ayushman Aarogya Mandir is the screening and early detection of non-communicable diseases like hypertension, diabetes, and certain cancers. By offering these screening services and effective management options, they help individuals proactively address these conditions and prevent complications. Additionally, these centers play a crucial role in health education and raising awareness about preventive healthcare practices. They organize health camps, workshops, and campaigns to educate communities about various health issues and promote healthier lifestyles, empowering individuals to make informed health decisions.

Referral services are another key component, acting as a link between primary healthcare and specialized facilities, ensuring patients receive appropriate care from qualified providers. Some centers are equipped with telemedicine facilities, enabling remote consultations with specialists, which improves healthcare access and outcomes for patients in remote or underserved areas.

The establishment of Ayushman Aarogya Mandir under Ayushman Bharat represents a significant advancement in strengthening India's primary healthcare infrastructure. By emphasizing preventive healthcare, early disease detection, and reducing the burden on secondary and tertiary healthcare facilities, these centers contribute to the overall health

and well-being of communities, fostering a healthier nation..(4)

The delivery of comprehensive primary health care through Ayushman Arogya Mandir includes nine key elements that are:

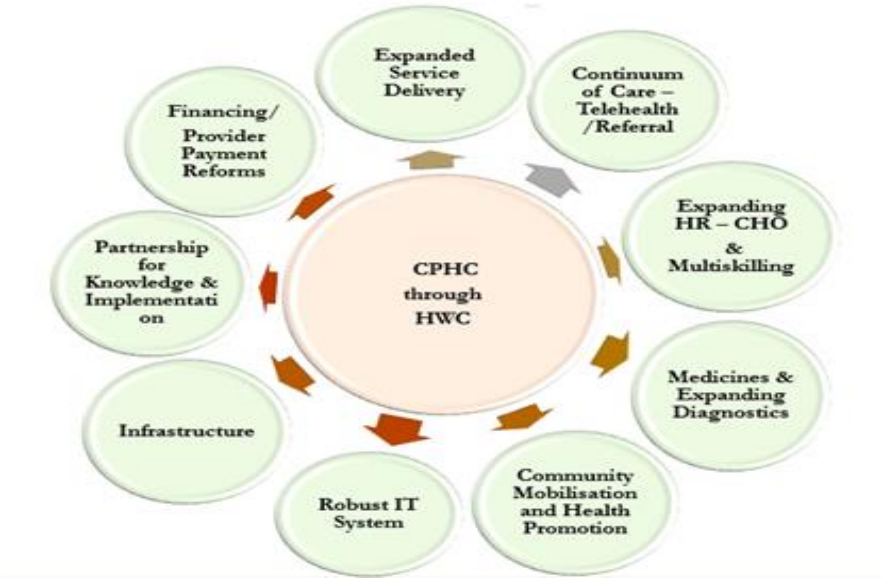

Fig 1.1

As part of Ayushman Bharat- Health and Wellness Centre's, the Community Health Officer (CHO), a new cadre of health professionals will oversee the HWC. The expanded health care services will be delivered by a team of CHO, ANM and ASHA. CHOs will play a critical role in the provision of expanded range of essential package of services as a part of Comprehensive Primary Health Care. They are expected to lead the primary care team at Subcentre- Health & Wellness Centre, provide clinical management and ambulatory care to the community and serve as an important coordination link to ensure the continuum of care with professional background such as BSc. in Community Health or a Nurse (GNM or BS.c) or an Ayurveda practitioner, trained and certified through IGNOU/other State Public Health/Medical Universities.

This study aims to evaluate the availability and accessibility of the expanded range of services introduced through Ayushman Aarogya Mandir in Jaipur, Rajasthan,

following their launch in 2018. Additionally, assess the the level of knowledge among CHOs on Performance Based Incentive and Team Based Incentive.The research seeks to determine whether these centers effectively provide comprehensive healthcare services to the population and level of knowledge among Community Health Officers (CHOs) of the different aspects of performance-based and team-based incentives in Ayushman Aarogya Mandir.

a) Expanded Service Delivery:

The National Health Mission (NHM), in the past, has focused on Reproductive Maternal Newborn and Adolescent health (RMNCH+A) services and communicable diseases like HIV/AIDS, malaria, and prevention of tuberculosis but changing demographics and an epidemiological transition requires a broader focus to include hypertension, diabetes, cancer and non-communicable diseases (NCDs).

With the establishment of Ayushman Bharat-HWC in 2018, they represent a paradigm shift from selective care to comprehensive care, offering a wide range of healthcare services, including:(3)

Fig 1.2

One of the key features of the Ayushman Aarogya Mandir is the introduction of Team Based Incentive and Performance Based Incentive. This initiative under Ayushman

Bharat Program, aims to enhance healthcare delivery by providing comprehensive services to the community. To improve efficiency and encourage quality care, team and performance-based incentives can play a crucial role.

b) Performance Based Incentive & Team Based Incentive:

Under AAM program, Performance Based Incentive is provided Community Health Officer (CHO) and Team-based incentives are provided to ANM & ASHAs at SHC level and MO, SN, LT, Pharmacist, DEO etc. at PHC level. This incentive is over and above the honorarium or salaries of concerned staff. It is allocated to the staff based on achievement of 15 indicators related to RMNCH, NCD, Teleconsultation and Wellness activities at AAM. Each indicator is linked to incentive. This aim to encourage collaborative efforts among health teams to ensure effective collaboration to improve health outcomes of the facility.

Community Health Officer (CHOs) are eligible for incentives of up to 15,000 while Accredited Social Health Activist (ASHAs) and Auxiliary Nurse Midwives (ANMs) get 1,000 and 1,500 respectively.(5)

OBJECTIVE

1. To assess the availability of expanding range of services.
2. To assess the accessibility of expanding range of services.
3. To assess the level of knowledge among CHOs on Performance Based Incentive and Team Based Incentive.

The aim of this study is to explore how well the Ayushman Aarogya Mandir-Sub Health Centre- in Jaipur, Rajasthan, provides and makes accessible its 12 Health Package Services. First, we aim to examine the range of services they offer to see if they meet the diverse health needs of the community. Then we aim to examine how easy it is for people to use these services. This involves looking at how close the health center is to where people live, and how quickly people can get the care they need. We want to find out if there are any obstacles that make it hard for people to access these services and suggest ways to improve this. Finally, we assess how much Community Health Officers (CHOs) know about Performance Based Incentives (PBI) and Team Based Incentives (TBI). These incentives are meant to motivate CHOs to perform well and work together effectively, which should lead to better healthcare for everyone.

Overall, this study aims to provide a how these 12 Health Package Services under AAM-SHC are being assessed and availed and also, to assess the level of knowledge among CHOs on Performance Based Incentive and Team Based Incentive.

CHAPTER-2

LITERATURE REVIEW

S. No	Author & Year	Title of the study	Objective of the study	Key Findings
1.	Dr. Mansi Arora (2024)	Reduced burden on urban hospitals by strengthening rural health facilities: Perspective from India	The objective of this study is to analyze health disparities between rural and urban areas in India and evaluate initiatives aimed at improving rural healthcare accessibility and utilization.	This article reveals the health inequalities between the rural-urban areas in India and the reasons why people move from the rural to urban and thus the burden on the urban hospitals. Though, the attempt to reinforce the rural health care has succeeded in the diminishing of this problem. The data from the surveys which indicates that people are using public health facilities, especially in rural areas, now proves that the health

				facilities are well-utilized. This change is the result of the many interventions like the development of better infrastructure, increase of the medical staffs, and the community involvement after the Government initiatives which are Ayushman Bharat – Health & Wellness Centre which is aimed to provide universal health coverage. It underlines how the NRHM and other programs have made it possible for the healthcare to be easily reachable in the rural areas. This study also describes how the training, incentives, and

				technology can help to enhance rural healthcare and the partnership between the public and private sectors is very important for the improvement of healthcare in India.(6)
2.	Shriyuta Abhishek, Samir Garg, & Vikash Ranjan Keshri (2024)	How useful do communities find the health and wellness centres? A qualitative assessment of India's new policy for primary health care	To evaluate community perceptions and accessibility of Health and Wellness Centres (HWCs) in rural Chhattisgarh, India.	The research was carried out to discover the community views about the Health and Wellness Centres (HWCs) situated in the rural areas of Chhattisgarh, India. The paper describe accessibility, availability, acceptability, and quality of the services that were given, especially to the marginalized people. The results shows the

				convenience of HWCs because they can be very close to the people and they are very easy to get to, especially for childbirth services.(7)
3.	Ved, Rajani R; Gupta, Garima; Singh, Shalini (2019)	India’s health and wellness centres realizing universal health coverage through comprehensive primary health care	To examine India's shift towards comprehensive primary healthcare under Ayushman Bharat, focusing on addressing non-communicable diseases and enhancing healthcare quality.	This paper analyses India's attempts to change its health system, mostly primary healthcare, because of the changes in disease patterns from infectious to non-communicable diseases. It shows the importance of the Ayushman Bharat initiative which intends to make sub health centers into Health and Wellness Centers (HWCs) by 2022, and provide people with a

				comprehensive primary healthcare which is free. The shift towards chronic care needs is the main factor that the government has taken into account when making the move, which is therefore very important to improve the quality of healthcare. Nevertheless, there are challenges, for example, the different views on the primary healthcare and the implementation issues, but there is a strong political commitment to make this transformation happen, thus, all the more, the primary

				healthcare should be included in the universal health coverage.(8)
4.	Chandrakant Lahariya (2020)	Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward	The objective of this study is to evaluate the Ayushman Bharat Program's Health and Wellness Centers (HWCs) component in India, assessing its impact on primary healthcare services and its potential for enhancing Universal Health Coverage, particularly in the context of challenges posed by the COVID-19 pandemic.	The study aims to review and analyze the Ayushman Bharat Program, particularly focusing on its Health and Wellness Centers (HWCs) component, which aims to enhance primary healthcare services in India. It illustrates the key aspects of HWCs , reviews their progress, and assesses their potential to strengthen Universal Health Coverage in India. Additionally, it examines the challenges of corona virus pandemic and the

				ways to overcome them become the subject of discussion to design the bigger scale of HWCs in India. The study offers a number of strategies for the effective implementation of Ayushman Bharat Program (ABP), which emphasize the need for quick implementation, sufficient funding, community engagement, functional referral links and attention to public health services. The study says it's really important to make primary healthcare better, and what India is doing with its Ayushman Bharat

				Program could teach other countries how to do it too.(9)
5.	Gandhi, Arvind P; Nangia, Ria; Thakur, J. S. (2022)	Health and Wellness Centres as a strategic choice to manage noncommunicable diseases and universal health coverage	The objective of this study is to assess the role of Health and Wellness Centres (HWCs) in managing Non-Communicable Diseases (NCDs) under the Ayushman Bharat mission, focusing on challenges and technological advancements impacting service delivery and Universal Health Coverage (UHC).	The research is conducted on the Health and Wellness Centres (HWCs), established under the Ayushman Bharat mission which play a significant role in the management of Non-Communicable Diseases (NCDs) that ensures Universal Health Coverage (UHC). HWCs aim to improvement in primary healthcare by expanding services, including NCD management, at community levels. The salient challenges identified are insufficient

				knowledge, supply chain of drugs/diagnostics, and inadequate trained human resources. Technological advancements like drug ticker bags and telemedicine improve service provision, whereas community engagement is still the biggest problem along with standardized protocols. Despite challenges, HWCs show promise in bridging healthcare gaps, provided ongoing support and systemic improvements are ensured for sustained impact on NCD care and UHC goals.(10)

CHAPTER-3
METHODOLOGY

STUDY DESIGN: This study employs a cross-sectional approach that combines quantitative and qualitative methods to provide a comprehensive assessment of the availability and accessibility of Expanded Health Package Services at Ayushman Aarogya Mandir in Jaipur, Rajasthan.

SETTING: The research is conducted within the Ayushman Aarogya Mandir-Sub Health Centres (AAM-SHC) located in Jaipur, Rajasthan.

STUDY POPULATION: The study population includes:

Community Health Officers (CHOs): Healthcare providers responsible for delivering health services at the AAM-SHCs.

Beneficiaries: Individuals who have accessed the health services provided at the AAM-SHCs. This group represents the community members utilizing these services.

STUDY TOOLS: Data collection was conducted using structured questionnaires tailored to each group:

For CHOs: The questionnaire focus on the availability of health services, the challenges faced in service delivery, and their perspectives on the accessibility of these services to the community.

For Beneficiaries: This questionnaire gathered data on the accessibility of health services, patient satisfaction, and any barriers they encounter when seeking care.

Both questionnaires include closed-ended questions to facilitate quantitative analysis and open-ended questions to capture qualitative insights.

DURATION OF STUDY: 3 months (March to June 2024)

SAMPLE SIZE: The sample size consists of:

- **20 Community Health Officers (CHOs):** One CHO were selected from each of the 20 AAM-SHCs.
- **100 Beneficiaries:** Five beneficiaries from each facility

This sample size is designed to provide a balanced view by including perspectives from both healthcare providers and beneficiaries.

SAMPLING TECHNIQUE: A convenient sampling technique has been employed to select the participants. This method is chosen for its practicality and efficiency in accessing the desired population within the limited study duration.

DATA COLLECTION PROCEDURE: The data has been collected through a structured questionnaire for healthcare providers (CHOs), and beneficiaries.

DATA ANALYSIS PLAN: -

Collected data is analyzed using Microsoft Excel.

Results are visualized using graphs to identify trends and insights.

ETHICAL CONSIDERATIONS: - Informed consent from participants, including CHOs and beneficiaries.

- Confidentiality of data
- Respect for autonomy and privacy
- Equity and fairness in participant selection
- Compliance with relevant regulations and guidelines

CHAPTER-4

DATA ANALYSIS & RESULT

Population covered by Ayushman Aarogya Mandir:

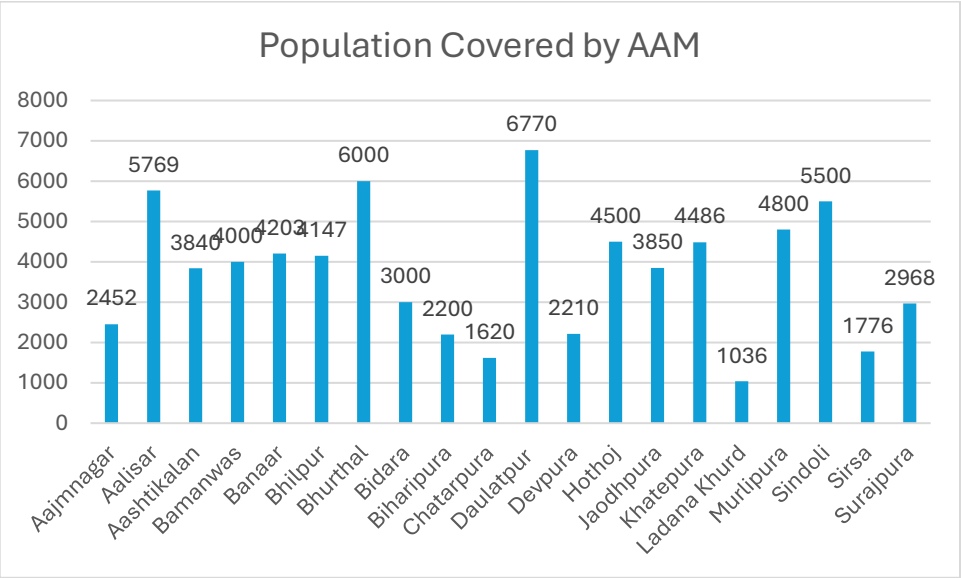

Fig 4.1

Figure 4.1 depicts that as per guidelines AAM-SC should cater 3000-5000 population. These population coverage of these AAM-SHC ranges from 2500 to 7000. This shows the geographical reach by each facility.

Human resources availability at the SHC(AAM):

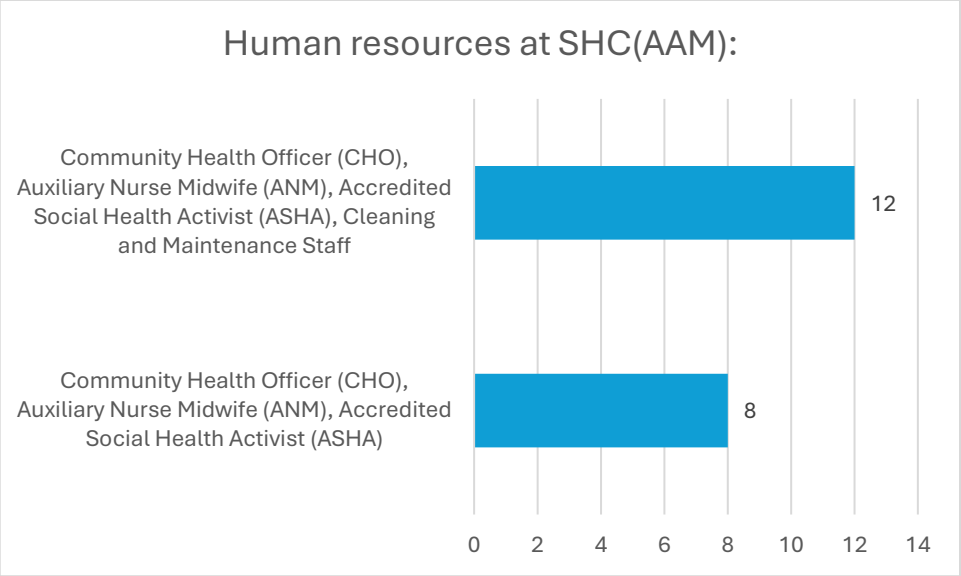

Fig 4.2

Figure 4.2 depicts, human resources in Ayushman Aarogya Mandir facilities shows that out of the 20 facilities, 12 have complete staffing, including CHOs, ANM, ASHA, and Cleaning & Maintenance Staff.

However, 8 facilities (Aajmnagar, Bamanwas, Bhilpur, Bhurthal, Biharipura, Jaodhpura, Khatepura, Ladana Khurd) lack cleaning and maintenance staff, despite having CHOs, ANMs, and ASHAs. This gap impacts the quality of healthcare delivery, as cleanliness is crucial for preventing infections and ensuring patient safety. To address this, at 8 facilities, dedicated cleanliness staff is required.

Monthly OPD at Ayushman Aarogya Mandir:

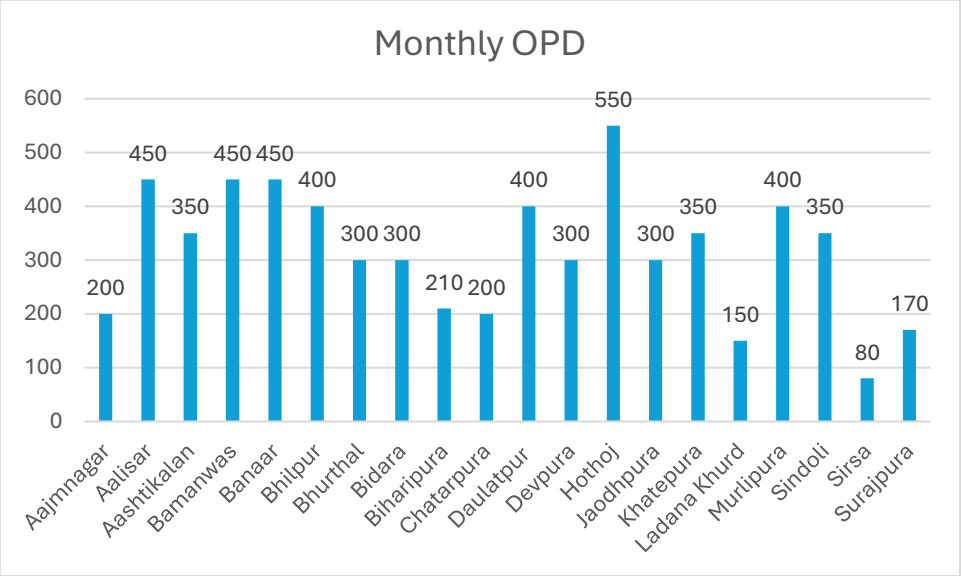

Fig 4.3

Figure 4.3 depicts the average monthly OPD reported at facilities was 350-400, it varies due to population coverage by each AAM-SHC.

Hothoj stands out with the highest number of visits, 550 per month, this high demand could be due to a larger population or greater awareness and accessibility of healthcare services in the area. In contrast, Sirsa records the lowest number of visits at 80 per month, potentially due to factors such as lower population, limited healthcare access, or a lack of awareness about available services.

Most other locations report monthly OPD visits ranging from 200 to 450, indicating a moderate to high demand for sevices.

These finding suggest the need for high-demand areas like Hothoj require additional healthcare providers, enhanced facilities, and possibly extended hours to manage the patient load effectively. In contrast, areas with lower visit numbers like Sirsa, should focus on improving access through community outreach programs, and awareness campaigns.

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Awareness of Comprehensive Health packages offered at Ayushman Aarogya Mandir:

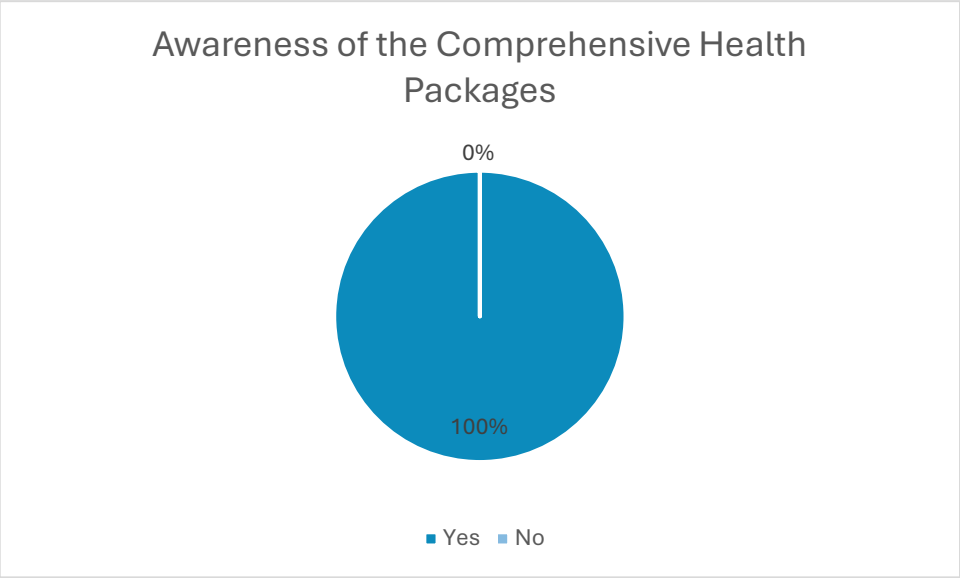


Fig 4.4

Figure 4.4 shows good understanding of CHOs on Comprehensive Primary Health Care. This complete awareness indicates that information about the health packages has been effectively communicated and understood by the CHOs. As a result, CHOs can confidently inform and guide patients about these services, which may lead to higher utilization rates and improved health outcomes.

Health packages awareness and availability of services: Out of the 20 facilities evaluated, 14 facilities (Aalisar, Aashtikalan, Bamanwas, Banaar, Bhilpur, Bhurthal, Bidara, Chatarpura, Daulatpur, Devpura, Hothoj, Jaodhpura, Sirsa, Surajpura) offer all 12 health packages, ensuring comprehensive healthcare coverage. However, 6 facilities (Aajmnagar, Biharipura, Khatepura, Ladana Khurd, Murlipura, Sindoli) were providing 7 services namely Care in Pregnancy and Child-birth, Neo-natal and Infant Health Care Services, Childhood and Adolescent Health Care Services, Family Planning, Contraceptive Services and other Reproductive Health Care Services, Management of Communicable Diseases, Out-patient Care for Acute Simple Illnesses and Minor Ailments, Screening, Prevention, Control and Management of Non-Communicable, Diseases and Chronic Communicable Diseases like TB and Leprosy, and don't have health packages like Oral Health Care, Care for Common Opthalmic and ENT Problem, Mental Health Ailments, Palliative Health Care Services, and Emergency Medical

Services and only provide basic medication services. For remaining services as informed training of staff will be organized and services will be ensured in stipulated time.

Training status of CHOs

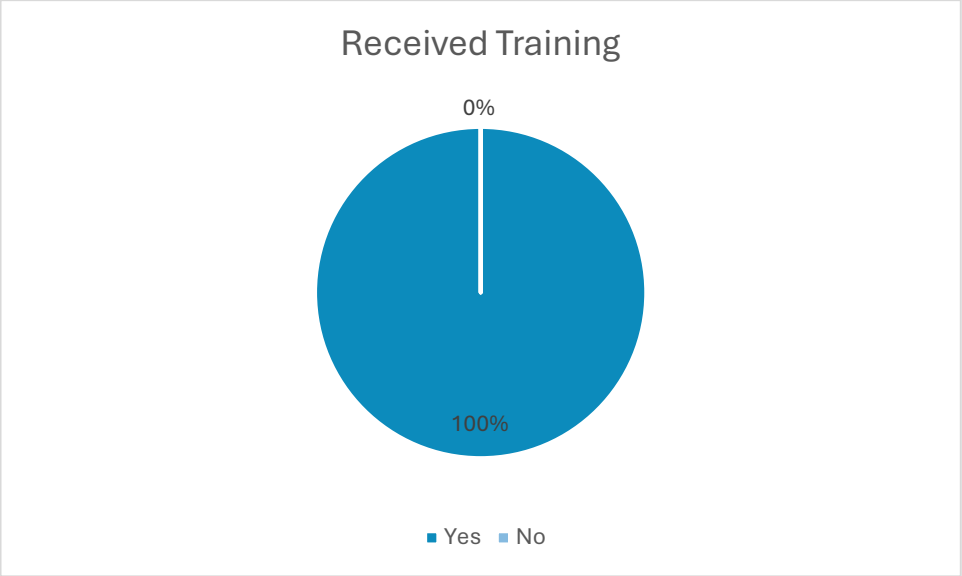


Fig 4.5

Figure 4.5 shows that all CHOs were trained in 15 days CHO Induction Training and well aware with the roles and responsibilities of RMNCH+A, IT platforms, NCD services and basic of expanded services. They were well trained & equipped with knowledge to provide the services of AAM.

However, it was noted that some CHOs didn't receive training in the expanded range of services, including OEEE, MNS, and Elderly and Palliative care. For these remaining services, it was informed that training for the staff will be organized and the services will be ensured with the stipulated time.

Three months (March, April and May) data on 12 expanded services was analyzed to see the uptake of these services at all studied AAM-SHC:

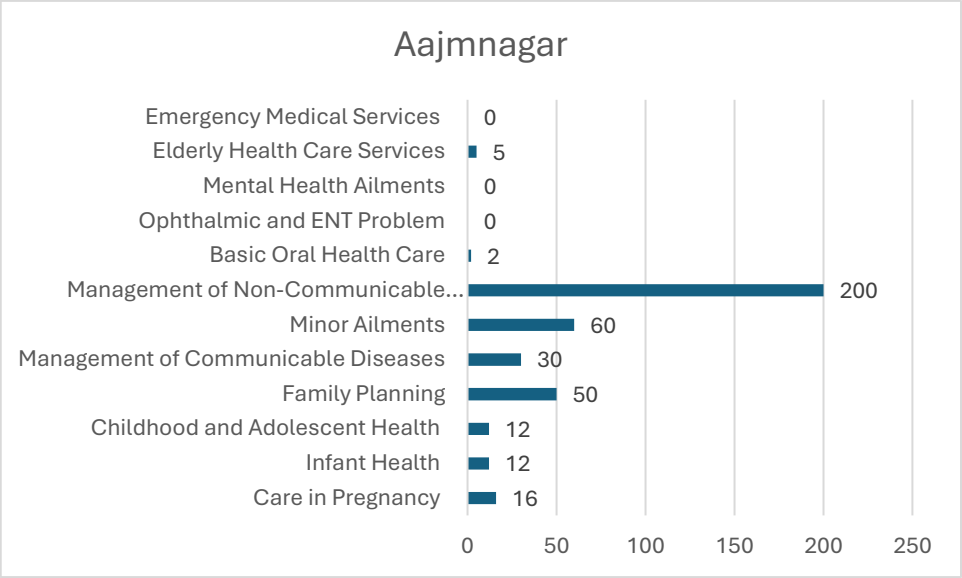


Fig 4.6

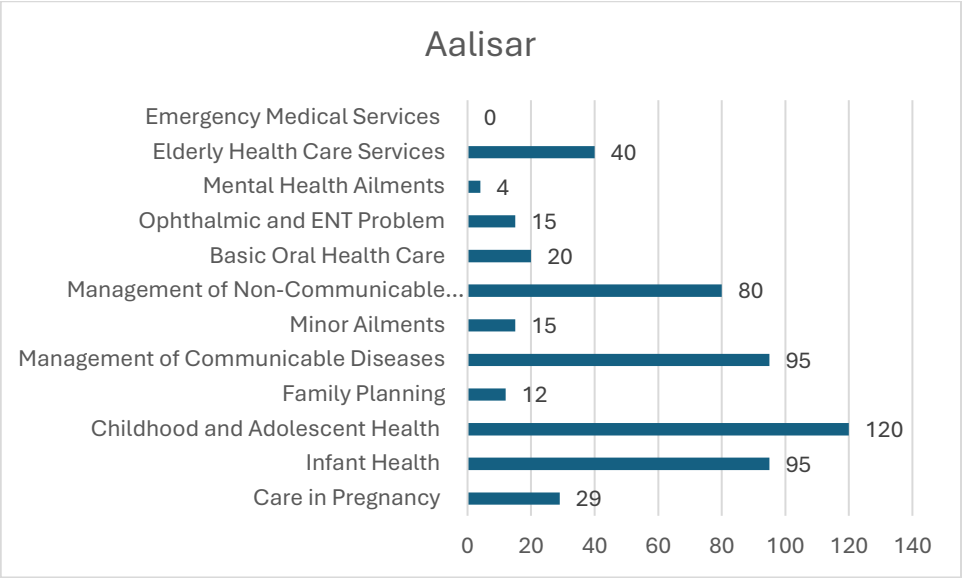
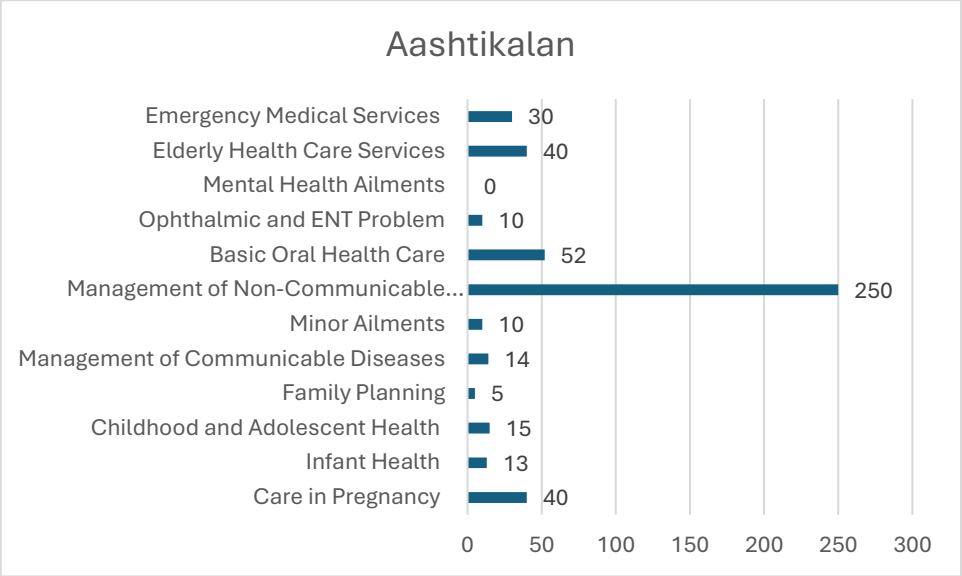

Aalisar
Emergency Medical Services
Elderly Health Care Services
Mental Health Ailments
Ophthalmic and ENT Problem
Basic Oral Health Care
Management of Non-Communicable...
Minor Ailments
Management of Communicable Diseases
Family Planning
Childhood and Adolescent Health
Infant Health
Care in Pregnancy
0
40
4
15
20
80
15
95
12
120
95
29
0 20 40 60 80 100 120 140

Fig 4.7


Aashtikalan
Emergency Medical Services
Elderly Health Care Services
Mental Health Ailments
Ophthalmic and ENT Problem
Basic Oral Health Care
Management of Non-Communicable...
Minor Ailments
Management of Communicable Diseases
Family Planning
Childhood and Adolescent Health
Infant Health
Care in Pregnancy
30
40
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52
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Fig 4.8

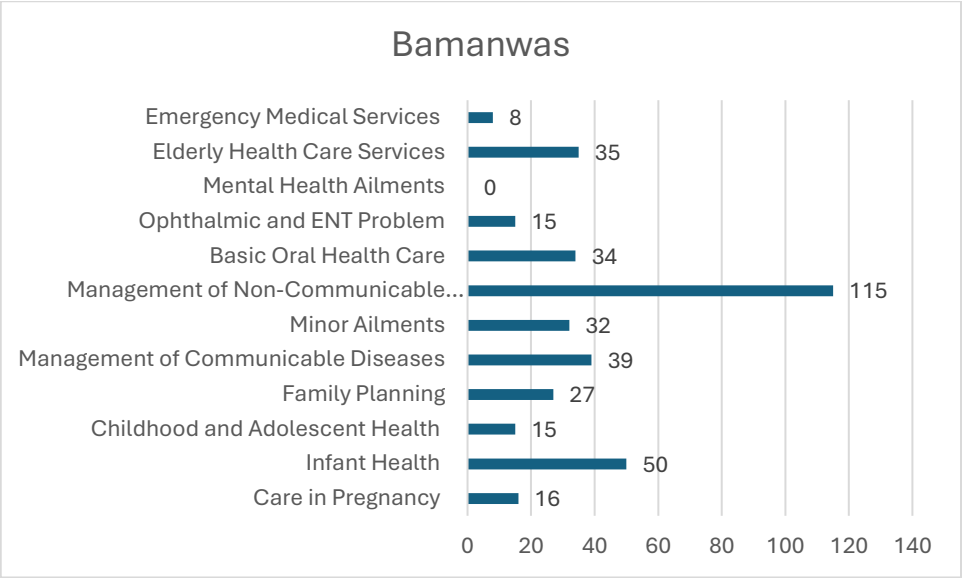
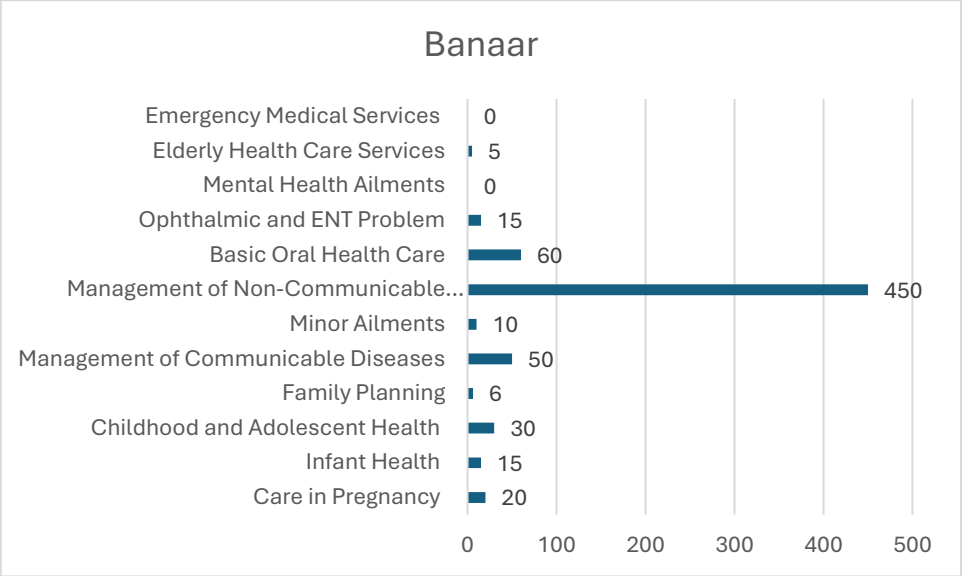


Fig 4.9



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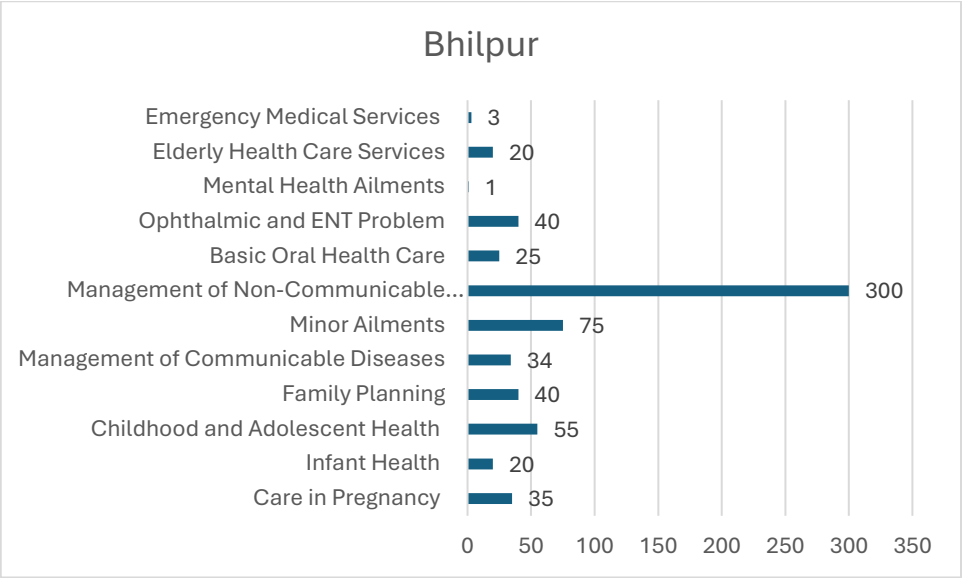

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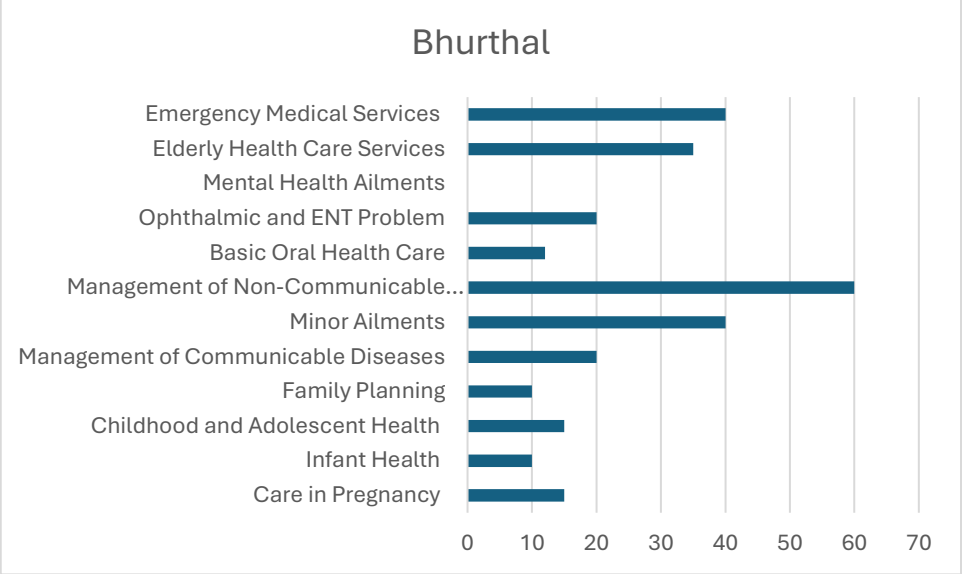

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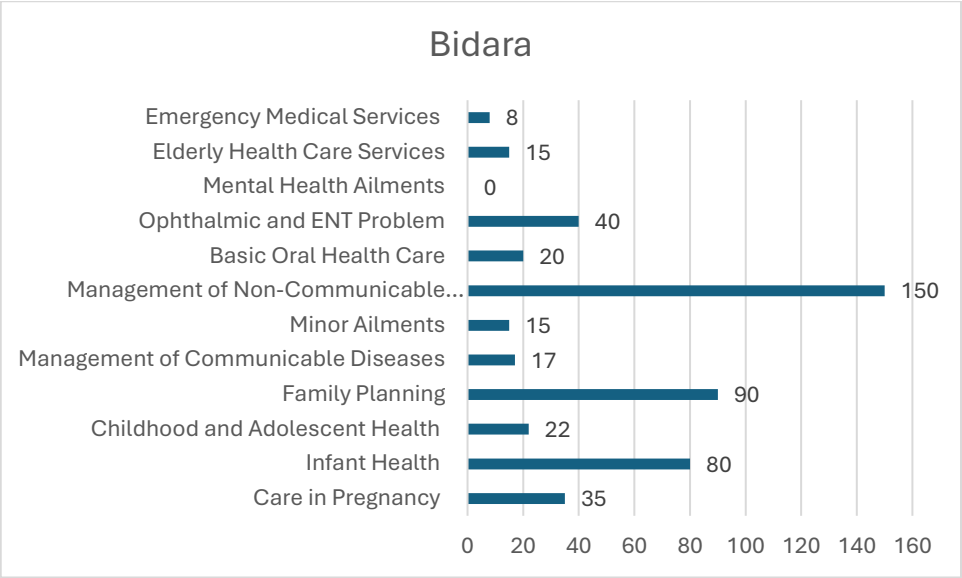

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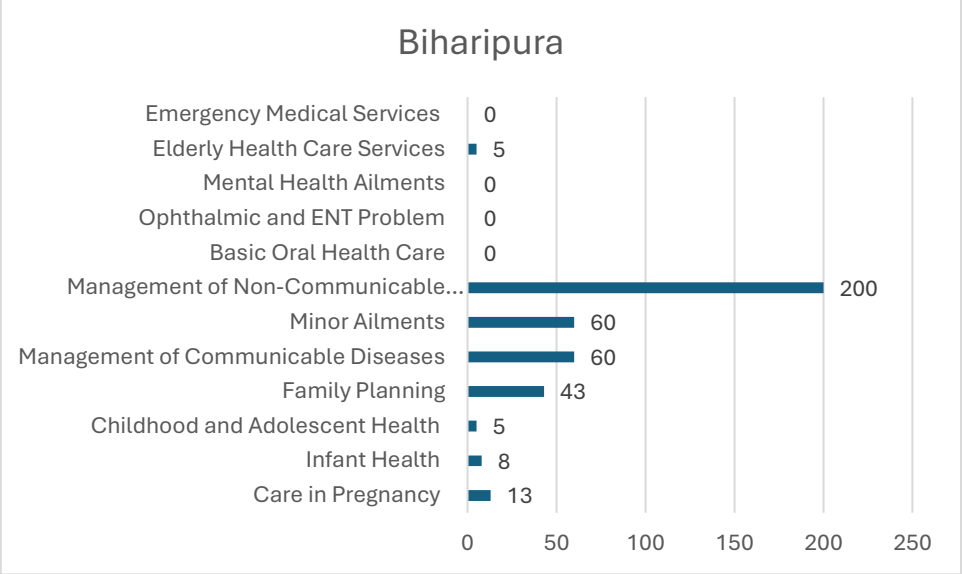

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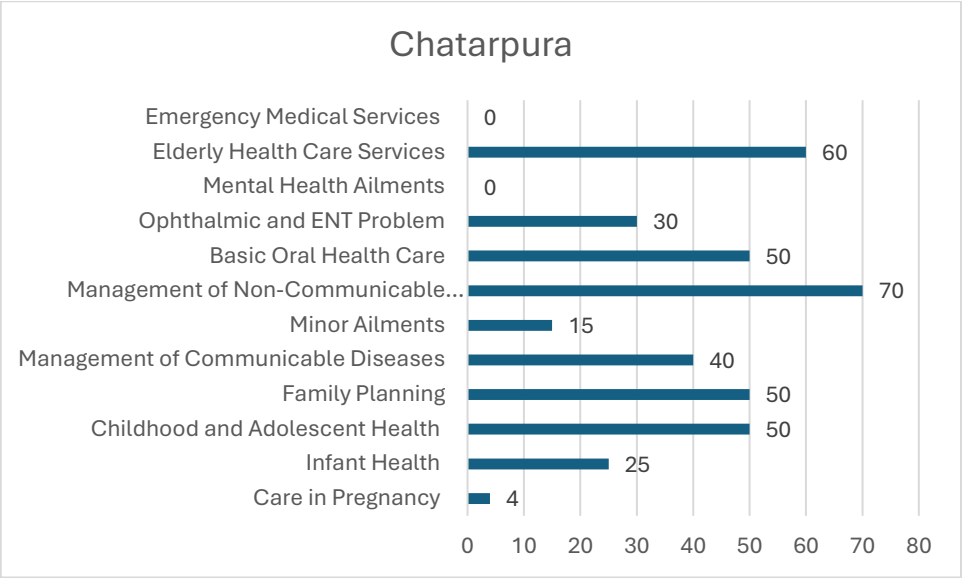

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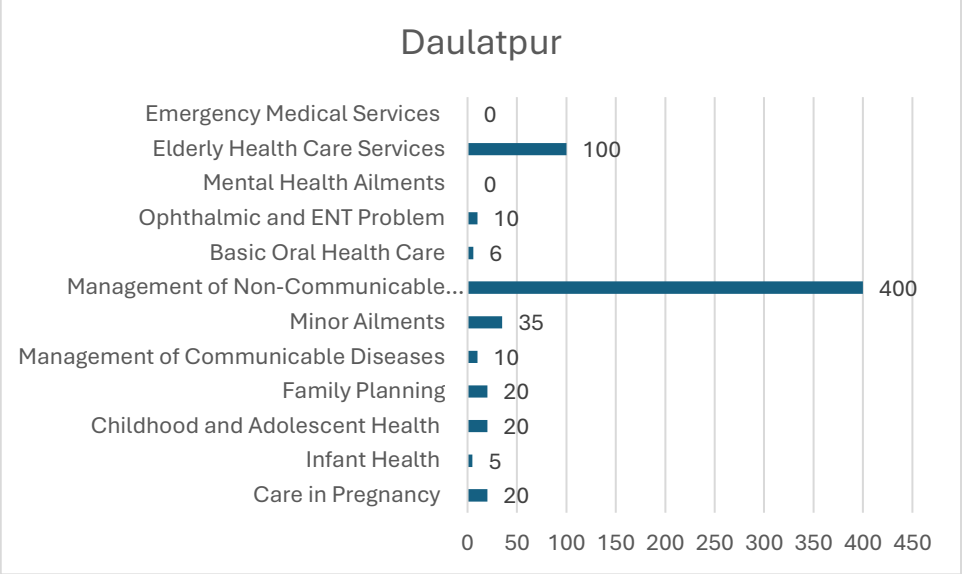

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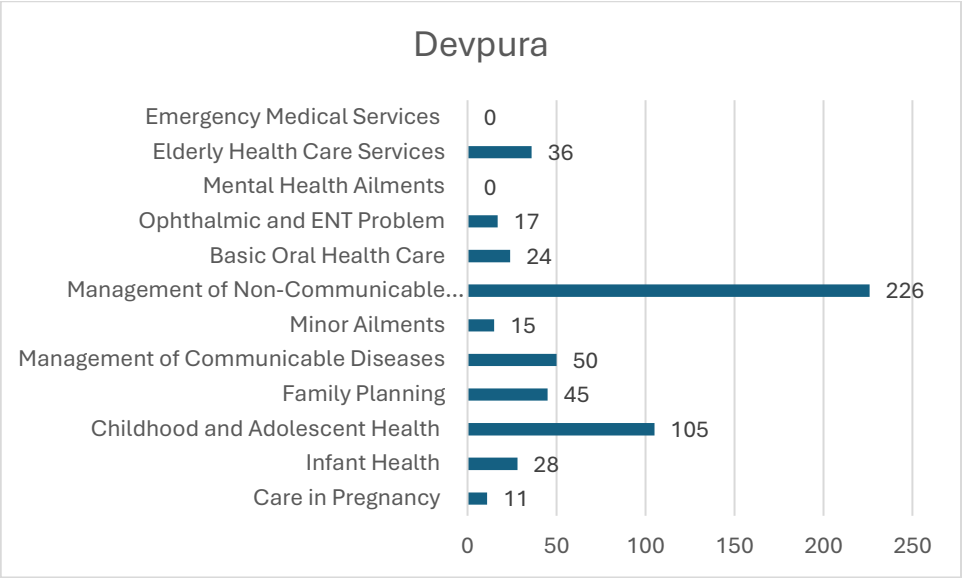
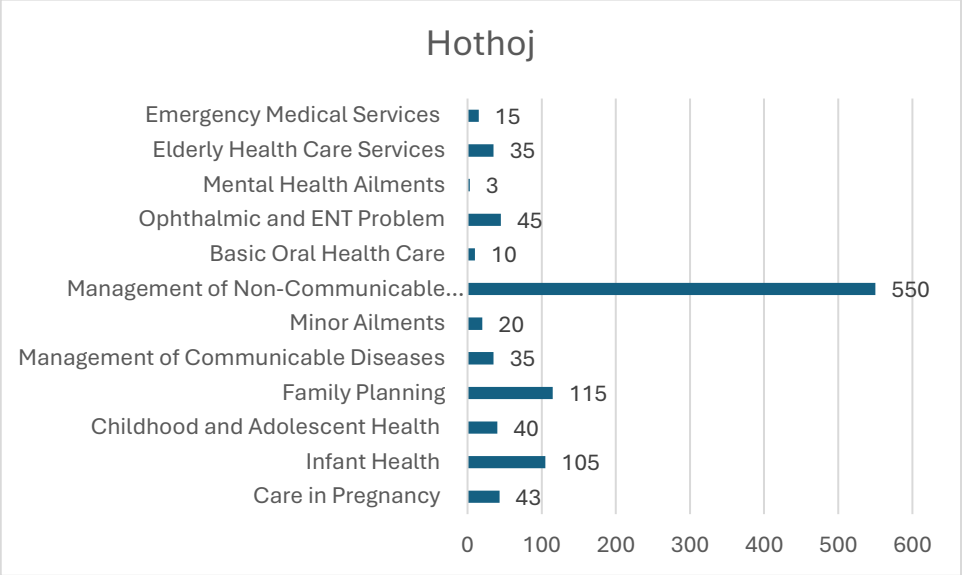


Fig 4.17



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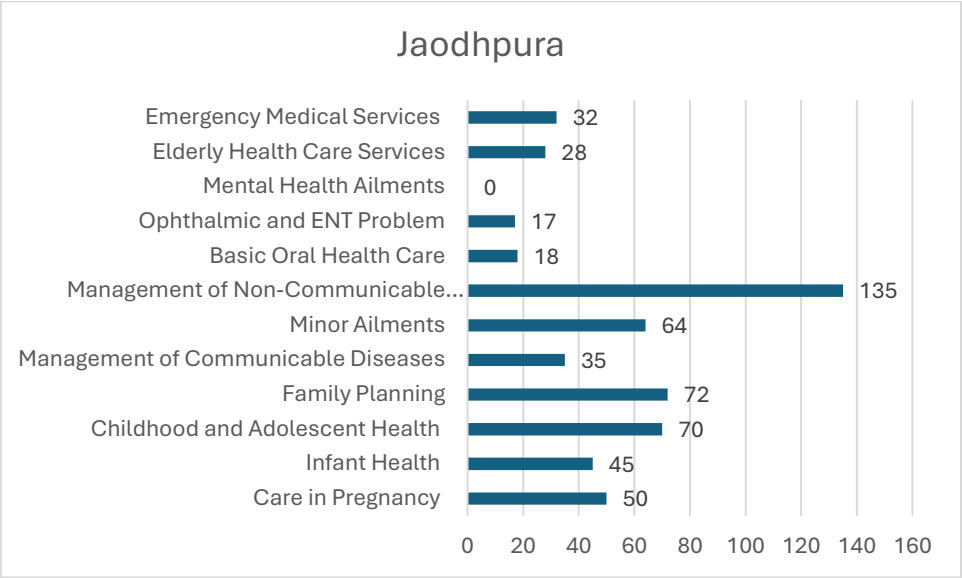
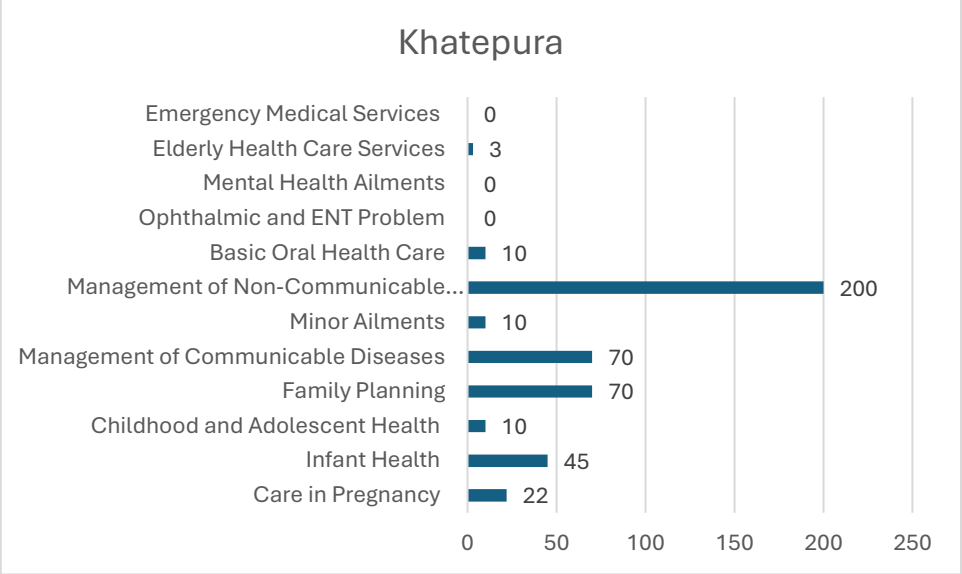


Fig 4.19



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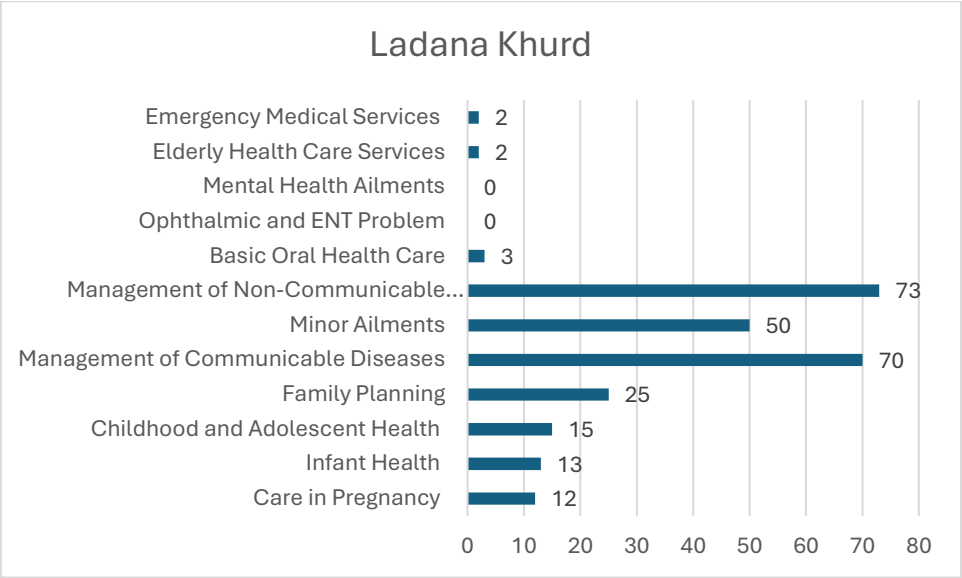


Fig 4.21

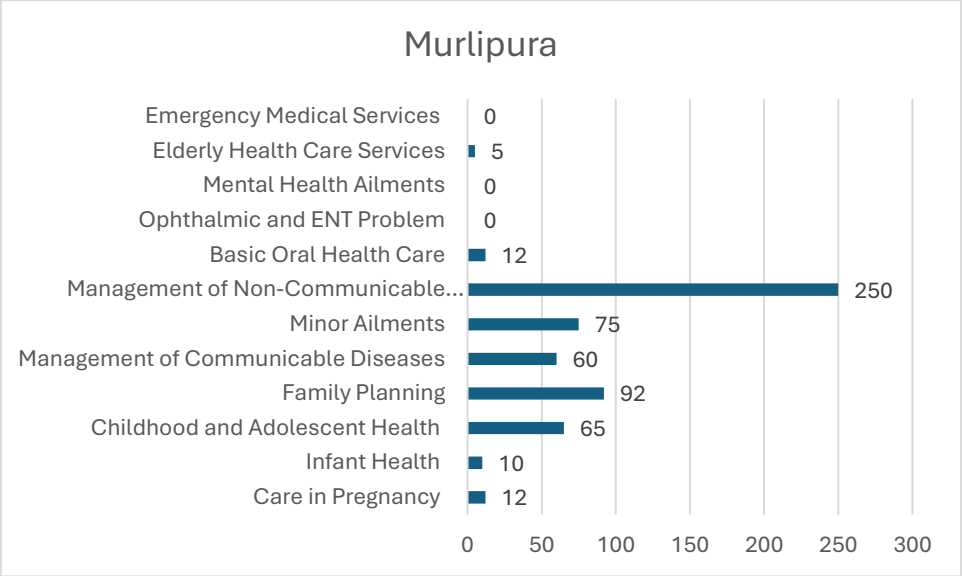
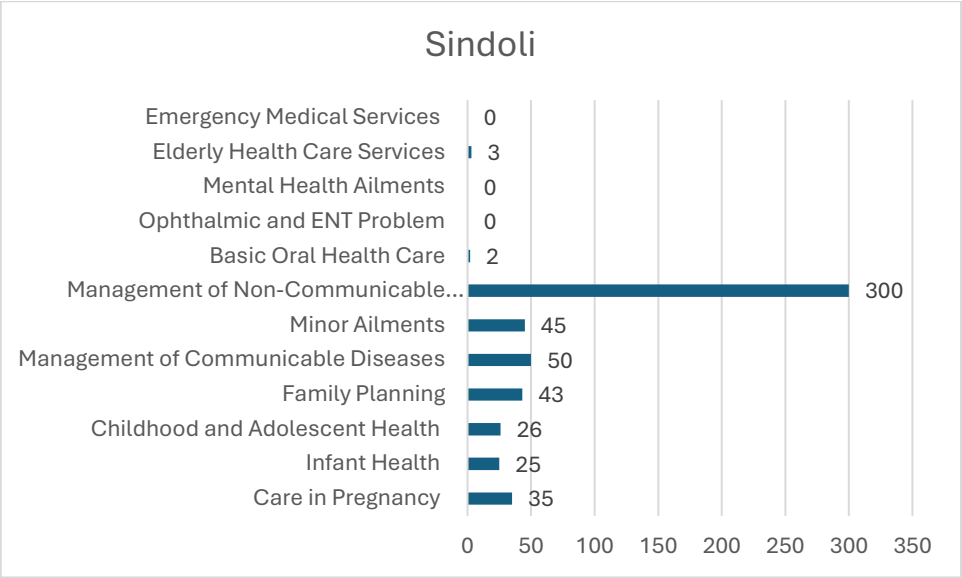


Fig 4.22



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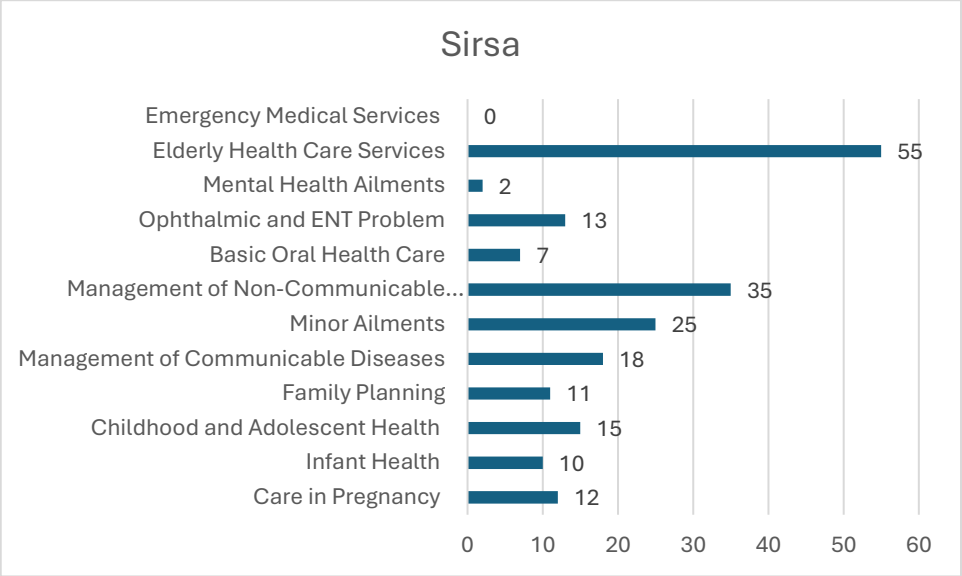

Fig 4.24

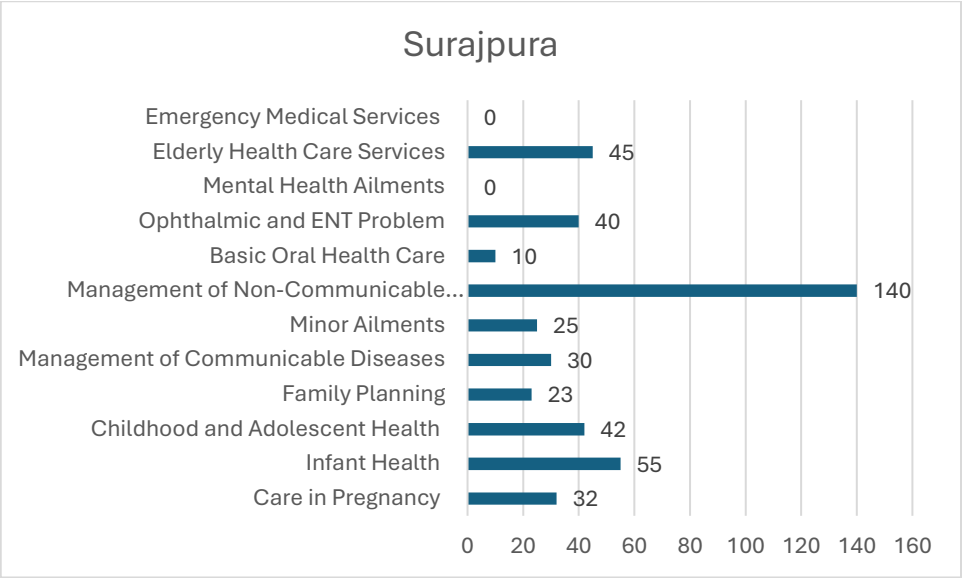

Fig 4.25

The above figures 4.6 to 4.25 depicts the uptake of 12 expanded package of services at all 20 AAM-SHC (Hothoj, Banaar, Bhilpur, Daulatpura, Murlipura, Jaodhpura, Devpura, Sindoli, Aalisar, Bidara, Aashtikalan, Surajpura, Khatepura, Biharipura, Chatarpura, Aajmnagar, Bamanwas, Bhurthal, Ladana Khurd & Sirsa) at Jaipur District.

With reference to services under component-

Care in Pregnancy: Highest utilization have been seen at AAM-SHC Jaodhpura (50 visits), Hothoj (43 visits), and lowest at Devpura (11 visits) and Chatarpura (4 visits) indicate a need for increased awareness or better access to pregnancy care services with average of 25 to 30. The average number of visits across all centers for this service is approximately 25 to 30 visits.

Neo-natal and Infant Health Care Services: High utilization of neo-natal and infant health care services in Hothoj (105 visits) and Aalisar (95 visits), whereas Daulatpur (5 visits) have the lowest uptake, suggesting awareness programs to ensure equitable access to essential health services for newborns and infants. The average number of visits is approximately 35 to 40.

Childhood and Adolescent Health Care Services: Aalisar (120 visits) and Bidara (80 visits) report the highest uptake for childhood and adolescent health care services, while Khatepura (8 visits) have the lowest with the average number of visits is 40 to 45.

Family Planning, Contraceptive Services, and other Reproductive Health Care Services: Hothoj (115 visits) and Jaodhpura (72 visits) show the highest utilization

for family planning and reproductive health care, indicating effective service delivery. Conversely, Aashtikalan (5 visits) reflect minimal uptake, pointing towards a need for better education and access. The average number of this service is 45 to 50.

Management of Communicable Diseases: The uptake for managing communicable diseases is highest in Aalisar (95 visits) and Khatepura and Ladana Khurd (70 visits), while Daulatpur (10 visits) report the lowest. Enhancing service delivery and outreach programs in lower-performing facilities could help bridge this gap. The average number of visits in various faciliies is approximately 40-45.

Out-patient Care for Acute Simple Illnesses and Minor Ailments: The highest utilization for outpatient care for minor ailments is seen in Bhilpur (75 visits), whereas Banaar (10visits) have the lowest. Increasing awareness and improving accessibility in underperforming areas are essential. The average number of this service is 35-40.

Screening, Prevention, Control, and Management of Non-Communicable Diseases: Hothoj (550 visits) and Banaar (450 visits) show the highest uptake for non-communicable disease management, while Bhurthal (60 visits) have the lowest, highlight the need for improved outreach to population for screening, prevention and control of NCD. The average number of this service is 210 to 215.

Basic Oral Health Care: The uptake for basic oral health care is highest in Aashtikalan (52 visits) and Chatarpura (50 visits), and lowest in Sindoli (2 visits). Efforts should be made to increase oral health care services in areas with low uptake. The average visits of this service is 20-25.

Care for Common Ophthalmic and ENT Problems: Hothoj (45 visits) and Bidara (40 visits) report the highest utilization for ophthalmic and ENT care, while several visits report 'Nil' suggesting a lack of specialized services in these facilities.

Screening and Basic Management of Mental Health Ailments: Screening and basic management of mental health ailments indicates that approximately 3 to 4 facilities out of the 20 facilities reported an average of 2 to 3 visits for this service.

Elderly Health Care Services: Daulatpur (100 visits) and Chatarpura (32 visits) report the highest utilization for elderly care, Ladana Khurd 2 visits, highlighting gaps in service provision that needs attention and training of CHOs.

Emergency Medical Services: The highest uptake for emergency medical services is seen in Bhurthal (40 visits) and Jaodhpura (32 visits), many other facilities reported zero visits for these services due to the absence of this service in this facilities.

Overall, the data shows, Hothoj, Banaar, Bhilpur, Daulatpura, Murlipura, Jaodhpura, Devpura, Sindoli, Aalisar, Bidara, Aashtikalan, Surajpura, Khatepura, Biharipura are high-performing facilities. Continuing support and possibly expanding services here could further improve healthcare outcomes.

Facilities with zero or low utilization in certain categories (e.g., mental health, ophthalmic problems, elderly care, emergency care) need training for CHOs and awareness of this services to address these gaps.

Facilities like Chatarpura, Aajmnagar, Bamanwas, Bhurthal, Ladana Khurd & Sirsa could benefit from focused healthcare programs and awareness campaigns and increasing training for CHOs to increase service uptake.

Necessary drugs availability for all diagnosed services at AyushmanAarogya Mandir:

All required drugs were available at AAM-SHC as mandated by state. The procurement process at AAM-SHC is done by indenting the required medicines based on stock in/stock out, and expiry dates and getting it refill from Primary Health Centre (PHC) level.

Awareness of 15 indicators of PBI/TBI:

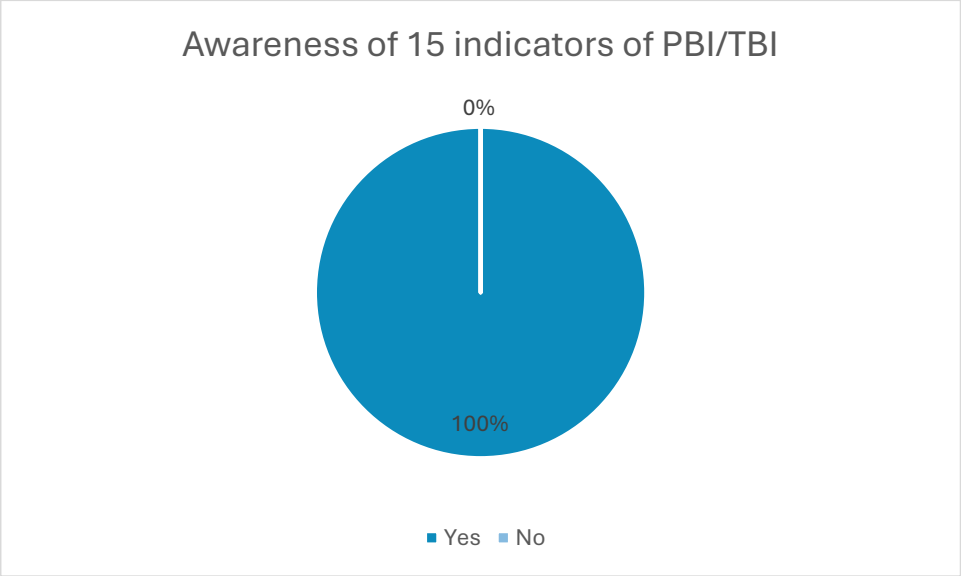

Fig 4.26

In the assessment of the awareness of 15 indicators related to performance-based incentives among showed that all CHOs (100%) were fully aware of each of the 15 indicators such as 1) Proportion of Pregnant Women registered who received ANC as per scheduled due date, 2) Proportion of institutional delivery in public/private facilities Percentage of Sick Newborn identified and referred to higher facilities, 3) Proportion of Children up to 1 years of age who received immunization as per the due date,4) Proportion of Children up to 2 years of age who received immunization as per the due date, 5) Proportion of cases referred for TB screening, 6) Proportion of notified TB cases received treatment as per protocol Number of footfalls in the month, 7) Proportion of individuals 30 years and above whose CBAC form was filled Proportion of individual 30 years or above screened for Hypertension Proportion of HTN patients on treatment, 8) Proportion of individual 30 years or above screened for Diabetes (including repeat yearly screenings for Diabetes), 9) Proportion of Diabetes patients on treatment, 10) Teleconsultation Services, 11) Wellness sessions Organised at HWCs, 12) Wellness Activities held as per annual Health calendar Monthly JAS meeting held with minimum 60% of the members Village Meetings (VHSNC), 13) MCHN held against planned (MO to monitor a minimum of two per month), 14) Monitoring of Referral cases — Upward, 15) Monitoring Of Referral cases – Downward

Incentive program(s) have been effective to achieve goals:

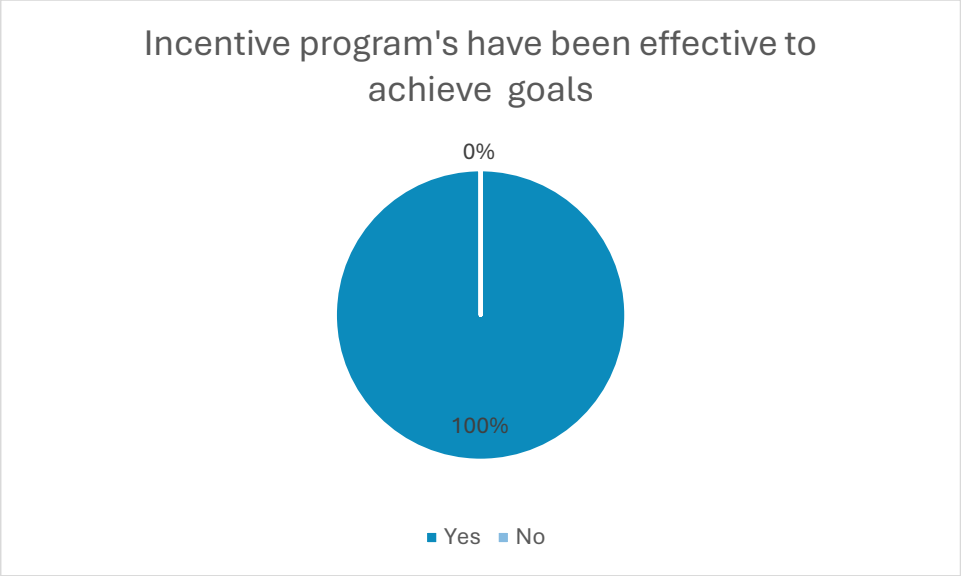

Fig 4.27

Figure 4.27 depicts that incentive program’s have been effective to achieve goals, the

results showed that all CHOs (100%) reported that these incentive programs have been successful in helping them meet their targets in the indicators which help in the improvement of health indicators of facility.

Incentive receive from the performance-based incentive programs at Ayushman Aarogya Mandir:

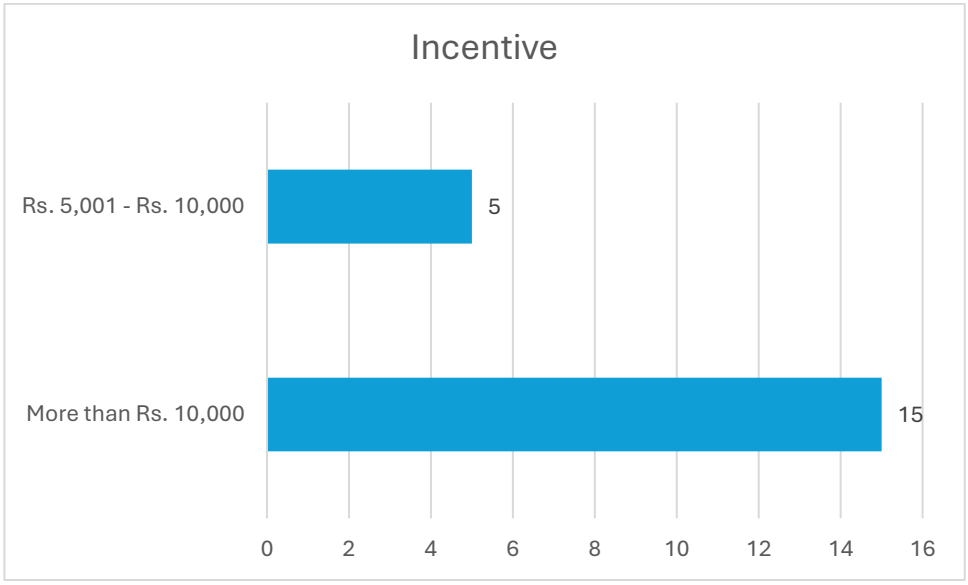

Fig 4.28

In the assessment of on average, how much incentive CHOs receive from the performance-based incentive programs at Ayushman Aarogya Mandir, the findings shows CHOs at the 15 facilities received more than 10,000 rupees in incentives. This indicates that the majority of the facilities are successfully meeting most of the indicators, resulting in higher incentive payouts &CHOs at 5 facilities (Aajmnagar, Bamanwas, Biharipura, Ladana Khurd, Sindoli) received only 5,000 to 10,000 rupees. For CHOs to earn more incentives, cross learning approach can be adapted, where CHOs can share their experiences and learnings. This would help improve performance and achieve targets, leading to better incentive payouts.

For promote awareness and understanding of these healthpackages within the community: To promote awareness and understanding of health packages within the community, AAM-SHC organize various events and activities like Health Melas, Wellness sessions, Health talks and JAS meetings to educate people on different health topics. Additionally, ASHAs and ANMs can play a key role in informing and educating families about these health packages through direct

interaction.

Beneficiaries Feedback:

Data was also collected from 100 beneficiaries across 20 facilities, with 5 beneficiaries surveyed per facility to know the availability and accessibility of 12 Health Package Services at Ayushman Aarogya Mandir . The survey focused on understanding beneficiaries experiences and perceptions regarding the services offered.

Satisfaction and Service Utilization:

The findings revealed a notable level of satisfaction among beneficiaries with the services offered at AAM. A majority of respondents expressed satisfaction with the quality of care received, good behaviour of staff, effective counseling and treatment for their health concerns. Many beneficiaries indicated that they visit AAM-SHC first whenever they have a health problem, highlighted the trust and reliability they associate with these centers. Moreover, awareness about the range of health services available was found to be moderate among the surveyed beneficiaries.

Usage of Health Package Services:

Beneficiaries utilized a variety of the 12 health package services offered, with regular visits to AAM for health services were common, and beneficiaries generally received the services they needed in a timely manner. The referral system for specialized care was reported to be effective, and proper follow-up was conducted by AAM after referrals. Beneficiaries also confirmed receiving all necessary medications from AAM, indicating comprehensive service delivery.

Suggestions and Areas for Improvement:

While satisfaction with medical services and access to medications was high, beneficiaries provided valuable feedback on areas needing improvement are infrastructure-related suggestions included enhancements in water facilities, availability of furniture such as tables and chairs. Addressing these infrastructure gaps could significantly enhance patient comfort and overall experience at AAM.

CHAPTER-5
DISCUSSION

The Ayushman Arogya Mandir initiative is poised for higher uptake and utilization than previous programs due to several key factors. The foundational work laid by the National Health Mission (NHM) and the National Rural Health Mission (NRHM) from 2005 to 2018 has set the stage for these reforms. These initiatives have improved and expanded the primary health care system, giving the Ayushman Arogya Mandir a robust foundation. A notable shift from a "doctor-centric" to a "team-based" approach is central to this initiative, emphasizing the roles of community health officers (CHOs) and mid-level healthcare providers (MLHPs). This transition is aimed at moving from an "illness" model to a "wellness" model, promoting preventive care and overall well-being. The initiative also leverages innovative methods, including partnerships with NGOs, public-private collaborations, and digital health solutions to enhance service delivery and accountability, especially in underserved areas.

Before the launch of the AB-AAM, RMNCH+A services along with the Communicable diseases & general OPD services were available at the primary level facilities. However, after the initiative of AB-AAM, six additional services were introduced namely Management of Non-Communicable Diseases, Basic Oral Health Care, Ophthalmic and ENT Problem, Management of Mental Health Ailments, Elderly Health Care Services, & Emergency Medical Services, expanded the range of services and providing the comprehensive package of 12 services at SHC & PHC AAM.

The initiative highlights, people started availing the expanded services along with the RCH services, and the number of beneficiaries for screening and prevention of non-communicable and communicable diseases is the highest, reflecting the success of the expanded range of services. Family planning services also have a significant number of beneficiaries, highlighting effective outreach in reproductive health.

Services for child and infant health, pregnancy and ante natal care, minor ailments, elderly healthcare, show moderate usage, indicating that these essential services are being utilized adequately. However, the number of beneficiaries for oral health, ophthalmic & ENT care, mental health and emergency services is relatively low,

suggesting that services are in its initial phase and with more community program awareness, increasing training for CHOs and further improvement are required. Overall, this initiative shows positive response to the expanded range of services and increased public awareness and ensured the availability and accessibility of all 12 health services.

CHAPTER-6
CONCLUSION

In conclusion, the comprehensive assessment of Ayushman Aarogya Mandir's 12 health package services reveals overall positive outcomes in healthcare delivery and shows diverse healthcare needs across different communities. The study findings also indicate that AAM-SHC effectively meets the health needs of the community, evidenced by high levels of patient satisfaction and efficient service delivery. This highlights the importance of tailoring healthcare strategies to meet specific community needs and ensuring equitable access to services across Jaipur, Rajasthan.

Furthermore, all 12 health packages are available at 14 facilities, but 6 facilities need further improvement and awareness in expanded range of services. This results indicate a need for increasing training of CHOs for all 12 health package services is required, including OEEE, MNS, and Elderly and Palliative care, to ensure that all facilities can offer a full spectrum of healthcare services to meet community needs effectively.

While the facilities generally exhibit robust staffing levels, including CHOs, ANMs, and ASHAs, But in some facilities there are notable gaps in essential support services such as cleaning and maintenance staff. The absence of sufficient cleaning staff poses challenges to maintaining adequate hygiene standards, which are crucial for preventing infections and ensuring patient safety. Addressing these staffing gaps, a dedicated cleaning staff is required to uphold high standards of healthcare delivery.

As a result, Ayushman Aarogya Mandir demonstrates commendable efforts in healthcare provision, supported by dedicated healthcare professionals and proactive management of available resources. The facilities benefit from widespread awareness and training among CHOs regarding the comprehensive health packages available, which enhances patient education and engagement.

CHAPTER-7
RECOMMENDATION

Comprehensive Service Expansion: Expand the availability of health packages across all facilities to ensure comprehensive healthcare coverage. Specifically, focus on filling gaps in services such as palliative care, mental health management, emergency medical services, and oral health care. This expansion should include investing in necessary medical equipment, and training healthcare providers to deliver specialized services effectively.

Cleaning Staff : The CHOs reported that that some facilities lack cleaning staff. This absence significantly affects the cleanliness and hygiene standards of these centers, impacting the quality of healthcare services. To address this issue, it is crucial to hire cleaning staff for these facilities. This is necessary to enhance the quality and efficiency of the healthcare services provided at these centers.

Infrastructure: The CHOs reported that the infrastructure at AAM-SHC, particularly the sub-health center buildings, is inadequate. To resolve this issue, it is essential to improve the sub-health center buildings. This should involve renovating and upgrading the existing structures to ensure they are safe and fully equipped with the necessary medical facilities and technology. These improvements will enhance the efficiency and quality of healthcare services at the center.

Increased training : Implement continuous professional development programs and increased training for healthcare providers to enhance their clinical skills, knowledge of health packages, and patient-centered care approaches. Focus on training in specialized areas such as palliative care, mental health management, and geriatric care to ensure comprehensive service delivery.

Water Facilities: The respondents reported that the water facilities at AAM-SHC are inadequate, To fix this problem, it's important to improve the water supply at the facilities. This includes ensuring there is a consistent and sufficient water supply and upgrading the existing water infrastructure.

Basic Amenities: The CHOs reported that many of the AAM-SHC lack essential

amenities such as furniture, and fire extinguishers. This shortage affects the safety, and overall functionality of these facilities. To address this issue, it is crucial to equip these centers with the adequate furniture, and fire extinguishers. Providing these essential items will enhance the comfort and safety of the environment for both staff and patients.

Incentive Programs for Healthcare Providers: Strengthening existing incentive programs and ensuring the timely distribution of incentives are crucial for meeting performance targets and deliver high-quality care and enhance healthcare provider motivation and improve overall healthcare delivery.

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ANNEXURES

Questionnaire for CHOs

Ayushman Aarogya Mandir

To assess the availability and accessibility of 12 Health Package Services at Ayushman Aarogya Mandir in Jaipur, Rajasthan.

* Indicates required question

1. **District:** *

2. **Block:** *

3. **Facility Name:** *

4. **Facility Type:** *

5. **Name of Community Health Officer:** *

6. **Gender:** *

   Mark only one oval.

   - ◯ Male
   - ◯ Female
   - ◯ Other

7. **Date of joining of CHO:** *

8. **Contact No:** *

9. **What is the estimated population coverage of Ayushman Aarogya Mandir?** *

10. **Are the human resources listed below available at the SHC(AAM):** *

    Tick all that apply.

    - ☐ Community Health Officer (CHO)
    - ☐ Auxiliary Nurse Midwife (ANM)
    - ☐ Accredited Social Health Activist (ASHA)
    - ☐ Cleaning and Maintenance Staff

11. **What is the approximate number of monthly OPD visits at Ayushman Aarogya Mandir?** *

12. **Are you aware of the Comprehensive Health packages offered at Ayushman Aarogya Mandir:** *

Mark only one oval.

- ◯ Yes
- ◯ No

13. **Please indicate which health packages you are aware and provide services:** *

Tick all that apply.

- ☐ Care in Pregnancy and Child-birth
- ☐ Neo-natal and Infant Health Care Services
- ☐ Childhood and Adolescent Health Care Services
- ☐ Family Planning, Contraceptive Services and other Reproductive Health Care Services
- ☐ Management of Communicable Diseases
- ☐ Out-patient Care for Acute Simple Illnesses and Minor Ailments
- ☐ Screening, Prevention, Control and Management of Non-Communicable Diseases and Chronic Communicable Diseases like TB and Leprosy
- ☐ Basic Oral Health Care
- ☐ Care for Common Opthalmic and ENT Problem
- ☐ Screening and Basic Management of Mental Health Ailments
- ☐ Elderly and Palliative Health Care Services
- ☐ Emergency Medical Services including Burns and Trauma

14. **Have you received training on all 12 health packages?** *

Mark only one oval.

- ◯ Yes
- ◯ No

15. **Where is the training conducted for comprehensive health services at Ayushman Aarogya Mandir?** *

16. **How many days of training were conducted for staff members in comprehensive health services at Ayushman Aarogya Mandir?** *

17. **Approximately how many patients visit Ayushman Aarogya Mandir for all these services from last 3 month (March, April, May) ?** *

I. For Care in Pregnancy and Child- birth:

18. **II. For Neo-natal and Infant Health Care Services:** *

19. **III. For Childhood and Adolescent Health Care Services:** *

20. **IV. For Family Planning, Contraceptive Services and other Reproductive Health Care Services:** *

21. **V. For Management of Communicable Diseases:** *

22. **VI. For Out-patient Care for Acute Simple Illnesses and Minor Ailments:** *

23. **VII. For Screening, Prevention, Control and Management of Non-Communicable Diseases:** *

24. **VIII. For Basic Oral Health Care:** *

25. **IX. For Care for Common Ophthalmic and ENT Problem:** *

26. **X. For Screening and Basic Management of Mental Health Ailments:** *

27. **XI. For Elderly and Palliative Health Care Services:** *

28. **XII. For Emergency Medical Services including Burns and Trauma:** *

29. **Are the necessary drugs available for all diagnosed services at Ayushman Aarogya Mandir?** *

Mark only one oval.

- ◯ Yes, all required drugs are available
- ◯ Most drugs are available, but not all
- ◯ Only some drugs are available
- ◯ No, drugs for diagnosed services are unavailable

30. **What is the referral and follow-up process at Ayushman Aarogya Mandir?** *

Mark only one oval.

- ◯ We have a clear system for referrals and follow-up with patients
- ◯ We have a referral system but only limited follow-up
- ◯ We rely on other clinics or hospitals for referrals and follow-up
- ◯ We don't have a specific process for referrals or follow-up

31. **How does Ayushman Aarogya Mandir handle record-keeping and reporting of beneficiary information?** *

Mark only one oval.

- ◯ We use a fully digital system for record-keeping and reporting
- ◯ We use a mix of digital and paper-based methods
- ◯ We rely mainly on paper-based record-keeping and reporting

32. **How do you promote awareness and understanding of these health packages within the community?** *

Tick all that apply.

- ☐ Health education campaigns through local media
- ☐ Distribution of informational materials
- ☐ Community seminars or workshops
- ☐ Village Health Sanitation and Nutrition Committees Meeting
- ☐ Mahila Aarogya Samitis Meeting
- ☐ Others

33. **How satisfied are patients with the care they receive under these health packages?** *

Mark only one oval.

- ◯ Very Satisfied
- ◯ Satisfied
- ◯ Neutral
- ◯ Dissatisfied
- ◯ Very Dissatisfied

34. **What are the measurable outcomes or impacts of implementing these health packages on the health of the community?** *

Tick all that apply.

- ☐ Reduction in the prevalence of common diseases
- ☐ Increase in vaccination coverage rates
- ☐ Improvement in maternal and child health indicators
- ☐ Decrease in hospitalization rates for preventable conditions
- ☐ Increase in life expectancy or overall health-related quality of life
- ☐ Others

35. **Are there proper Information, Education, and Communication (IEC) materials available at Ayushman Aarogya Mandir?** *

Mark only one oval.

- ◯ Yes
- ◯ No

36. **What types of IEC materials are available at the facility?** *

Tick all that apply.

- [ ] Pamphlets or brochures
- [ ] Posters
- [ ] Flyers
- [ ] Audiovisual presentations
- [ ] Others

37. **How well do you think the Information, Education, and Communication (IEC) activities at Ayushman Aarogya Mandir work?** *

Mark only one oval.

- ◯ Very effective
- ◯ Effective
- ◯ Somewhat effective
- ◯ Not effective

38. **Is there a system in place to collect feedback:** *

Mark only one oval.

- ◯ Yes, feedback is routinely collected
- ◯ No, there is no formal mechanism for feedback
- ◯ Not sure

39. **Are you familiar with the 15 indicators used to measure performance for the incentive program?** *

Mark only one oval.

- ◯ Yes
- ◯ No

40. **Please indicate which indicators you are aware:** *

Tick all that apply.

- [ ] Proportion of Pregnant Women registered who received ANC as per scheduled due date
- [ ] Proportion of institutional delivery in public/private facilities
- [ ] Percentage of Sick Newborn identified and referred to higher facilities
- [ ] Proportion of Children up to 1 years of age who received immunization as per the due date
- [ ] Proportion of Children up to 2 years of age who received immunization as per the due date
- [ ] Proportion of cases referred for TB screening
- [ ] Proportion of notified TB cases received treatment as per protocol
- [ ] Number of footfalls in the month
- [ ] Proportion of individuals 30 years and above whose CBAC form was filled
- [ ] Proportion of individual 30 years or above screened for Hypertension
- [ ] Proportion of HTN patients on treatment
- [ ] Proportion of individual 30 years or above screened for Diabetes (including repeat yearly screenings for Diabetes)
- [ ] Proportion of Diabetes patients on treatment
- [ ] Teleconsultation Services
- [ ] Wellness sessions Organised at HWCs
- [ ] Wellness Activities held as per annual Health calendar
- [ ] Monthly JAS meeting held with minimum 60% of the members
- [ ] Village Meetings (VHSNC)
- [ ] MCHN held against planned (MO to monitor a minimum of two per month)
- [ ] Monitoring of Referral cases – Upward
- [ ] Monitoring Of Referral cases - Downward

41. **Do you believe the incentive program(s) have been effective in helping you and your team achieve performance goals?** *

Mark only one oval.

- Yes
- No
- Not sure

42. **How do you usually apply for incentives at Ayushman Aarogya Mandir?** *

Mark only one oval.

- Online, using a special website or app
- By filling out paper forms
- Others

43. **How are incentives typically distributed at Ayushman Aarogya Mandir?** *

Mark only one oval.

- Directly deposited into their bank accounts
- Given physical checks
- Transferred through mobile payment apps
- Others

44. **On average, how much incentive do you receive from the team-based and performance-based incentive programs at Ayushman Aarogya Mandir?** *

Mark only one oval.

- Less than Rs. 5,000
- Rs. 5,001 - Rs. 10,000
- More than Rs. 10,000
- Not sure

45. **Do you think the targets set for incentives at Ayushman Aarogya Mandir are achievable?** *

Mark only one oval.

- Yes
- No
- Unsure

46. **How often do you monitor your progress towards achieving the incentive indicators?** *

Mark only one oval.

- ◯ Weekly
- ◯ Bi-weekly
- ◯ Monthly
- ◯ Quarterly

47. **Have you observed any noticeable improvements in health outcomes since the implementation of team-based and performance-based incentive programs at Ayushman Aarogya Mandir?** *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Not sure

48. **If yes, which specific health outcomes have shown improvement?** *

Tick all that apply.

- ☐ Reduction in disease prevalence rates
- ☐ Increased immunization coverage
- ☐ Improved maternal and child health indicators
- ☐ Better management of chronic conditions
- ☐ Others

Questionnaire for Beneficiaries

1. District:
2. Block:
3. Facility Name:
4. Facility Type:
5. Name of Patient:
6. Gender:
7. Age:

8. What health issue brings you here today?
9. How long have you had this problem?
10. Are you receiving good service or proper counselling here for this health issue?
11. Whenever you have any health problem, do you come here first, or do you go somewhere else?
12. Are you aware of the health services available at AAM?
13. Which of the 12 health package services have you used?
14. How often do you visit the AAM for health services?
15. Do you receive the services you need here on time?
16. Whenever you need specialized care, is there a proper referral system here?
17. After a referral, does Ayushman Aarogya Mandir do proper follow-up with you?
18. Do you get all the medicines you need here?
19. Which service did you like the most here?
20. How far is the center from your home?
21. Do you have any trouble reaching here?
22. Are you satisfied with the quality of the health services provided?
23. Are you comfortable discussing health concerns with AAM staffs?
24. Do you have any suggestions for improving services?
25. Is there anything else you would like to share about your experience?

The Centers from where data has been collected are as follows:

S.No	Block	Facilities	Date
1.	Chaksu	Aajmnagar	28 May 2024
2.	Govindgarh	Aalisar	28 May 2024
3.	Govindgarh	Aashtikalan	28 May 2024
4.	Kotputli	Bamanwas	29 May 2024
5.	Kotputli	Banaar	29 May 2024
6.	Amber	Bhilpur	29 May 2024
7.	Amber	Bhurthal	30 May 2024
8.	Shahpura	Bidara	30 May 2024
9.	Dudu	Biharipura	30 May 2024
10.	Viratnagar	Chatarpura	31 May 2024
11.	Amber	Daulatpur	31 May 2024
12.	Govindgarh	Devpura	31 May 2024
13.	Jhotwara	Hothoj	3 June 2024
14.	Viratnagar	Jaodhpura	3 June 2024
15.	Tunga Basi	Khatepura	3 June 2024
16.	Chaksu	Ladana Khurd	3 June 2024
17.	Jobner	Murlipura	4 June 2024
18.	Basi	Sindoli	4 June 2024
19.	Govindgarh	Sirsa	4 June 2024
20.	Viratnagar	Surajpura	4 June 2024