THESIS DEFENSE

IMPLEMENTATION CHALLENGES OF URBAN AYUSHMAN AROGYA MANDIR SERVICES IN JAIPUR DISTRICT: A MIXED-METHODS STUDY OF ANMS AND MOS

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Introduction

- Urban Ayushman Arogya Mandir (UAAM) aim to provide comprehensive primary healthcare in urban settings.
- Frontline health workers like Auxiliary Nurse Midwives (ANMs) and Medical Officers (MOs) are crucial to its success.
- However, limited evidence exists on the challenges they face in implementation.
- This study addresses this gap by exploring knowledge, attitudes, and practices (KAP) of ANMs and MOs.

Problem statement and objectives

U-AAMs were introduced to bridge urban health service gaps. Despite their strategic role, implementation remains inconsistent throughput the urban setting. This study investigates the operational challenges from the perspective of service providers—ANMs and MOs—in Jaipur District.

Primary Objective

To identify and analyse the knowledge gaps, attitudinal barriers, and practice challenges faced by ANMs and MOs in implementing U-AAM services in Jaipur District.

Secondary Objectives

I. To assess the current level of knowledge among ANMs and MOs regarding U-AAM protocols, guidelines, and services provided.

II. To identify attitudinal factors that facilitate or hinder the implementation of U-AAM services.

III. To document practice patterns, deviations from recommended U-AAM implementation guidelines.

IV. To develop evidence-based recommendations for improving U-AAM implementation through targeted interventions.

Methodology

Design: Cross-sectional, mixed-methods study

Quantitative Component: KAP survey (n=10; 5 ANMs, 5 MOs)

Qualitative Component: In-depth interviews with 6 ANMs and 4 MOs

Analysis: Descriptive statistics and thematic analysis

Location: Urban Primary Health Centres under U-AAM in Jaipur District, Rajasthan

Sampling: Purposive sampling of ANMs and MOs working at U-AAMs

Inclusion Criteria: Minimum 6 months of experience in U-AAM service delivery

Exclusion criteria: Other administrative staff directly or not directly involved in service delivery

Results (Quantitative KAP survey)

	MO	ANM	Specific Gaps
Knowledge gaps	Overall Mean Score: 60.2%, showing a wide variation in understanding. One-fourth of the questions had more than eighty-seven percent correct responses, suggesting strong knowledge in a few areas. Meanwhile, a quarter of the questions had correct response rates of less than forty percent, indicating significant knowledge gaps.		-Population norms for UAAM coverage -Minimum service provisions -Detailed roles in NCD screening -Lack of operational guidelines
Attitude barriers **5-point scale** **(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always)**	Positive Attitude (mean score 4.6) means they highly endorse the objectives of the program and feel that the program is competently delivered.	Moderate Attitude (mean score 3.5) indicating, they have doubts as to the feasibility and clarity of the operational guidelines	-Unaware of referral linkages to higher facilities. - Lack of adequate support from superiors.
Practice challenges **5-point scale** **(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always)**	Moderate Practice (Mean score- 3.8) Although better in attitude, they lack behind in the proper daily practice.	Positive Practice (Mean score-4.6) May lack in the attitude, they have better practices being conducted due to more training sessions than MOs.	-Lack of family planning counselling sessions. -Outreach initiatives were not being implemented. - Absence of scheduled meetings. -Lack of regular trainings.

Results (Qualitative IDIs)

Themes identified	
Unfamiliarity with operational guidelines	Some health workers were unaware of guidelines or were unsure about procedures due to poor communication and oversight. There were reports of heavy workloads, overlapping responsibilities, and competing priorities.
Capacity and Training needs	Healthcare providers frequently mentioned their need for additional training — particularly in conducting card tests, NCD service delivery, and proper implementation of health guidelines.
Structural and Logistic Barriers	ANMs and MOs described poor infrastructure — from unreliable water supply and lack of storage space to insufficient furniture and poor maintenance — as a major barrier to delivering care. Furthermore, scarcity of essential medicines, shortage of human resources, and weak physical facilities were frequently cited as obstacles.
Implementation Constraints	Lack of community awareness and participation in health and wellness activities was described as a challenge to delivering effective care by both MOs and ANMs

Conclusion

- **The U-AAM project has huge potential to consolidate urban primary healthcare in India.**
- **Key knowledge gaps, attitude barriers, and practice difficulties were identified among ANMs and MOs in Jaipur through this study.**
- **ANMs had lesser knowledge and attitudes, while MOs had better; ANMs had more field practices despite limitations.**
- **Key implementation barriers are a lack of training, availability gaps of resources, and infrastructural shortages.**
- **Irrespective of difficulties, frontline providers' commitment and resilience were a major strength.**
- **Strengthening training, support structures, and provider activation is essential to unlocking the full potential of U-AAM.**

Recommendations

1. Capacity Building
2. Supportive Supervision
3. Human Resource Strengthening
4. Infrastructure and Supply Chain Improvements
5. Community Engagement Strategies
6. Administrative Streamlining
7. Monitoring and Feedback Loops
8. Motivation and Engagement
9. Policy and System Interventions
10. Research and Evaluation