Section: Community Medicine

Original Research Article

ASSESSMENT OF UTILIZATION OF HEALTH BENEFITS AT HEALTH & WELLNESS CENTERS UNDER AYUSHMAN BHARAT MISSION IN IMPHAL EAST AND IMPHAL WEST DISTRICTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Ayushman Bharat-Health and Wellness Centers was introduced for delivery of Comprehensive Primary Health Care bringing healthcare closer to homes of people focusing lifestyle modification for prevention of chronic diseases. This program has been launched and implemented at an accelerated phase in Manipur. This study plans to determine the NCD service utilization the amongst beneficiaries. **Objective:** To assess the utilization of health benefits and NCD-related services at Health and Wellness Centres under the Ayushman Bharat Mission among beneficiaries in Imphal East and Imphal West districts of Manipur

Materials and Methods: A cross-sectional study was done amongst beneficiaries aged ≥30 years residing in Imphal East and West districts using a structured questionnaire. Three HWCs were selected using SRS and considering each beneficiary/household as sampling unit, 35 or 36 beneficiaries were selected from area covered under each HWC. Data were analysed using descriptive statistics (mean, median or proportion). Ethical approval was obtained from the IEC, JNIMS.

Results: A total of 106 respondents participated with females constituting 64.2%; the age ranged from 30 to 75 years with mean (SD) age 49.4(12.8). Around 62 (58.5%) families had history of NCDs. More than a third (37, 34.9%) are hypertensive and 36 (34.0%) are diabetics. Nearly 60% of the families were verified card holders of PMJAY/CMHT. Majority of the families (57, 53.8%) faced financial hardship in meeting healthcare requirements. Majority (77,72.6%) visited the HWC in the last 1 year.

Conclusion: Majority of the families face the burden of NCDs. Hence, there's a need to raise awareness and improve the services provided by the HWCs.

Keywords: Ayushman Bharat, Health and Wellness Centers, Non-Communicable Diseases.

INTRODUCTION

The need to achieve Universal Health Coverage (UHC) remains a major public health priority in India, in the context of global concerns regarding inequitable access to healthcare, inadequate availability of services, variable quality of care, and high out-of-pocket expenditure. In response to these challenges, the Government of India launched Ayushman Bharat: Pradhan Mantri Jan Arogya Yojana (PM-JAY) in September 2018. It is one of the world's largest government-funded healthcare initiatives and aims to ensure the provision of affordable, accessible, equitable, and quality healthcare services to the population. The programme was introduced by the Ministry of Health and Family Welfare in accordance with the

recommendations of the National Health Policy, 2017.[1,2]

Ayushman Bharat seeks to advance Universal Health Coverage through two complementary components: Ayushman Bharat–Health and Wellness Centres (AB-HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). The AB-HWC component focuses on delivering Comprehensive Primary Health Care (CPHC) based on the principles of universality and equity, thereby bringing essential healthcare services closer to people's homes. In addition to providing preventive, promotive, and curative services, HWCs place considerable emphasis on wellness, healthy lifestyle practices, yoga, physical activity, and the prevention and management of chronic diseases. In contrast, PM-JAY primarily provides financial protection against the cost of secondary and tertiary healthcare for approximately 40% of the poorest and most vulnerable households in India.[1-3] In February 2018, the Government of India announced the establishment of 150,000 Health and Wellness Centres by transforming and upgrading existing Primary Health Sub-Centres (PHSCs) and Primary Health Centres (PHCs) under the Ayushman Bharat Mission.[4-7]

At the state level, in Manipur, Chief Minister-gi Hakshelgi Tengbang (CMHT) represents an important health assurance initiative of the Government of Manipur. The scheme provides cashless healthcare coverage of up to ₹5 lakh per family per year to economically vulnerable families from Manipur, including beneficiaries seeking treatment at designated hospitals in Manipur and Guwahati.[8-10] The first Health and Wellness Centre was inaugurated at Bijapur, Chhattisgarh, on 18 April 2018. During the first year of implementation, more than 17,000 HWCs were operationalized, exceeding the target of 15,000 centres established for the financial year 2018–19.[11-12]

In Manipur, the first HWC was inaugurated on 11 August 2018 at Primary Health Sub-Centre Awang Wabagai in Imphal-West District.[10] Subsequently, in accordance with the targets established by the Government of India, the state achieved the operationalization of 420 functional HWCs by 2022, comprising 320 PHSCs, 91 PHCs, and 9 Urban Primary Health Centres (UPHCs).[8-10]

Non-communicable diseases (NCDs) require long-term prevention, screening, treatment, and follow-up, making primary healthcare essential for effective management. The success of the Ayushman Bharat–Health and Wellness Centre (AB-HWC) programme depends on both the availability and utilization of healthcare services. Despite its implementation in Manipur, evidence on the utilization of health benefits, particularly NCD-related services, among beneficiaries in Imphal East and Imphal West districts is limited. Therefore, this study was undertaken to assess the utilization of health benefits, with particular emphasis on NCD-related services, among beneficiaries attending Health and Wellness Centres under the Ayushman Bharat Mission in these districts.

MATERIALS AND METHODS

Study Design and Setting: A cross-sectional study was conducted from 19 July 2024 to 18 January 2025 among beneficiaries attending selected Health and Wellness Centres (HWCs) in Imphal East and Imphal West districts of Manipur. The study population comprised beneficiaries aged 30 years and above residing in the catchment areas of the selected HWCs.

Sample Size and Sampling: The sample size was calculated using the standard formula for estimating a proportion, considering a prevalence of 50% to obtain the maximum required sample size. Based on the specified level of precision, the calculated sample size was 106 participants. Three HWCs were selected using simple random sampling (SRS). Considering each beneficiary/household as the sampling unit, approximately 35–36 beneficiaries were selected from the population residing within the catchment area of each selected HWC, resulting in a total sample of 106 participants.

Individuals who refused to participate in the study and those who were absent during two consecutive visits were excluded.

Study Tool and Data Collection

Assessment of NCD Service Utilization: A semi-structured questionnaire was used to assess the utilization of services provided under the NCD component of the Ayushman Bharat programme.[12] The questionnaire comprised several sections covering participants' socio-demographic characteristics, family history of NCDs, utilization of NCD-related services available at the HWCs, and awareness regarding the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Chief Minister-gi Hakshelgi Tengbang (CMHT) schemes, among other relevant variables.

Data were collected using a validated semi-structured questionnaire. The questionnaire included information on the participants' socio-demographic characteristics, history of non-communicable diseases (NCDs), possession of PMJAY card, and utilization of health services available at the HWCs**.** The utilization of NCD-related services under Ayushman Bharat–Health and Wellness Centres (AB-HWCs) was assessed through face-to-face interviews with eligible beneficiaries. Prior to each interview, verbal informed consent was obtained from the participants. Each beneficiary interview lasted approximately 30–40 minutes.

Statistical Analysis: The collected data were entered into Microsoft Excel, reviewed for completeness and consistency, and subsequently analyzed using IBM SPSS Statistics version 22. Descriptive statistics, including mean, standard deviation, frequencies, and percentages, were used to summarize the study variables and describe the

characteristics of the study population and their utilization of HWC services.

Ethical Considerations: Ethical clearance for the study was obtained from the Institutional Ethics Committee under Protocol No. 248/17/PGT-2020 (JNIMS) prior to commencement of data collection. Participation in the study was voluntary, and participants who agreed to participate were included in the study.

RESULTS

A total of 106 respondents participated in the study. The age of the respondents ranged from 30 to 75 years, with a mean age of 49.4 years (SD: 12.8 years). This indicates that the study population comprised adults across a relatively broad age range, including both middle-aged and older individuals.

A family history of non-communicable diseases (NCDs) was reported by 62 respondents (58.5%), indicating that more than half of the participating families had a history of NCDs among their family members. This finding highlights the considerable presence of familial NCD risk among the study population.

Regarding the financial burden associated with healthcare, 57 respondents (53.8%) reported that their families experienced financial difficulties in meeting healthcare-related requirements. Thus, more than half of the respondents indicated some degree of financial hardship in accessing or meeting their healthcare needs.

With regard to utilization of Health and Wellness Centre (HWC) services, 77 respondents (72.6%) reported that they had visited the HWC at least once during the preceding one year. This indicates that a substantial proportion of the study participants had utilized the services available through their local HWC during the reference period.

Table 1: Showing family History of NCDs (n=106)

Category	Yes N(%)	No N(%)
Hypertension	37(34.9)	69(65.1)
Diabetes	36(34.0)	70(66.0)
Stroke	7(6.6)	99(93.4)
Heart attack	8(7.5)	98(92.5)
Kidney disease	11(10.4)	95(89.6)
Cancer	1(0.9)	105(99.1)
Epilepsy	1(0.9)	105(99.1)
Mental illness	0(0.0)	106(100.0)
COPD	5(4.7)	101(95.3)

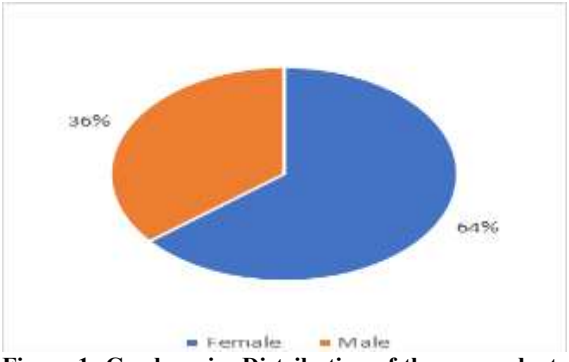

Figure 1: Gender-wise Distribution of the respondents (N=106)

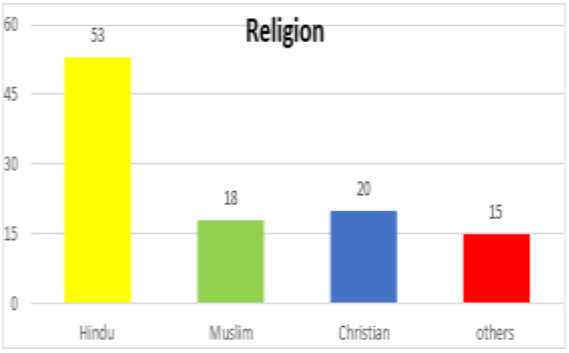

Figure 2: Religion-wise Distribution of the respondents (N=106)

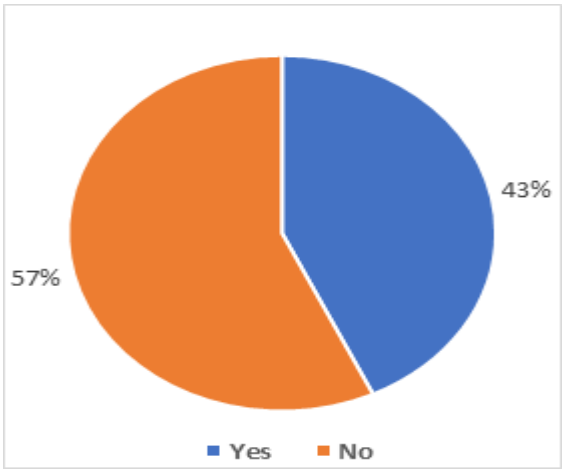

Figure 3: Verified PMJAY/CMHT card ownership among respondents (n=106)

Table 2: Self-reported history NCDs among the respondents (n=106)

Category	Yes n(%)	No n(%)
Hypertension	23(21.6)	83(78.3)
Diabetes	11(10.4)	95(89.6)
COPD	5(4.7)	101(95.3)

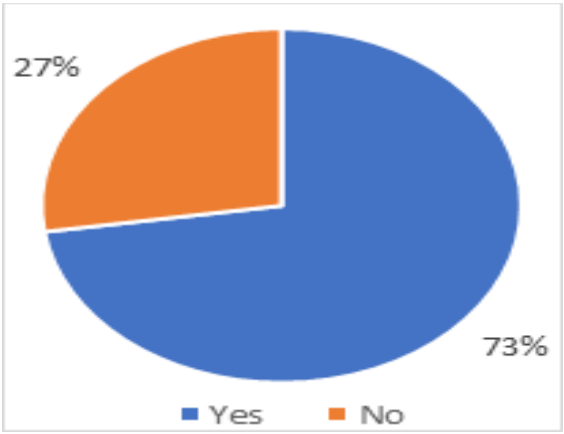

Figure 4: HWC utilization during the preceding 1 year among respondents (n=106)

DISCUSSION

The Ayushman Bharat–Health and Wellness Centre (AB-HWC) programme aims to strengthen primary healthcare through comprehensive services, NCD prevention and management, community participation, ICT use, and effective referral mechanisms.13-15 In the present study, 106 respondents aged 30–75 years participated, with a mean age of 49.4 ± 12.8 years. More than half (58.5%) reported a family history of NCDs, while 72.6% had visited an HWC during the preceding year, indicating considerable utilization of HWC services. Additionally, 53.8% reported financial difficulties in meeting healthcare needs, highlighting the importance of accessible and affordable primary healthcare services.[16-17]

The effectiveness of HWCs depends on adequately trained human resources in addition to physical infrastructure. A study emphasized the importance of a trained and well-oriented workforce, while some reported the availability of CHOs and supportive staff in most centres. In the present evaluation, all CHOs had received training in NCDs, cancer screening, and ICT; however, training gaps were observed among medical officers, ANMs, ASHAs, staff nurses, and other health workers. Similar training deficiencies were reported by another author.[18-21] These gaps may partly be related to disruption of programme training following the COVID-19 pandemic and highlight the need for regular capacity-building of HWC staff. Although infrastructure was generally adequate, deficiencies in residential facilities, power backup, and water supply were observed, consistent with findings reported by an author.[22]

Medicine availability also remained a concern. Essential drugs were available in 83.3% of HWCs, with antihypertensive and antidiabetic medicines more consistently available, whereas medicines for epilepsy, mental health conditions, and NCD-related respiratory diseases were available less frequently. All assessed HWCs provided expanded services, including hypertension and diabetes screening, geriatric and palliative care, and basic trauma care. Among HWC visitors, 32.4% sought NCD follow-up services and 32.1% utilized routine OPD, laboratory, or vaccination services. However, utilization of other expanded services was limited, suggesting a need for greater community awareness regarding the range of services available.

Higher NCD screening was associated with increasing age, female sex, and family history of NCDs, while NCD service utilization was higher among female homemakers, those with a family history of NCDs, separated/widowed individuals, those with higher education, and lower-income groups. These differences may reflect variations in health awareness, perceived NCD risk, healthcare needs, and financial barriers. The relatively high utilization among lower-income respondents is particularly relevant given that more than half of the study participants reported financial difficulties in meeting healthcare requirements.

Community engagement, continuous monitoring, and effective referral mechanisms are essential for sustaining the performance of HWCs. Community participation can improve health awareness and service utilization, while strong referral and follow-up systems can ensure continuity of NCD care between primary, secondary, and tertiary levels.25 Overall, the findings indicate that although HWCs are being utilized and provide a range of NCD-related services, gaps in staff training, infrastructure, and medicine availability remain important areas for strengthening the programme in Manipur.

CONCLUSION

The study indicates a considerable burden of non-communicable diseases (NCDs) among the families of the study participants, with 58.5% reporting a family history of NCDs. The relatively high proportion of respondents who had visited the Health and Wellness Centres (HWCs) during the preceding year also suggests that these centres are an important point of contact for primary healthcare and NCD-related services. The findings emphasize the need to strengthen awareness, early screening, and utilization of NCD services through HWCs. Improving the availability and quality of services,

ensuring adequate training of healthcare workers, maintaining essential medicines and supplies, and strengthening community outreach and referral mechanisms could further enhance the effectiveness of HWCs. These measures are particularly important for improving access to affordable and comprehensive primary healthcare and addressing the growing burden of NCDs in the community.

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