ASSESSMENT OF AWARENESS ON ABHA ID AND NCD CLINICS IN THE GENERAL PUBLIC AND CHALLENGES FACED BY ANMs, ASHAs, AND CHOs IN ABHA ID GENERATION IN JAIPUR

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Introduction

India is currently undergoing a major epidemiological shift, with non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, and cancers becoming the predominant causes of illness and death. This growing burden of NCDs has significantly strained the country's healthcare system, highlighting the urgent need for comprehensive strategies focused on prevention, early diagnosis, and long-term management. In response to this challenge, the Government of India has launched several landmark initiatives aimed at strengthening healthcare delivery, encouraging healthier lifestyles, and integrating digital technologies to enhance health outcomes.

One such initiative is the Ayushman Bharat Digital Mission (ABDM), spearheaded by the National Health Authority (NHA). This mission envisions a connected digital health ecosystem by establishing a robust infrastructure that facilitates real-time access to personal health records and ensures continuity of care through seamless coordination between patients and healthcare providers.

Complementing this digital transformation, the government has also established Non-Communicable Disease (NCD) Clinics under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). These clinics, operational at various levels including PHCs, CHCs, and district hospitals, aim to provide dedicated services for screening, early detection, and management of common NCDs. Together, initiatives like ABDM and the expansion of NCD Clinics represent a critical step toward building a more responsive, accessible, and integrated healthcare system in India.

Review of Literature

Author(s)	Study Location	Sample Size	Methodology	Salient Features
Choudhury et al. (2021)	Multiple (India)	1200 individuals	Cross-sectional survey	**Identified awareness gaps in rural areas.** • Awareness of ABHA ID was significantly lower in rural areas. • Digital literacy was a major barrier, especially among older adults and women. • Poor internet connectivity and limited device access limited ABHA usage. • Many participants expressed concerns about data privacy and trust. The study recommended local awareness campaigns using frontline health workers.

Kumar & Sharma (2022)	Urban India	850 urban residents	Quantitative survey	**Higher awareness in urban areas, but low usage and understanding** • Most urban residents were aware of the ABHA ID initiative. • Despite awareness, many lacked clarity on how to use the ID effectively. • Respondents often confused ABHA with other health schemes like Ayushman Bharat Yojana. • Younger, tech-savvy individuals showed better understanding than older participants. • The study suggested simplified information materials and user guidance tools.
Singh et al. (2021)	Rural Health Facilities	30 healthcare staff	Qualitative interviews	**Barriers include workload, lack of training** • Healthcare staff reported increased workload due to ABHA ID registration tasks. • Many lacked proper training on digital health systems and data entry. • Technical issues like slow software and poor internet disrupted the process. • Staff expressed frustration over the lack of support and follow-up from higher authorities. • The study recommended hands-on training and better infrastructural support.
Patel et al. (2020)	Urban and Rural India	1500 households	Mixed methods	**Limited NCD clinic awareness despite availability** • A large portion of respondents were unaware of NCD clinics in their area. • Awareness was slightly higher in urban regions compared to rural ones.

				• Even among those aware, the understanding of available services was low. • Community outreach and IEC (Information, Education, Communication) activities were found to be weak. • The study recommended integrating NCD awareness with routine health programs.
Rao & Mehta (2022)	Public Health Clinics	1000 individuals	Descriptive analysis	**Inconsistent service availability affects clinic visibility** • Respondents reported irregular functioning of NCD clinics in public health facilities. • Many visited clinics only to find services unavailable or staff absent. • This inconsistency led to low trust and reduced footfall over time. • Patients preferred private providers despite higher costs, due to reliability. • The study suggested better monitoring and scheduling to ensure consistent service delivery.
Verma et al. (2020)	North India	950 respondents	Community-based survey	**Digital divide evident across socioeconomic groups** • Higher-income and educated groups had better access to ABHA-related information. • Lower socioeconomic groups showed limited awareness and usage. • Smartphone ownership and internet access were key differentiators. • Gender disparities were also observed, with women less likely to be informed.

				• The study called for inclusive strategies targeting marginalised communities.
NHA Report (2021)	Pan-India	Government health records	Secondary data analysis	**Implementation bottlenecks and registration delays were identified** • Delays in ABHA ID registration were observed across multiple states. • Bottlenecks included software glitches and insufficient technical support. • Many facilities lacked dedicated staff for digital health tasks. • Data integration with existing health records was inconsistent. • The report recommended a robust IT infrastructure and centralised monitoring.
Sharma & Desai (2022)	Tier-2 Cities	600 urban participants	Structured interviews	**Low staff engagement due to a lack of incentives** • Healthcare staff showed low motivation to promote ABHA ID registration. • The absence of financial or professional incentives has reduced engagement levels. • Staff viewed ABHA-related tasks as an added burden to their routine work. • Some were unaware of the broader purpose of digital health initiatives. • The study suggested linking ABHA promotion to performance-based incentives.
Bhatt et al. (2019)	District Hospitals	45 hospital administrators	Focus group discussions	**Infrastructural gaps hampering ABHA adoption** • Administrators reported a lack of dedicated devices for ABHA registration.

				• Frequent power cuts and poor internet affected daily operations. • Many facilities lacked technical staff to support digital processes. • Budget constraints delayed the procurement of essential digital tools. • The study recommended targeted funding for digital infrastructure upgrades. •

Research Gap

Despite growing efforts under the Ayushman Bharat Digital Mission (ABDM) and the establishment of NCD Clinics, existing literature reveals critical gaps in awareness, infrastructure, and frontline worker capacity. While multiple studies have assessed ABHA ID awareness across urban and rural settings, most have focused either on the general population or healthcare staff in isolation—rarely both in tandem. Moreover, many studies highlight barriers such as poor digital literacy, inconsistent service delivery, and infrastructural limitations but lack localized, facility-level insights, particularly in Tier-2 cities like Jaipur. Importantly, there is limited exploration of the operational burdens faced by ASHAs, ANMs, and CHOs in real-time ABHA promotion and data entry. This study bridges the gap by evaluating both public awareness and health worker challenges in a unified framework, offering context-specific evidence from Jaipur's healthcare ecosystem.

Research Questions

1. What is the level of awareness and understanding of the ABHA ID among the general population in Jaipur?
2. What are the key barriers or challenges faced by healthcare staff in generating and implementing ABHA IDs?
3. To what extent is the public aware of Non-Communicable Disease (NCD) Clinics in Jaipur?
4. What demographic factors (e.g., age, gender, education level) influence awareness of ABHA ID and NCD Clinics?

Research 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.

Methodology

Research Design: The study followed a **cross-sectional descriptive design** aimed at evaluating awareness and utilization of the ABHA ID and public understanding of services offered by NCD Clinics in Jaipur.

Study Population:

- General residents of Jaipur eligible for ABHA ID
- Frontline healthcare workers involved in ABHA ID generation

Inclusion Criteria:

- Residents of Jaipur aged 18 years and above
- OPD patients in the hospital
- Healthcare staff involved in ABHA ID implementation or working in NCD Clinics

Exclusion Criteria:

- Individuals below 18 years of age
- Those not residing in Jaipur
- Respondents unwilling to participate or unable to provide informed responses
- Healthcare professionals not directly associated with ABHA or NCD services

Study Tools

- Structured questionnaire for the general population to assess awareness and usage of ABHA ID and NCD Clinic services
- Structured questionnaire for healthcare staff to explore operational challenges and experiences

Sample Size:
The study included 88 participants from the general population and 21 healthcare providers, based on feasibility and response saturation.

Sampling Technique: A convenience sampling method was used.

Data Collection Procedure

Data were collected across 11 selected health facilities in Jaipur, which included Primary Health Centres (PHCs), Urban Primary Health Centres (UPHCs), Community Health Centres (CHCs), the District Hospital (DH), and Sub-Centres (SCs) using Goggle forms and Questionnaire. Patient exit interviews were conducted using structured questionnaires to assess ABHA ID awareness and usage, as well as knowledge of NCD Clinic services. In addition, digital forms were circulated via WhatsApp to reach a wider sample of individuals who had accessed healthcare.
Key healthcare workers such as **ASHAs, ANMs, CHOs**, and **Computer Operators** were interviewed using role-specific questionnaires to understand their challenges in ABHA ID generation and perceptions of public awareness of NCD Clinics. A **Focus Group Discussion (FGD)** with ANMs was also conducted to gather group-level insights and promote open dialogue on shared challenges.
All participants were informed of the study's purpose, and informed consent was obtained. Responses were recorded and systematically prepared for further analysis.

Data Analysis Plan

Quantitative Analysis:

• Proportion of patients aware of ABHA ID and NCD Clinics.
• Distribution of ABHA ID ownership across age groups, education levels, gender, and healthcare facility types.
• Frequency of digital vs physical health record usage among patients.
• Statistical associations (chi-square tests) between ABHA ID ownership and socio-demographic variables (age, education, gender, occupation, preferred facility).
• Use of visual charts and tables to illustrate awareness levels and demographic trends.

Qualitative Analysis:

• Recurring challenges reported by ASHAs, ANMs, and CHOs in ABHA ID generation and data entry.
• Insights into technical barriers such as poor internet, OTP failures, and software crashes.
• Experiences of inadequate training, reliance on family for technical help, and resistance to digital tasks among older staff.
• Recommendations from frontline workers on improving implementation—such as appointing technical staff and providing incentives.