Assessment of awareness on ABHA ID and NCD Clinics among the General Public and Challenges Faced by ANMs, ASHAs, and CHOs in ABHA ID generation in Jaipur

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Introduction

India’s healthcare landscape is undergoing a digital transformation by implementing the Ayushman Bharat Digital Mission (ABDM), with the Ayushman Bharat Health Account (ABHA) ID as a foundational component. In parallel, the government has rolled out Non-Communicable Disease (NCD) Clinics under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) to tackle the increasing burden of chronic diseases

This study aimed to assess the level of awareness of ABHA ID and NCD Clinics among the general population of Jaipur, while also examining the operational challenges faced by frontline health workers namely ASHAs, ANMs, CHOs, and Computer Operators) in the generation and promotion of ABHA IDs.

MINISTRY OF ELECTRONICS & INFORMATION TECHNOLOGY GOVERNMENT OF INDIA

Digital India

national health agency

Healthcare is Now Digital

National Digital Health Mission to provide

ABDM Ecosystem

Main Components of ABDM

Ayushman Bharat Health Account (ABHA)
Unique health identifier for all individuals that enables access to digital health services and secure storage of health records.

Healthcare Professionals Registry (HPR)
Registry of verified public and private healthcare professionals serving across all systems of medicine.

Health Facility Registry (HFR)
Registry of verified public and private health facilities like hospitals, diagnostic labs, pharmacies, health centres etc.

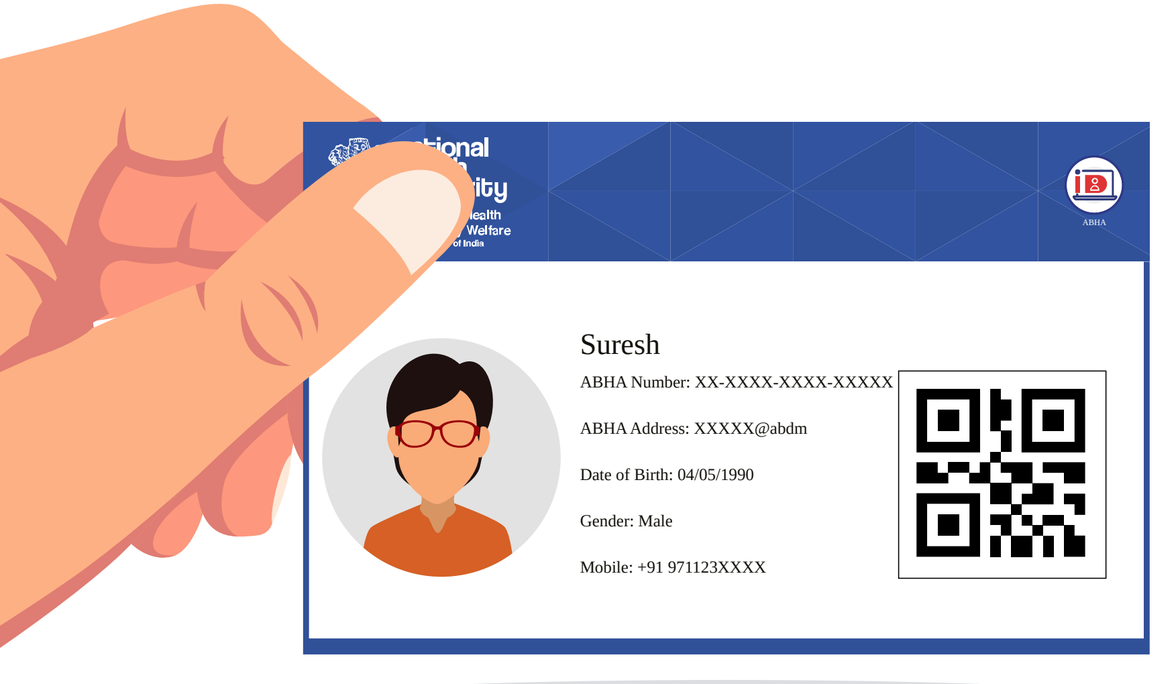
Personal Health Records App (PHR App)
ABDM-enabled applications like ABHA app, Aarogya Setu etc. that allow easy management of personal health records.

Unified Health Interface (UHI)
An interface that enables seamless interaction and exchange of health information between different user applications and health service providers.

ABHA ID (Ayushman Bharat Health Account)

A 14 digit unique health identifier that enables the individual to link access and share their health records digitally

- One digital account to access all health services
- Easy sign-up using Aadhaar or other KYC document
- Instant registrations using Scan and Share feature



ABHA ID Creation Methods

- Self mode using ABHA portal
- Programme or HMIS Portal generated ABHA
- Assisted mode using ABHA portal (ASHA, ANM & CHO)
- Programme Data with Aadhar demographic details

Objectives

1. To know the awareness and understanding of the Ayushman Bharat Health Account (ABHA) ID among the target population.

2. To identify the key challenges faced by healthcare staff in the generation and implementation of ABHA IDs.

3. To know public awareness regarding the existence, objectives, and healthcare services provided by Non-Communicable Disease (NCD) Clinics.

Research Question

1. What is the level of awareness and understanding of the ABHA ID among the general population in Jaipur?

2. What demographic factors (e.g., age, gender, education level) influence awareness of ABHA ID?

3. To what extent is the public aware of Non-Communicable Disease (NCD) Clinics in Jaipur?

4. What are the key barriers or challenges faced by healthcare staff in generating and implementing ABHA IDs?

Literature Review

Research Article	Key Findings
Sushila Paliwal et al. (2023)	Identifies major barriers like poor digital literacy, internet infrastructure gaps, data privacy concerns, and interoperability issues.
Choudhury et al. (2021)	Low ABHA awareness in rural areas; barriers include digital illiteracy, poor internet, and device access; privacy concerns also noted.
Kumar & Sharma (2022)	Higher ABHA awareness in urban areas, but low understanding and usage; many confused it with other schemes; younger users showed better comprehension.
Singh et al. (2021)	Health staff faced heavy workload, lacked proper training, and struggled with software issues and poor internet connectivity.
Patel et al. (2020)	Awareness of NCD clinics was low, even where available; weak outreach and IEC activities noted in both urban and rural settings.
Rao & Mehta (2022)	Inconsistent NCD clinic services reduced public trust; many patients preferred private providers due to reliability issues.
Verma et al. (2020)	Digital divide was clear—low-income and less-educated groups had poor ABHA access; gender gap in awareness also evident.
NHA Report (2021)	Systemic bottlenecks like software glitches and staffing issues delayed ABHA registration; poor integration of digital systems.
Sharma & Desai (2022)	Health workers lacked motivation due to no incentives; some were unaware of ABHA's purpose; viewed as an added burden.

Methodology

✚ Cross-sectional descriptive design.

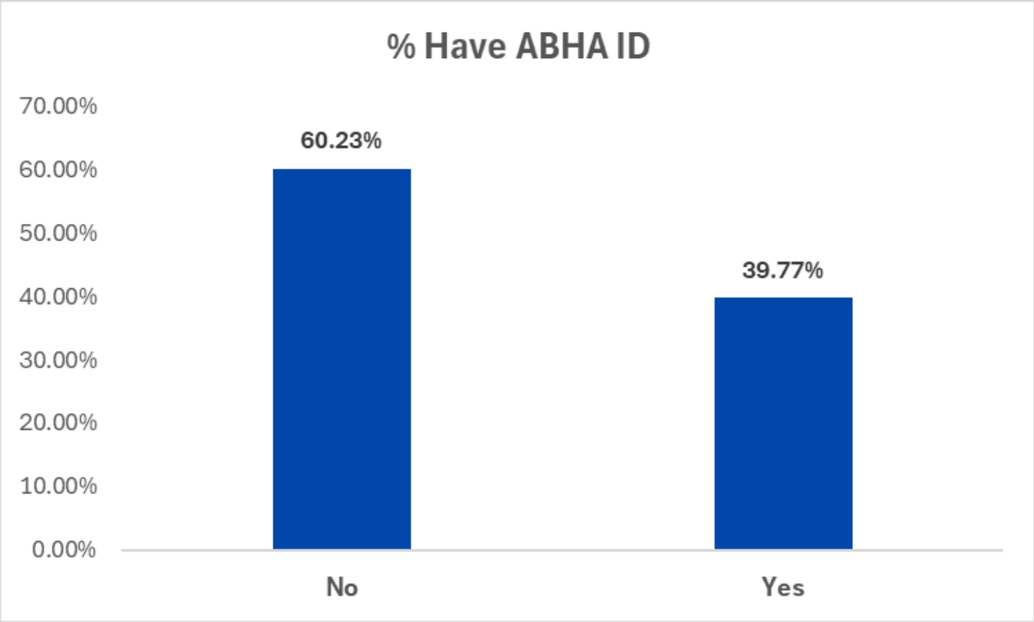
✚ Sample Size & Data Collection

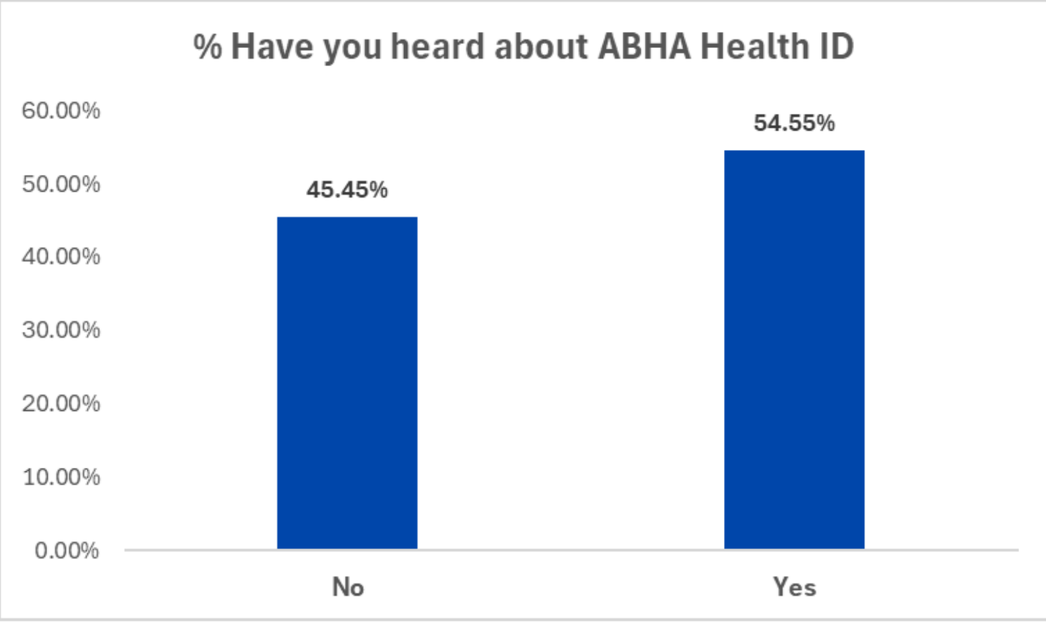
- Planned sample size: **100 respondents**
- Final respondents surveyed: **88**
- **Reason:** Data collection covering general general public and patients exit interviews, was concluded at 88, due to response saturation and feasibility constraints.
- Health workers interviewed: **21 ASHAs, ANMs, CHOs, and Computer Operators.**
- A total 10 health facilities were visited.
- Primary data was collected through questionnaires and interviews.

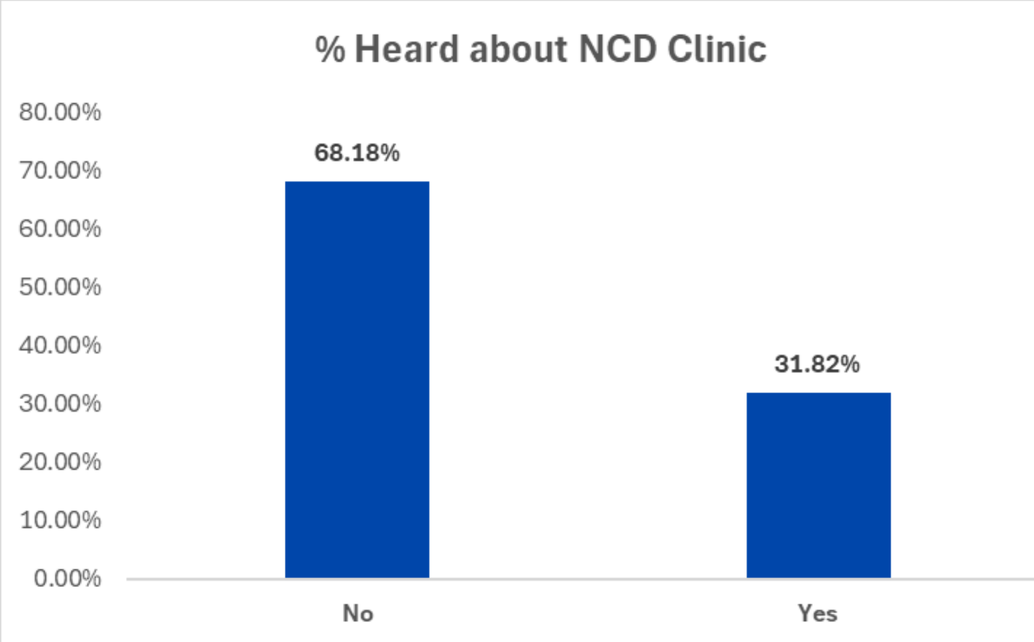
Location	Type of Facility
Begus	PHC
Fatehpura	SC
Dhankya	CHC
Kumbha Marg, Jaipur	UPHC
Gandhinagar, Jaipur	UPHC
Sirsi	CHC
Gandhi Vihar, Jaipur	UPHC
Kanwatiya, Jaipur	District Hospital
PHC-HWC	Rangoli Garden
Vaishali Nagar, Jaipur	UPHC

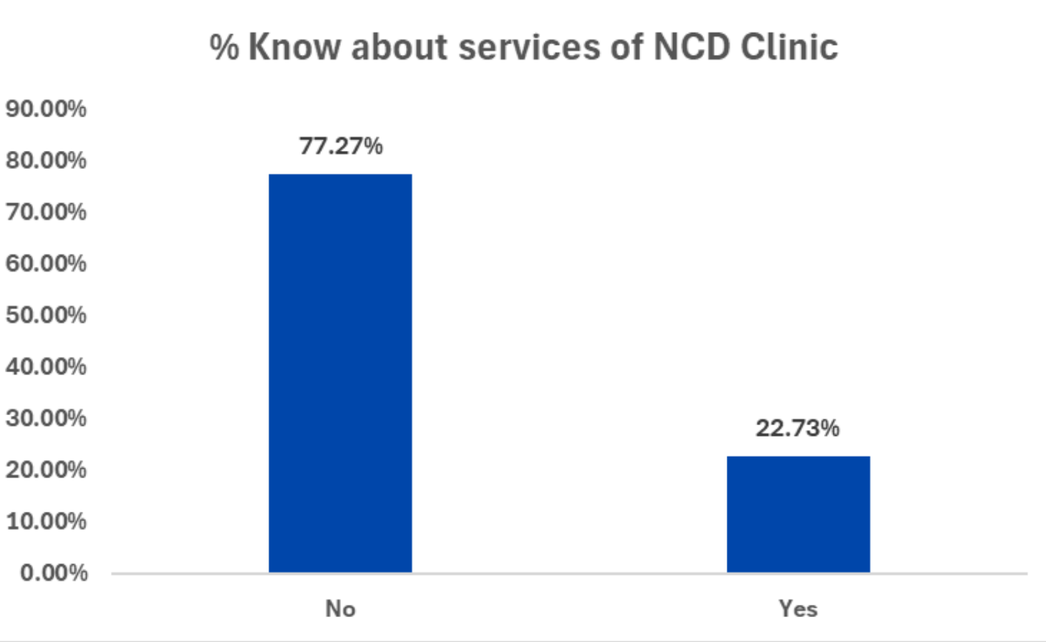
Result

Demographic and ABHA ID-related Responses (n=88)	n	%
Age of Respondent		
18-30	19	21.59
31-45	16	18.18
46-60	31	35.23
Above 60	22	25
Sex of Respondent		
Female	34	38.64
Male	54	61.36
Education		
No Formal Education	19	21.59
Primary/Secondary/Higher Secondary Education	41	46.59
Graduate & Above	28	31.82
Occupation		
Unemployed/Student	22	25
Homemaker	23	26.14
Employed(Private/Govt)	22	25
Self Employed(Business)	21	23.86
Hospital Visit Freq		
Frequently (Twice or Thrice a month)	16	18.18
Occasionally	39	44.32
Once Every Month	33	37.5
Preferred Facility		
Both	13	14.77
Government Hospital/PHC/CHC	62	70.45
Private Clinic/Hospital	13	14.77


% Have ABHA ID
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
60.23%
39.77%
No
Yes


% Have you heard about ABHA Health ID
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
45.45%
54.55%
No
Yes


% Heard about NCD Clinic
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
68.18%
31.82%
No
Yes


% Know about services of NCD Clinic
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
77.27%
22.73%
No
Yes

Perceptions about the Purpose of ABHA of the General public and Patients

Access free medicines	13
Digitally store and access personal health records	24
Cashless Transactions	5
Avail insurance coverage only	2
Hospital ID	6
Aadhar Like ID	5
Easy Hospital OPD Registration	1
Health Scheme Card	1
Don't know	43

Correlation

Variable	Chi² Value	p-value	Significance	Key Insight
Age	7.84	0.0495	**Statistically Significant**	Younger individuals more likely to have ABHA ID
Education Level	8.52	0.0141	**Statistically Significant**	Highest ownership in those with **no formal education**
Preferred Health Facility	7.97	0.0186	**Statistically Significant**	Highest ownership among those using **both govt. & private**
Occupation	7.07	0.0697	Marginally Significant (10%)	**Homemakers** showed higher ownership than employed individuals

Challenges faced by ASHA, ANM & CHO

Challenge	N
Lack of awareness in the community	13
Technical issues during registration	11
No incentives for promoting ABHA	6
No internet access	7
Lack of training	4
People not trusting digital health records	3
OTP Issue	3

Support required by ASHA, ANM & CHO

Support Required by ASHA, ANM & CO	N
More training	6
Incentives	13
IEC materials (Posters, Pamphlets)	5
Better mobile/internet access	7
Registration process improvement	3
Govt. should provide devices	4
App should work properly	2

Discussion

Aspect	My Study	Similar Studies (Literature Review)
ABHA ID Awareness	54.55% of the public had heard of ABHA; only 39.77% owned one	Low awareness in rural areas; High awareness in urban areas but low understanding (Kumar & Sharma, 2022)
ABHA ID Ownership by Age	Younger individuals (18–30) more likely to own ABHA IDs (42%)	Tech-savvy youth more aware and engaged in digital health (Kumar & Sharma 2022)
ABHA ID Ownership by Education	Surprisingly higher among those with no formal education (68%)	Digital divide – educated and wealthy groups more aware; outreach in low-education groups may explain anomaly (Verma et al. 2020)
Infrastructure Barriers	Poor internet in rural areas, frequent app crashes, OTP delays	Internet outages, app failures, and device shortages (Singh et al. , 2021, Bhatt et al. , 2019)
Health Worker Training	6 out of 23 received formal training; sessions were one-way and ineffective	Staff showed poor engagement due to lack of incentives and unclear roles (Sharma & Desai 2022)
Resistance Among Staff	Older ASHAs lacked smartphone skills; often reliant on family	Frontline workers face difficulty adapting to digital roles (Sreerupa 2024)
Suggestions from Field Staff	Appoint technical staff, use CSCs/Aadhaar centres for ABHA generation	Bhatt et al. (2019): Dedicated IT staff and stable infrastructure needed (Bhatt et al. 2019)
Public Trust in ABHA	75% trusted government with data, but lacked clarity on ABHA function	Kumar & Sharma (2022): Awareness high but confusion with other schemes prevailed

Provide performance-based incentives to ASHAs, ANMs, and digital staff for successful ABHA enrollments.

Introduce biometric registration methods to bypass OTP and demographic-based delays.

Utilize existing infrastructure such as Aadhaar centres and CSCs for ABHA ID registration.

Conduct regular, interactive, and skill-based digital training sessions for ASHAs, ANMs & CHOs

Expand internet access in underserved areas, especially at sub-centres and Health & Wellness Centres (HWCs) in the villages

Appoint trained digital support personnel to handle ABHA ID and app-based operations to collaborate with ASHA & ANM

Engage community leaders and health workers to build trust and dispel myths around digital health.

Conduct localized IEC campaigns on the purpose and benefits of ABHA IDs.

Recommendations

UPHC Kumbha Marg

PHC-HWC Begus

SC Fatehpura

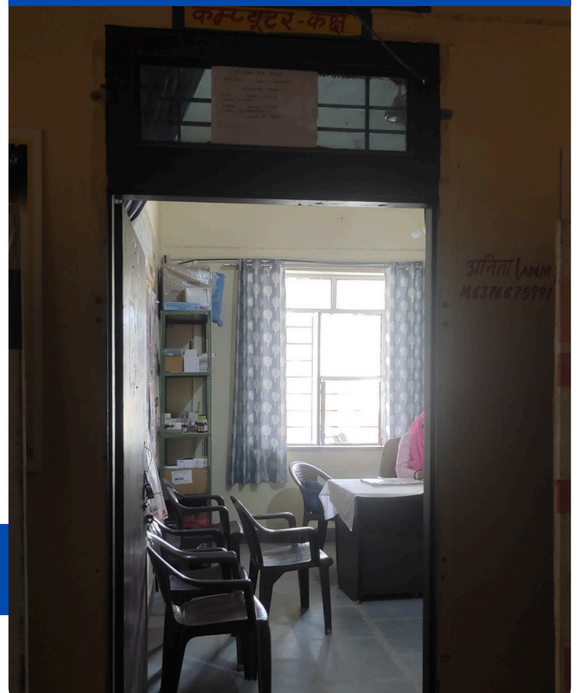
CHC Dhankya

PHC Jhotwara

UPHC Ward-46 Sanganer

PHC-HWC Begus

SC Fatehpura



Glimpse of the Data Collection Facilities

Thank You