Gap Analysis and Action Plan for Ayushman Arogya Mandir in Chandigarh: AAM Dhanas, AAM Maloya, and AAM Kaimbwala

Prepared by-

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Introduction

India's main health program, the National Health Mission (NHM), seeks to give everyone access to fair, universal health coverage, and high-quality medical care. The establishment of Health and Wellness Centers (now named as Ayushman Arogya Mandir) under Ayushman Bharat to provide Comprehensive Primary Health Care (CPHC) was advocated by the 2017 National Health Policy. These facilities provide a wide range of services, including as emergency treatment, mental health services, and care for non-communicable diseases. Building on NHM's current frameworks, effective CPHC delivery through HWCs requires substantial health system improvements to attain universal health coverage in India.

As a dissertation project, I was assigned to do the gap analysis and action plan for 3 AAMs using departmental checklists.

There are 29 Allopathic AAMs in UT Chandigarh, out of which I was given **Gap Analysis and Action Plan for AAM Dhanas, Maloya & AAM Kaimbwala** as my internship project from 18.03.2024 to 15.06.2024.

Ayushman Arogya Mandir providing primary healthcare services up to the last mile

Review of Literature

Sr. No.	Title of the study (Author/s, Year)	Objective/s	Key Findings
1.	***Assessment of Functioning of Health and Wellness Centers of Western Odisha*** (Panda SK, Panda D, Behera RR, Panda SC, Munda A, Sahu PR, 2023)	To assess the availability of human resources, health care services, drug availability, lab services, and IT services at the health and wellness centers of Western Odisha.	The study showed that all 43 HWCs had good availability of pharmacists and lab technicians but less availability of medical officers, AYUSH medical officers, and staff nurses. Maternal and childhood services, family planning, and non-communicable disease (NCD) services were conducted regularly in all health and wellness centers, but basic oral health services and palliative care services were inadequate. All laboratory services were done at urban PHC HWCs, whereas these lab services were less available at rural PHC HWCs. For IT support, appliances like desktops, internet facilities, and telephone facilities were found to be present at all HWCs. Teleconsultation services were found to be available at 88% of urban PHC HWCs and 60% of rural PHC HWCs.
2.	***Assessment of functioning of Health and Wellness Centers in a district of Western Gujarat*** (Rathod H, Pithadia P, Patel D, Goswami M, Parmar D, Kotecha ,2020)	To assess functionality of HWCs in various blocks of Jamnagar district and to determine prevalence of non-communicable diseases in the community	The study found that the prevalence of hypertension, diabetes mellitus, oral Cancer, breast cancer, and cervical Cancer was 20.44%, 11.03%, 0.73% 0.45% and 1.02% respectively. Staff at the centers was in need of vital training like Techo, refresher training etc.

Sr. No.	itle of the study (Author/s,Year)	Objective/s	Key Findings
3.	***Gap Analysis in Workforce and Infrastructure in the Subcenters for Upgradation to Health and Wellness Center in a Community Development Block of Purba Bardhaman District, West Bengal (***Prosun Goswami 1, Amitava Chakraborty 1, Dilip Kumar Das 1, Soumalya Ray ,2021)	To determine workforce- and infrastructure-wise gaps in the SCs for upgradation to HWCs and assess knowledge of the auxiliary nurse midwives (ANMs) regarding services to be delivered through HWCs.	No Subcentre had Community Health Officer and 23.7% of Subcentre were without second ANM. 28.9% of the ANMs had adequate knowledge about services to be delivered through HWCs. Infrastructurally, lack of staff residential facility (76.3%), water supply (34.2%), and inadequate civil construction (34.2%) were major barriers.
4.	***Enablers and barriers to work performance: A mixed methods assessment of Ayushman Bharat-Health and Wellness Centres in Punjab state of India*** (Prinja S , Purohit N , Kaur M , Kshirsagar S , A BM , Kotwal A, 2023)	To explores performance variations among HWCs, and the reasons for the variations from a provider's perspective.	There was significant difference in infrastructure at the high and low-performing HWCs, but the quantity of human resources was similar. The categories identified from the in-depth interviews that affected work performance were capacity, communication, opportunity, and motivation. Capacity was contingent on trainings, work experience, self-belief, role clarity, and level of communication between cadres, while supportive supervision and incentives affected the work motivation.

Sr. No.	Title of the study (Author/s,Year)	Objective/s	Key Findings
5.	***Rapid assessment of NCD services rollout in Health and Wellness Centres in North-Eastern Indian state*** (Erin Hannah 1, Neha Dumka 1, Devajit Bora 2, Ashoke K Roy 3, Atul Kotwal .2023)	To assess the rollout of NCD services under CPHC based on the functionality criteria of HWCs.	The assessment aided in identifying progress and challenges in the rollout of NCD services through the HWCs. Overall, the initiative was successful in generating demand and community awareness of the expanded range of services at the primary level. Yet, constraints posed by infrastructural gaps, logistical delays, training gaps, fund flow and weak community-level convergence compounded by the COVID-19 pandemic challenged seamless NCD service delivery.
6.	***Assessment of health and wellness centres in hilly district of Himachal Pradesh*** (Sood, Abhilash et al. (2021)	To identify the gaps in Ayushman Bharat Health and wellness centres under various domains of service delivery.	There is deficient human resource in Health and wellness centres (PHCs and SCs). Inadequate skill competencies observed especially in newly appointed health care workers. Equipment for telemedicine are available at each health centre but none or very few tele-consultation are being done by health care workers.

Methodology

Research Questions-

What are the key operational gaps in HWC Dhanas, HWC Maloya, and HWC Kaimbwala, and how can these gaps be effectively addressed to enhance healthcare service delivery?

Objectives-

1. To Identify of Operational Gaps at HWCs.
2. To develop Actionable Recommendations based on the findings of the gap analysis.

Study Methodology-

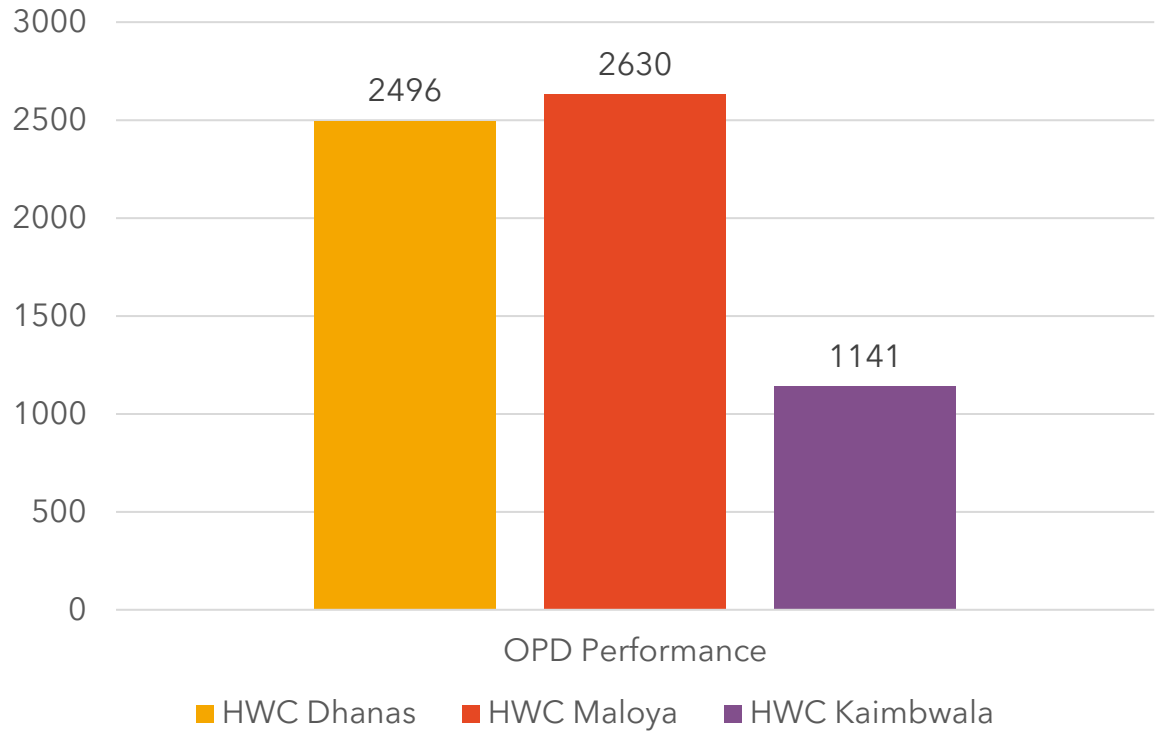
Type of Study- Primary & Secondary Research

Study Design- Cross –sectional

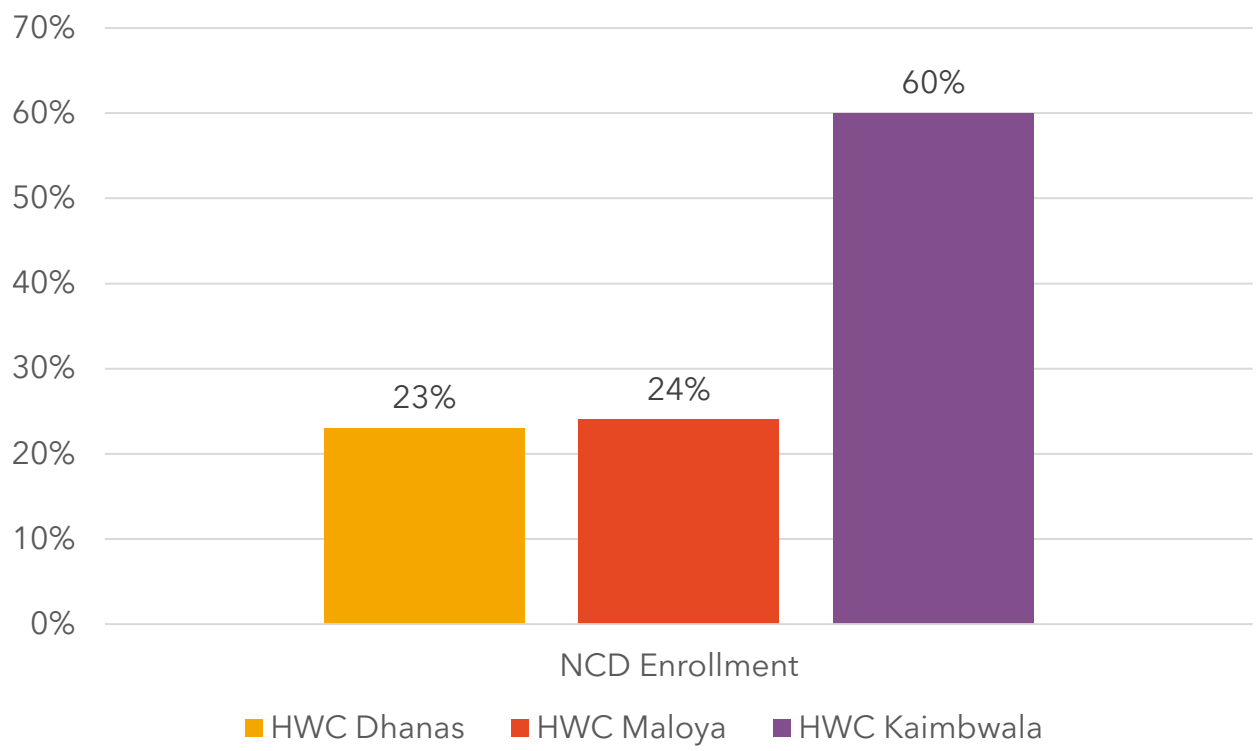
Duration of study- 3 months

Results – OPD Performance

The differences in OPD visits highlight how important infrastructure is to the provision of healthcare. AAM Kaimbwala's shortcomings like lack of adequate waiting area , drinking water supply and lack of substantial infrastructure draws attention to the urgent need for expansion and investment to raise its service standards, whereas AAM Dhanas and Maloya profit from their extensive facilities and effective resource usage. Filling in these gaps is crucial for boosting patient care as well as the general efficacy and standing of the offered healthcare services.



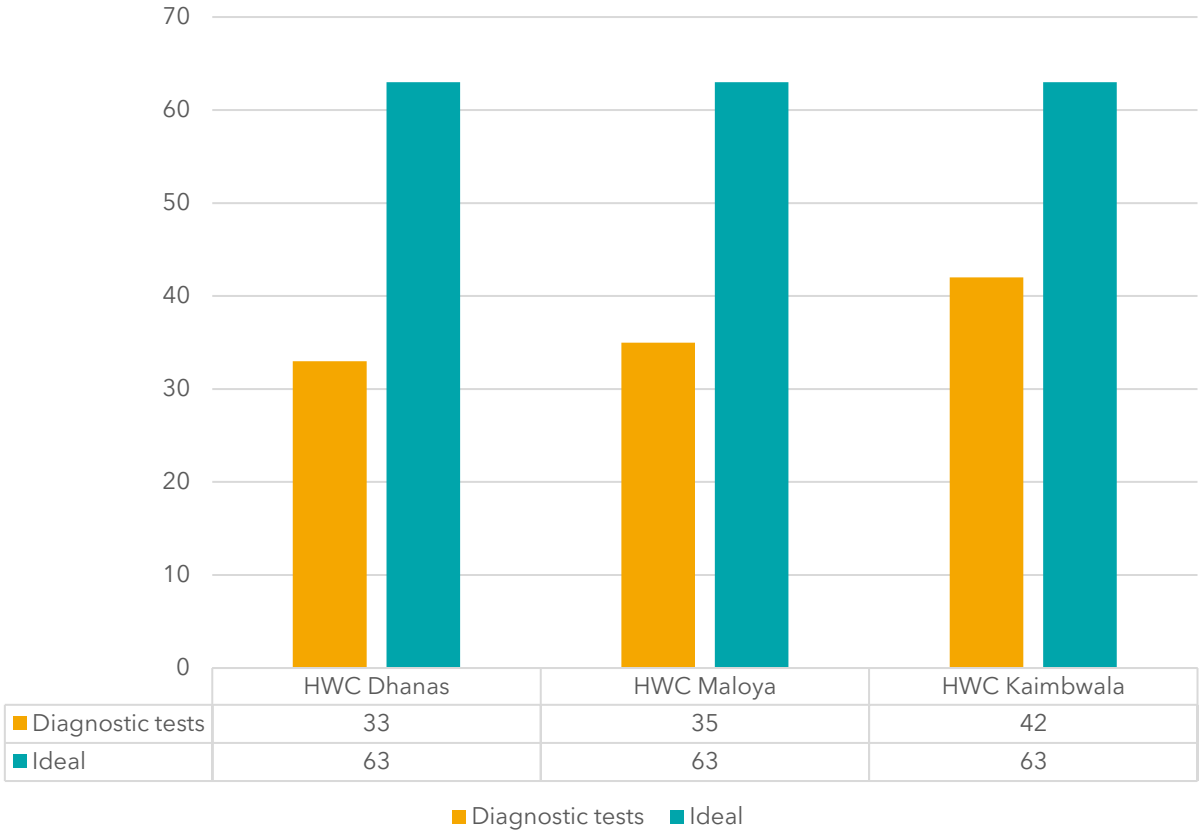
NCD Enrollment



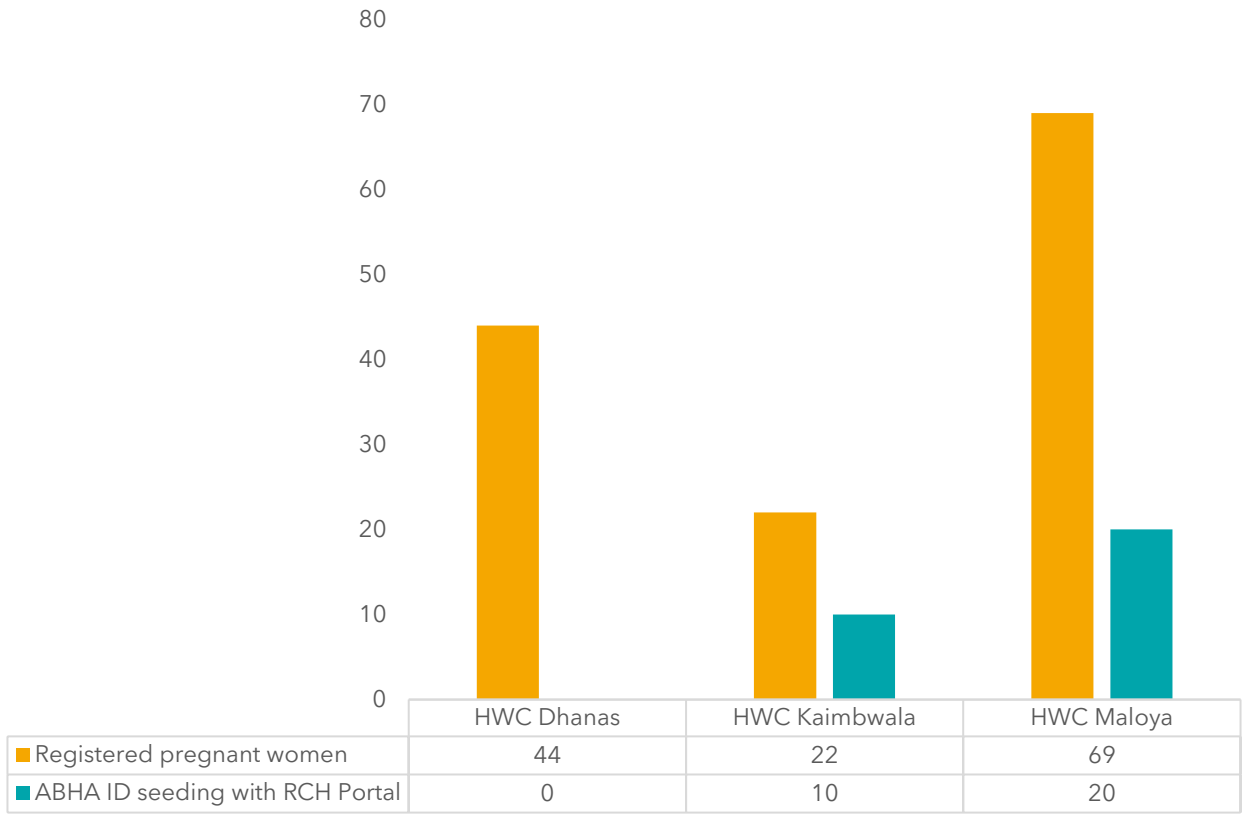
The NCD enrollment rates at AAM/s Maloya, Dhanas, and Kaimbwala reveals the critical impact of staff role distribution and workload management on program success. At 60%, HWC Kaimbwala had the greatest enrollment rate. This was made possible by the strategic assignment of NCD enrollment responsibilities to Multipurpose Health Workers (MPHWs) and Data Entry Operators (DEOs), which lessened the workload for Auxiliary Nurse Midwives (ANMs). On the other hand, ANMs were given full responsibility for NCDs at AAM Dhanas and AAM Maloya, which had enrollment rates of about 20% each. This resulted in higher workloads and decreased efficiency.

Diagnostic Test Availability

The study looks at diagnostic test availability as well as its influence on the delivery of healthcare. AAM Dhanas and HWC Maloya each offer approximately 35 diagnostic tests, which is significantly below the recommended 63 tests. This constraint probably makes it more difficult for them to offer thorough diagnostic services, which could result in treatment and diagnosis delays. With about 40 tests, HWC Kaimbwala has a little higher availability, but it is still below the recommended level. All things considered, the limited selection of diagnostic tests offered by the three AAMs highlights the necessity of better diagnostic services in order to improve patient care and treatment results.



ABHA ID seedings with the RCH Portal

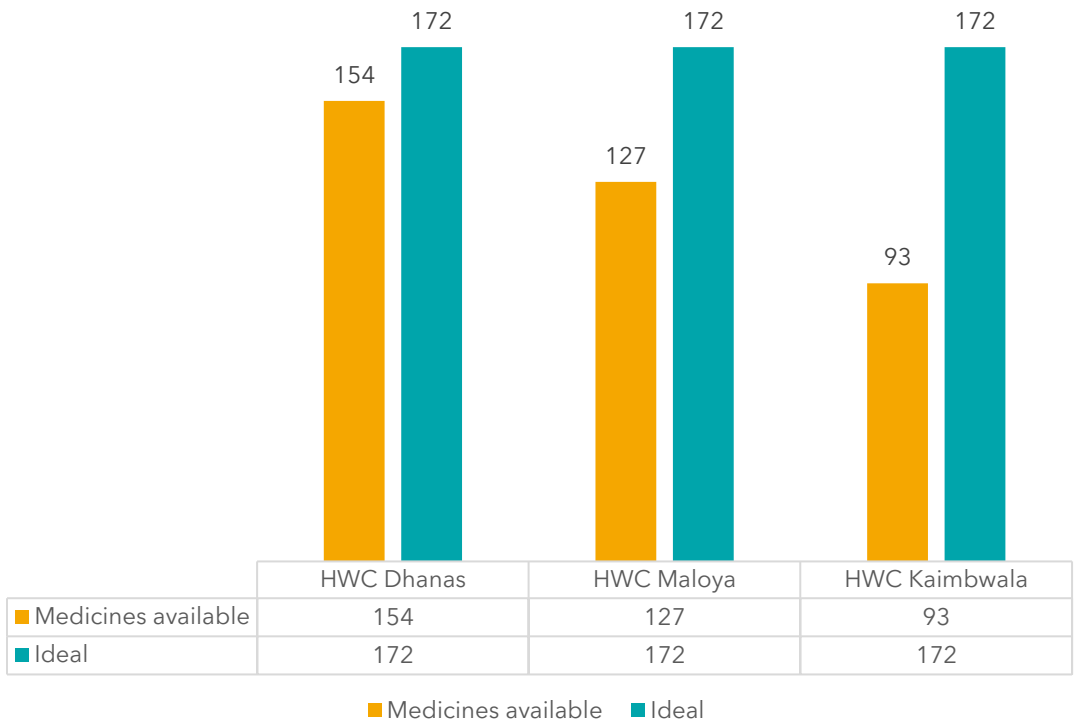


	HWC Dhanas	HWC Kaimbwala	HWC Maloya
Registered pregnant women	44	22	69
ABHA ID seeding with RCH Portal	0	10	20

The chart illustrates the number of registered pregnant women and the number of ABHA ID seedings with the RCH Portal across three AAMs: Dhanas, Kaimbwala, and Maloya. The data highlights discrepancies in registration and ABHA ID seeding across these centers. This indicates a gap in integrating digital health initiatives with patient records, which could hinder the efficient tracking and management of maternal health services.

Medicine Availability

AAM Dhanas offers around 145 medicines, which, while relatively high compared to the other centers, falls short of the required 172 medicines. This deficiency might force referrals and cause treatment to be interrupted. With over 130 medications, AAM Maloya faces difficulties in offering comprehensive treatment options even while handling a significant volume of outpatient visits. Patient outcomes and the quality of care might be impacted by the scarcity of medications. With about 90 medications, AAM Kaimbwala has the lowest availability, much less than the recommended amount. This shortcoming probably makes it more difficult to provide appropriate medical care, which lowers patient satisfaction and reduces OPD visits.



Comparative analysis of Physical Infrastructure

Physical Infrastructure	*AAM Dhanas*	*AAM Maloya*	*AAM Kaimbwala*
Patient waiting area	Yes	Insuffient	Insufficient
Lab room	Yes	No	No
Storage Space	Yes	Yes	Yes
Electricity Supply	Yes	Yes	Yes
Drinking Water Supply	Yes	Yes	No
Yoga Space	Yes	No	No
Biomedical waste management being done or not	Yes	Yes	Yes

Conclusion

The present study highlights significant disparities in healthcare delivery among the AAMs in Kaimbwala, Dhanas, and Maloya. These differences are attributed to factors such as infrastructure, staff management, diagnostic capabilities, medicine availability, and digital health integration. Despite infrastructure limitations, AAM Maloya had the highest number of OPD visits, whereas AAM Kaimbwala lags due to critical shortcomings. The results emphasize that in order to raise participation in health programs and enhance overall service quality, staff responsibilities must be optimized.

Every facility fails to meet medical and diagnostic criteria, which lowers the quality of care. The fact that only AAM Dhanas satisfies infrastructure requirements shows how other centers must make improvements. To guarantee fair access to high-quality healthcare and improved patient outcomes across all AAMs, it is imperative to optimize personnel responsibilities, improve infrastructure, and enhance digital health integration.

Thank you!

Open for questions