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

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CONTENTS

INTRODUCTION

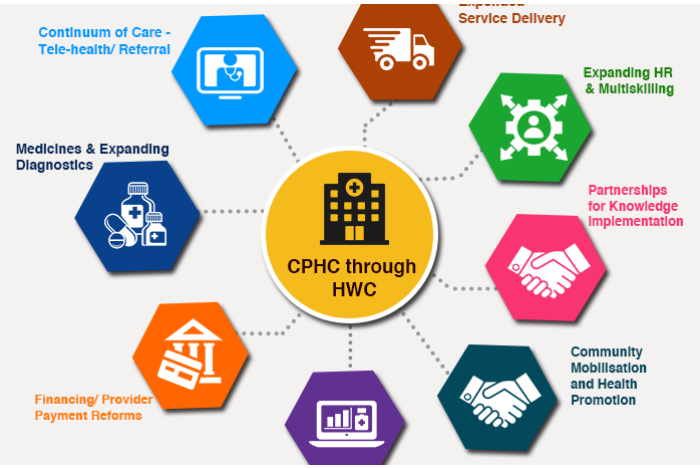
- Ayushman Bharat is a significant healthcare initiative launched by the Government of India
- Provides accessible and affordable healthcare.
- Comprised of 2 components- 1. Pradhan Mantri Jan Aarogya Yojna
  2. Health & Wellness Centres
- **PMJAY**- ensures health coverage for eligible beneficiaries.

  Aims to bridge healthcare gaps and make healthcare affordable.

  Improves access to quality healthcare, reduces financial burden.
- **HWCs,** now renamed as Ayushman Aarogya Mandir offers preventive, promotive, curative, , rehabilitative and palliative care.

Play an important role in preventive health care , early detection of diseases, and in reducing the pressure on secondary and tertiary care hospitals.

- As part of Ayushman Bharat- Health and Wellness Centre's, health care services will be delivered by a team of CHO, ANM and ASHA and play a critical role in provision of expanded range of essential package of services as a part of Comprehensive Primary Health Care.



PC: MOHFW, GOVERNMENT OF INDIA (Website)

Expanded Range of Services:

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, including free essential drugs and diagnostic services.

Performance Based & 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.

S.No	Study	Key Findings
1.	Reduced burden on urban hospitals by strengthening rural health facilities: Perspective from India	The article highlights health inequalities between rural and urban areas in India, leading to a burden on urban hospitals. Government initiatives like Ayushman Bharat have improved rural healthcare utilization through better infrastructure, increased medical staff, and community involvement. Key factors for further enhancement include training, incentives, technology, and public-private partnerships.
2.	How useful do communities find the health and wellness centres? A qualitative assessment of India's new policy for primary health care	The research examined community views on Health and Wellness Centres (HWCs) in rural Chhattisgarh, India, focusing on accessibility, availability, acceptability, and service quality, especially for marginalized groups. Results show HWCs are conveniently located and easily accessible, particularly for childbirth services.
3.	India's health and wellness centres realizing universal health coverage through comprehensive primary health care	This paper analyzes India's transformation of primary healthcare due to the rise in non-communicable diseases. The Ayushman Bharat initiative aims to convert sub-health centers into Health and Wellness Centers (HWCs) by 2022, providing free comprehensive care. Despite challenges, strong political commitment underscores the importance of primary healthcare in universal health coverage.

OBJECTIVES

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.

METHODOLOGY

STUDY DESIGN: This study employs both quantitative and qualitative methods to provide a comprehensive assessment of the availability and accessibility of 12 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 will be conducted using structured questionnaires tailored to each group:

For CHOs: The questionnaire will 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: The questionnaire will gather data on the accessibility of health services, patient satisfaction, and any barriers they encounter when seeking care.

Both questionnaires will 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 will be selected from each of the 20 AAM-SHCs.

100 Beneficiaries: Five beneficiaries from each facility, ensuring a diverse representation of the patient population. 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.

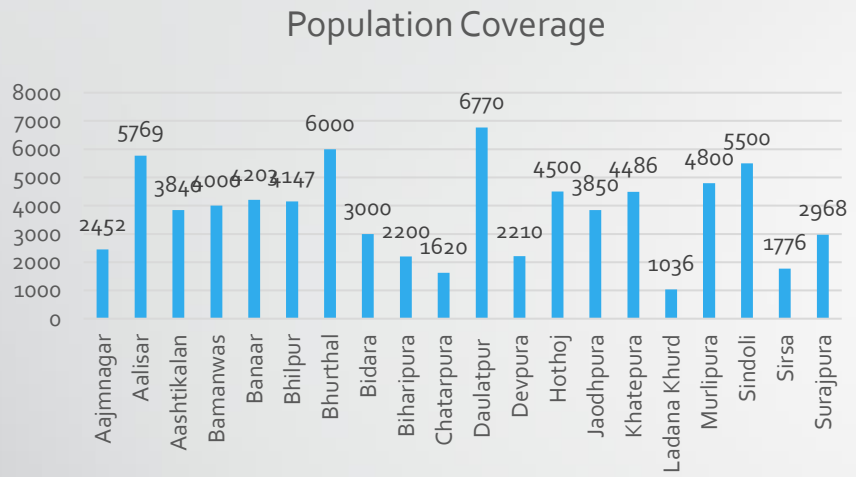
- Confidentiality of data
- Respect for autonomy and privacy
- Equity and fairness in participant selection
- Compliance with relevant regulations and guidelines

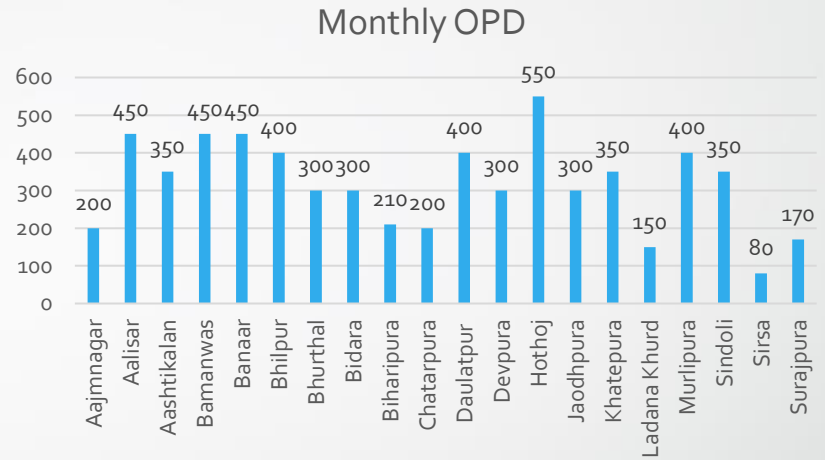
The Centers from where data has been collected are as follows:

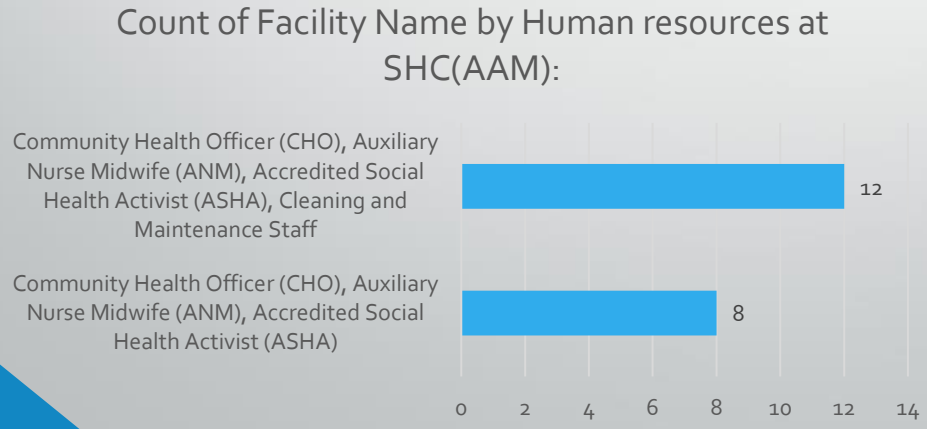
S.No	Block	Facilities
1.	Chaksu	Aajmnagar
2.	Govindgarh	Aalisar
3.	Govindgarh	Aashtikalan
4.	Kotputli	Bamanwas
5.	Kotputli	Banaar
6.	Amber	Bhilpur
7.	Amber	Bhurthal
8.	Shahpura	Bidara
9.	Dudu	Biharipura
10.	Viratnagar	Chatarpura

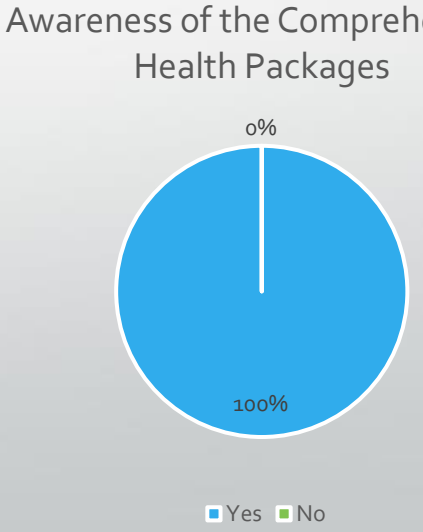
S.No	Block	Facilities
11.	Amber	Daulatpura
12.	Govindgarh	Devpura
13.	Jhotwara	Hothoj
14.	Viratnagar	Jaodhpura
15.	Tunga Basi	Khatepura
16.	Chaksu	Ladana Khurd
17.	Jobner	Murlipura
18.	Basi	Sindoli
19.	Govindgarh	Sirsa
20.	Viratnagar	Surajpura

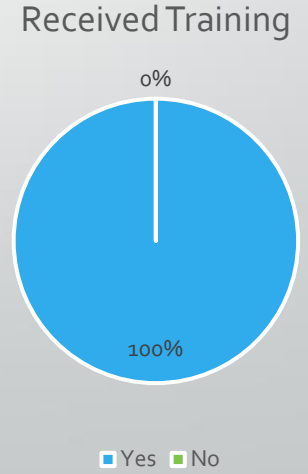
DATA ANALYSIS

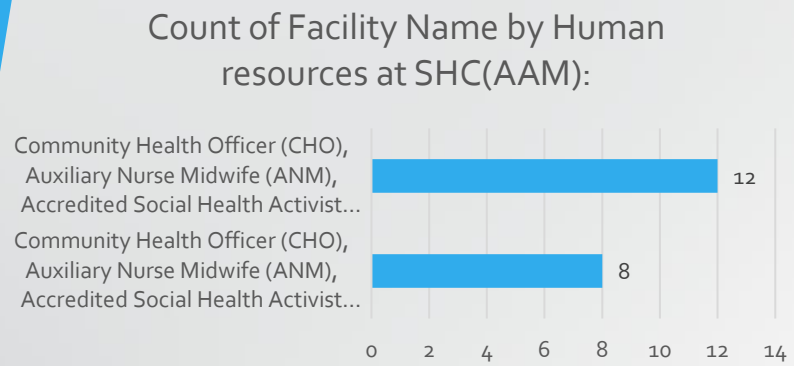


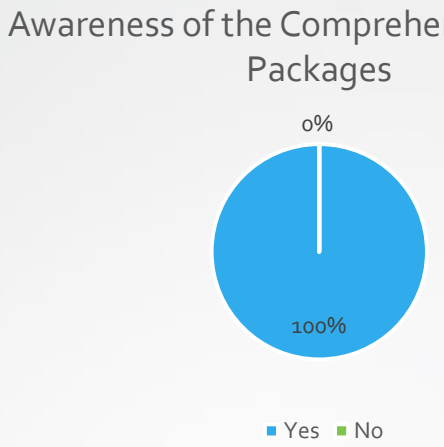


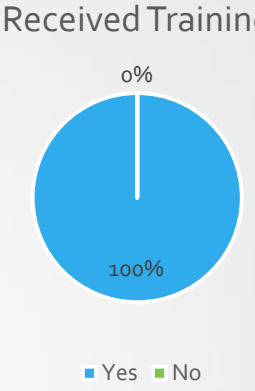




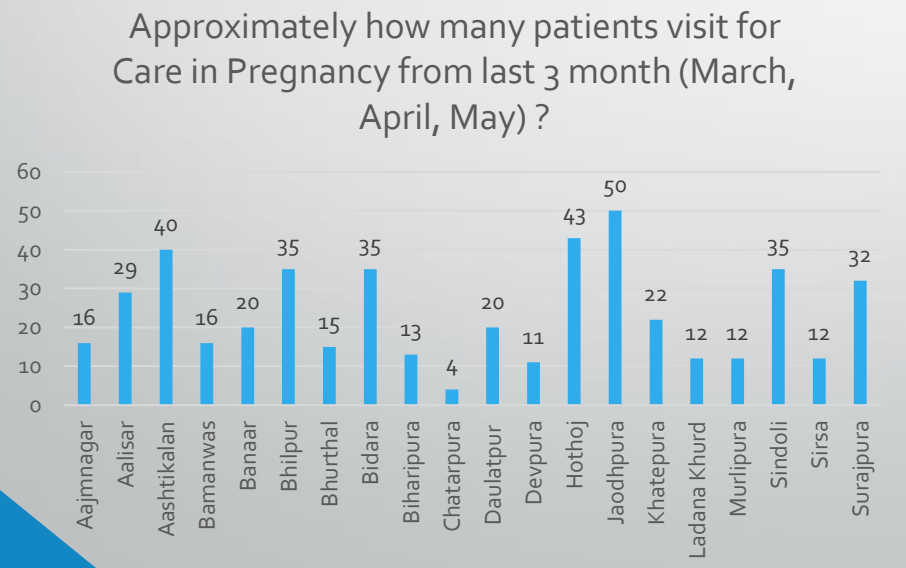


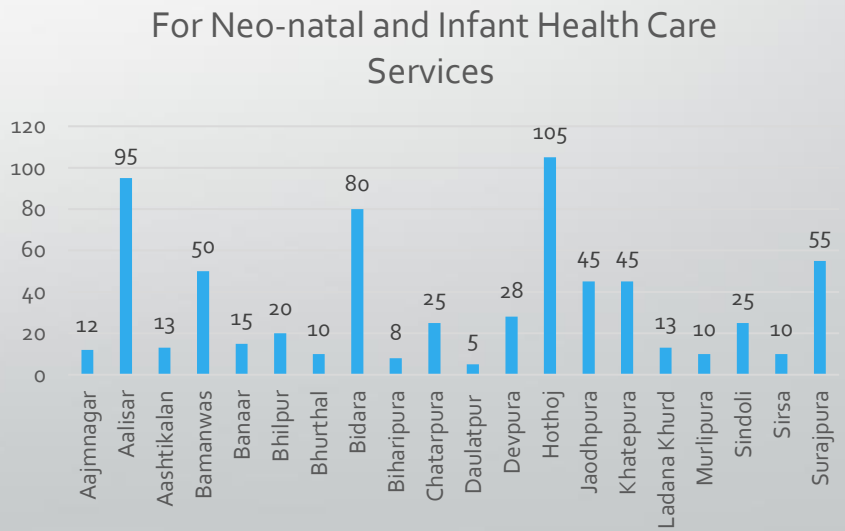




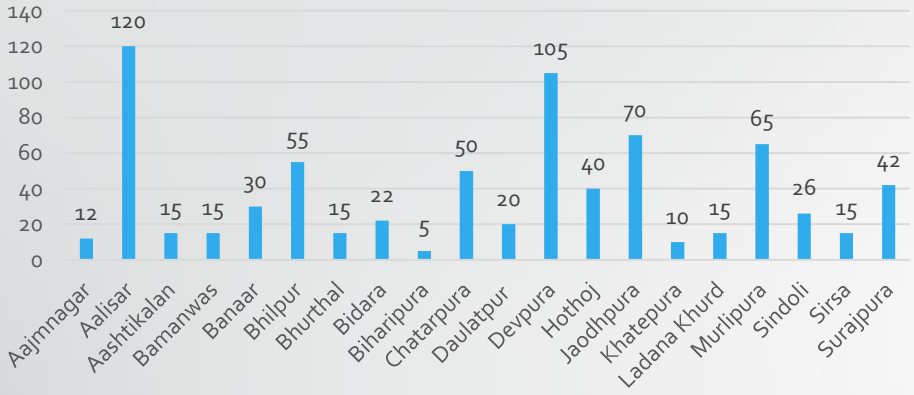


Approximately how many patients visit Ayushman Aarogya Mandir for all these services from last 3 month (March, April, May) ?

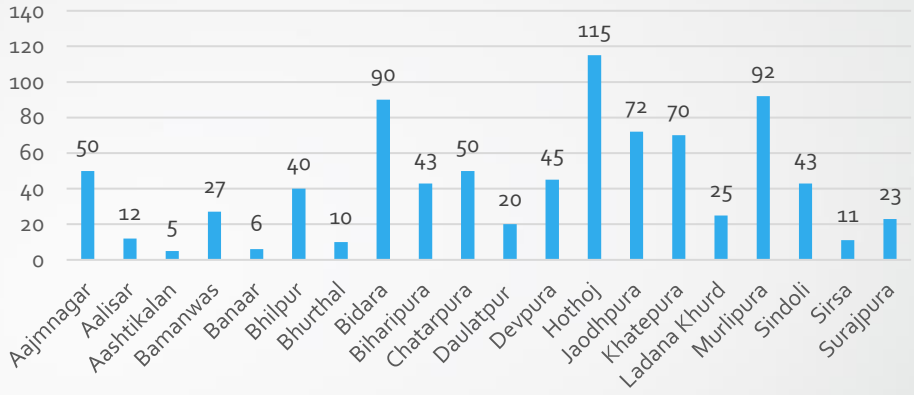




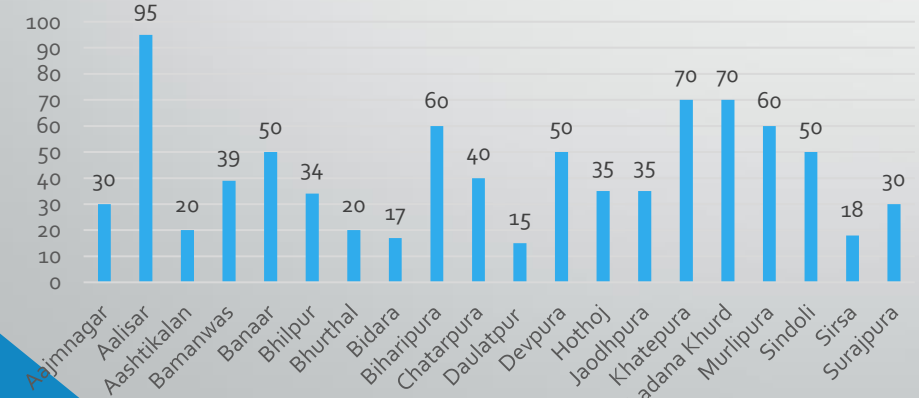
For Childhood and Adolescent Health Care Services



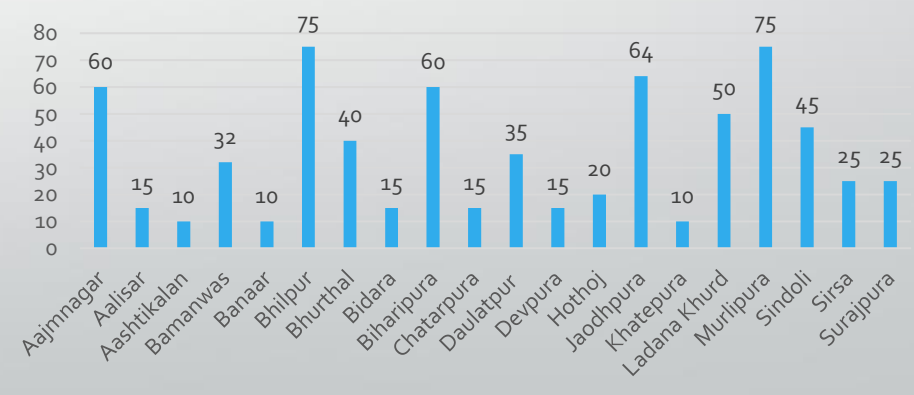
For Family Planning, Contraceptive Services and other Reproductive Health Care Services



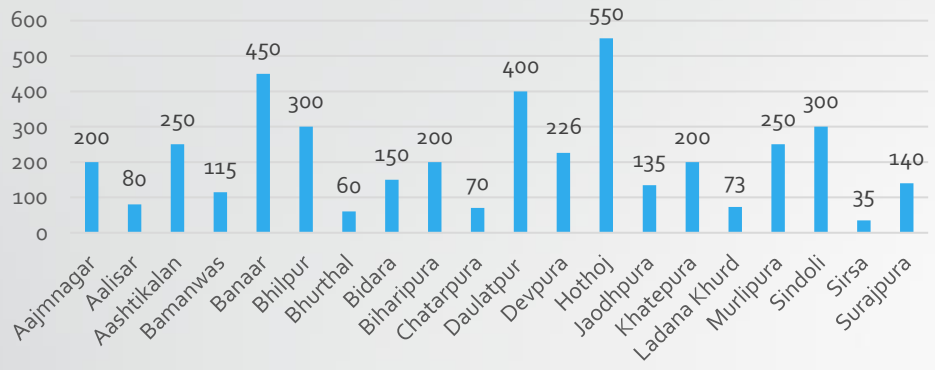
For Management of Communicable Diseases



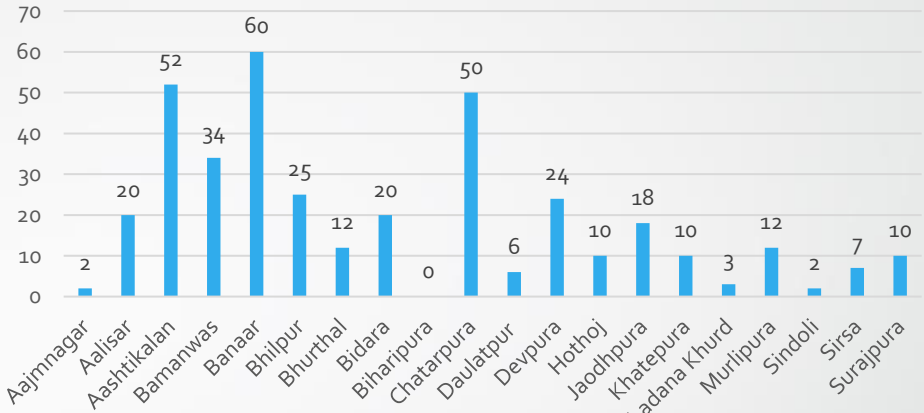
For Out-patient Care for Acute Simple Illnesses and Minor Ailments



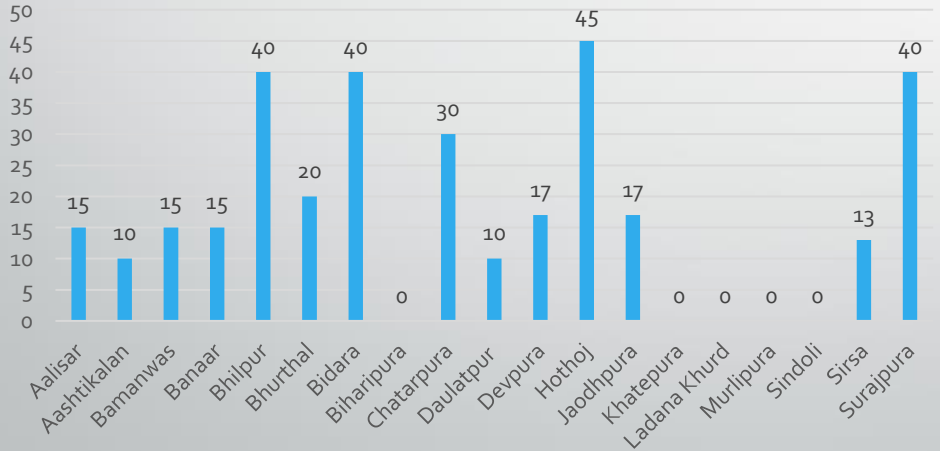
For Screening, Prevention, Control and Management of Non-Communicable Diseases



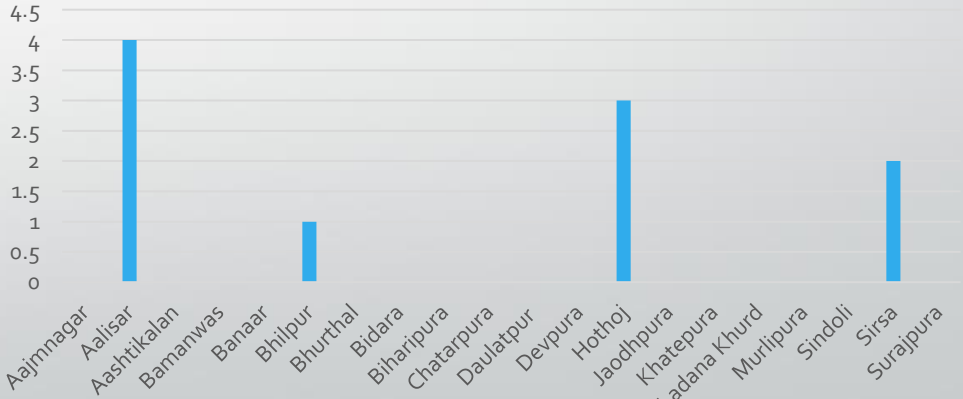
For Basic Oral Health Care

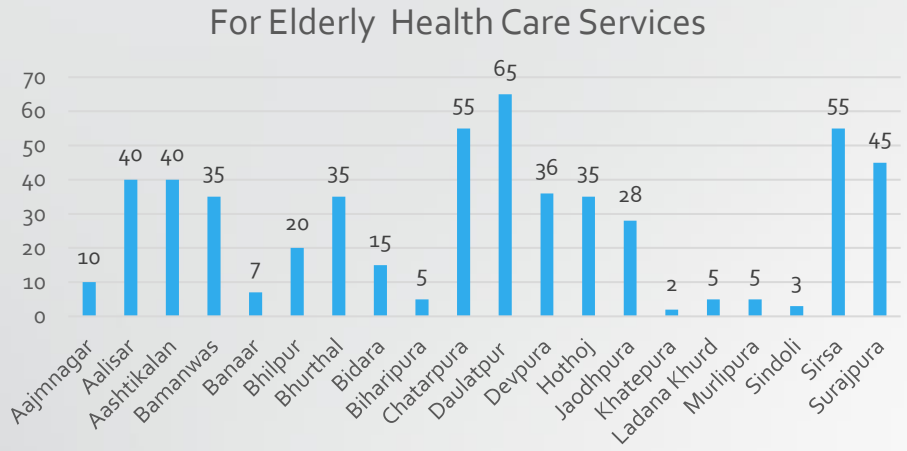


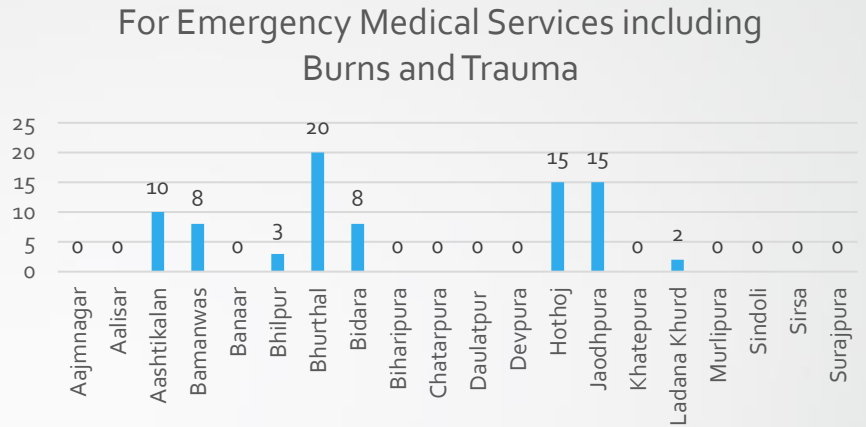
For Care for Common Ophthalmic and ENT Problem



For Screening and Basic Management of Mental Health Ailments




For Elderly Health Care Services
70
60
50
40
30
20
10
0
10
40
40
35
7
20
35
15
5
55
65
36
35
28
2
5
5
3
55
45
Aajmnagar
Aalisar
Aashtikalan
Bamanwas
Banaar
Bhilpur
Bhurthal
Bidara
Biharipura
Chatarpura
Daulatpur
Devpura
Hothoj
Jaodhpura
Khatepura
Ladana Khurd
Murlipura
Sindoli
Sirsa
Surajpura


For Emergency Medical Services including Burns and Trauma
25
20
15
10
5
0
0
0
10
8
0
3
20
8
0
0
0
0
15
15
0
2
0
0
0
0
Aajmnagar
Aalisar
Aashtikalan
Bamanwas
Banaar
Bhilpur
Bhurthal
Bidara
Biharipura
Chatarpura
Daulatpur
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Murlipura
Sindoli
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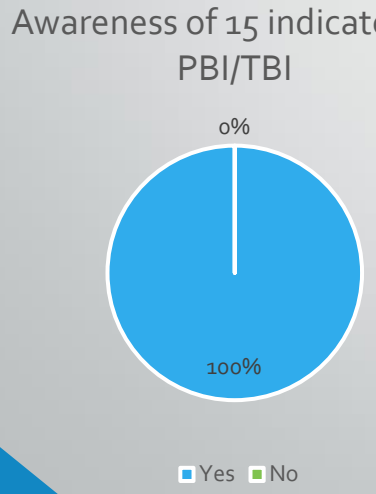
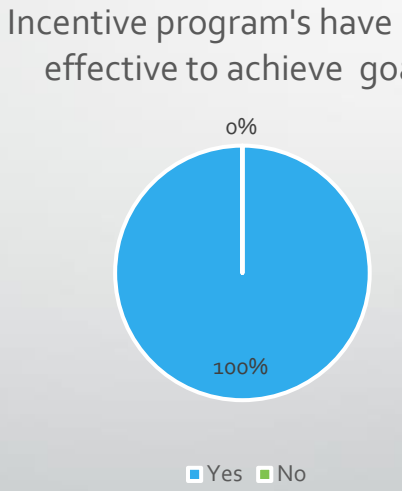
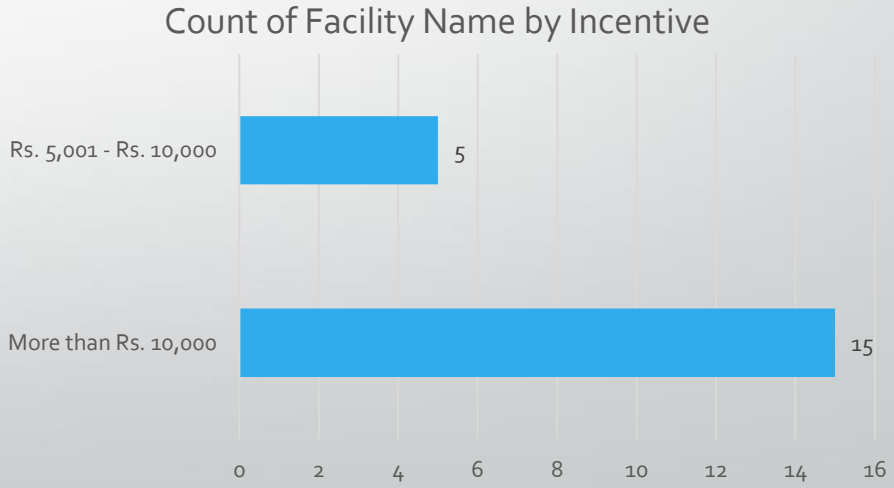
Surajpura


Awareness of 15 indicators of PBI/TBI
0%
100%
Yes
No


Incentive program's have been effective to achieve goals
0%
100%
Yes
No


Count of Facility Name by Incentive
Rs. 5,001 - Rs. 10,000
5
More than Rs. 10,000
15
0
2
4
6
8
10
12
14
16

RESULT

- The above data interpretation depicts that, people started availing the expanded services along with the RCH services, and the number of beneficiaries who utilized each service over the period of 3 months (March, April & May). The finding represents that 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, training for CHOs are required.
- 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.

Beneficiaries Feedback

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.

CONCLUSION

In conclusion, Ayushman Aarogya Mandir's 12 health package services have shown positive outcomes in healthcare delivery, addressing diverse community needs across Jaipur, Rajasthan. The AAM-SHC effectively meets community health needs, evidenced by high patient satisfaction and efficient service delivery.

However, six facilities require improvement and increased awareness of the full range of services. Enhanced training for CHOs in all 12 health packages, including OEEE, MNS, and Elderly and Palliative care, is necessary.

While staffing levels are generally robust, gaps in essential support services, such as cleaning staff, need to be addressed to maintain hygiene standards.

Overall, Ayushman Aarogya Mandir demonstrates commendable efforts in healthcare provision, supported by dedicated professionals and proactive resource management.

RECOMMENDATIONS

- **Comprehensive Service Expansion**: Enhance health package availability, including palliative care, mental health, emergency services, and oral health, with necessary equipment and training.
- **Cleaning Staff:** Hire cleaning staff to maintain hygiene and improve service quality.
- **Infrastructure:** Upgrade sub-health center buildings for safety and efficiency.
- **Increased Training**: Provide continuous training for healthcare providers in clinical skills and specialized areas.
- **Water Facilities:** Improve water supply infrastructure.
- **Basic Amenities:** Equip centers with essential furniture and fire extinguishers.
- **Incentive Programs:** Strengthen and timely distribute incentives to healthcare providers.

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THANK YOU !