

**Final Internship In National Health Mission Sikkim Department of Health and Family
Welfare**

Government Of Sikkim

(MAY- SEPTEMBER 2022)

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Towards the partial fulfilment of the requirement of the Degree

Master in Public Health (MPH)

PRITI GURUNG

School of Public Health

SRM University Sikkim

Year of Submission

2022

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Govt. Of Sikkim

DECLARATION

The internship work presented in this document entitled “**Internship at National Health Mission Sikkim- a Report**” has been carried out by me under the guidance of my Mentor Mrs. Bhawana Regmi, Assistant Professor School of Public Health, SRM University, Sikkim, India.

I declare that this work has not been submitted in part or full to any institute or university for any degree or diploma.

Priti Gurung

MPH Student

Registration no: 20PH801004

I certify that the above declaration is true to the best of my knowledge and belief.



A handwritten signature in blue ink, which appears to read "Mr. Niranjana".

Mr. C.M. Niranjana Murlikrishnan

Assistant Professor

School of Public Health

SRM University Sikkim

ACKNOWLEDGEMENT

The internship opportunity I had with **National Health Mission Sikkim** was a great chance for learning and professional development, therefore, I consider myself a very lucky individual as I was provided with an opportunity to be part of it.

No work can be completed without others' help or contribution. The preparation of this report encompasses the immense and unlimited help and sound thought of innumerable people.

I am using this opportunity to express my deepest gratitude and special thanks to Director Cum Nodal Officer AB-PMJAY **Dr. Indira Chettri** who despite being extraordinarily busy with her duties, took time out to hear, guide, and keep me on the correct path and allowed me to carry out my internship at their esteemed organization.

I express my deepest thanks to **Dr. Divya Tikhatri State coordinator of Echo**, for taking part in the useful decision and giving necessary pieces of advice and guidance to make my internship easier. I choose this moment to acknowledge her contribution gratefully.

I would also like to express a very special thanks to **State Health Agency Sikkim** for providing me with all the necessary information whenever I needed it.

I owe my deep sense of gratitude to Honourable Vice-Chancellor SRM University **Prof. Ch. Satish Kumar** for his support and guidance rendered throughout my internship.

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Last but not least, I would like to thank my **family and friends** who stood beside me and supported me with their valuable suggestions and support in the completion of my internship

I perceive this opportunity as a big milestone in my career development. I strive to use gained skills and knowledge in the best possible way and I will continue to work on the improvement, to attain my desired career objectives

Priti Gurung

MPH SRM University Sikkim

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LIST OF ABBREVIATIONS

- **NHM: NATIONAL HEALTH MISSION**
- **AYUSH: AYURVEDA, YOGA, UNANI, SIDDHA, AND HOMEOPATHY SYSTEM OF HEALTH**
- **MMR: MATERNAL MORTALITY RATE**
- **IMR: INFANT MORTALITY RATE**
- **GPU: GRAPHICS PROCESSING UNIT**
- **SHA: STATE HEALTH AGENCY**
- **CHC: COMMUNITY HEALTH CENTER**
- **AB-PMJAY: AYUSHMAN BHARAT- PRADHAN MANTRI JAN AROGYA YOJANA**
- **STNM: SIR THUTOB NAMGYAL MEMORIAL HOSPITAL**
- **CRH: CENTRAL REFERRAL HOSPITAL**
- **I.T.B.P: INDO. TIBETAN. BORDER.POLICE**
- **PHC: PRIMARY HEALTHCARE**
- **BIS: BENEFICIARY IDENTIFICATION SYSTEM**
- **TMS: TRANSMISSION MANAGEMENT SYSTEM**
- **GOI: GOVERNMENT OF INDIA**
- **CSC: COMMON SERVICE CENTERS**
- **VLE: VILLAGE-LEVEL ENTREPRENEUR**
- **I.P.D: INPATIENT DEPARTMENT**
- **O.P.D: OUTPATIENT DEPARTMENT**
- **ASHA: ACCREDITED SOCIAL HEALTH ACTIVIST**

- M.O: MEDICAL OFFICER
- DMS: DISTRICT MEDICAL SUPERINTENDENT
- PMAM: PRADHAN MANTRI AROGYA MITRA
- CPHC: AYUSHMAN-BHARAT COMPREHENSIVE PRIMARY HEALTHCARE
- SECC: SOCIAL ECONOMIC CAST CENSUS
- BAC: BLOCK ADMINISTRATION CENTER
- IEC: INFORMATION, EDUCATION, AND COMMUNICATION.

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1.1 INTERNSHIP BACKGROUND

As a part of fulfilling the degree of Master in Public Health every student needed to undergo an internship for 5 months

During my internship tenure Miss Priti Gurung MPH 2021-2022 I interned with National Health Mission Sikkim (**May 2022 to September 2022**).

In National Health Mission Sikkim the project “**Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana**” was one of the projects which were allocated for me to focus on and complete my internship.

During the internship, I monitored the program in the State and visited the empanelled hospital for various purposes, and attended meetings that were conducted in the department.

I also performed a gap analysis of the “**Beneficiary Identification System of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in Sikkim**”

1.2 AIM AND OBJECTIVES OF PUBLIC HEALTH INTERNSHIP

1. Providing a real-world experience that will enable the students to put their theoretical knowledge into practical actions.
2. Understanding of the health problem(s) addressed by the internship organization
3. Learning the organizational structure and functions of the internship organization
4. Learning skills in establishing and maintaining relationships with staff and clients, of the internship organization including persons of different cultural and ethnic backgrounds
5. Gaining experience in assessing the public health needs of a community
6. Gaining experience in developing public health programs/ projects
7. Developing interpersonal communication skills
8. Gaining experience in monitoring and evaluating public health programs
9. Learning about current and potential sources of funding to support public health programs about what is done at the internship organization

10. Application of public health research skills in the community and learning about how is this done at the internship organization
11. Learn grant/report writing as well as presentation development or assist the organization in developing the project proposal
12. Gain various skills that can be utilized in future jobs

1.3 INTERNSHIP TIMELINE: 9th May 2022 to 15th September 2022.

2.

ORGANISATION PROFILE

NHM in India was launched on 12th April 2005.

It was created mainly to provide effective health care to the rural population, especially to the disadvantaged groups including women and children.

NHM aimed to improve access and demand for services, strengthen public health systems for efficient service delivery and enhance equity and accountability, and promote decentralization. It seeks to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable sections.

It covers the entire country, with a special focus on 18 states where the challenge of strengthening poor public health systems and thereby improving key health indicators is the greatest. These are Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan, Himachal Pradesh, Jammu, and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim, and Tripura.

NHM is the combination of national programs, namely, the Reproductive and Child Health II project, (RCH-II) the National Disease Control Programmes, and the Integrated Disease Surveillance Project. NHM also enables the mainstreaming of Ayurveda, Yoga, Unani, Siddha, and Homeopathy Systems of Health (AYUSH).

2.1 THE BASIC OBJECTIVES OF NHM ARE

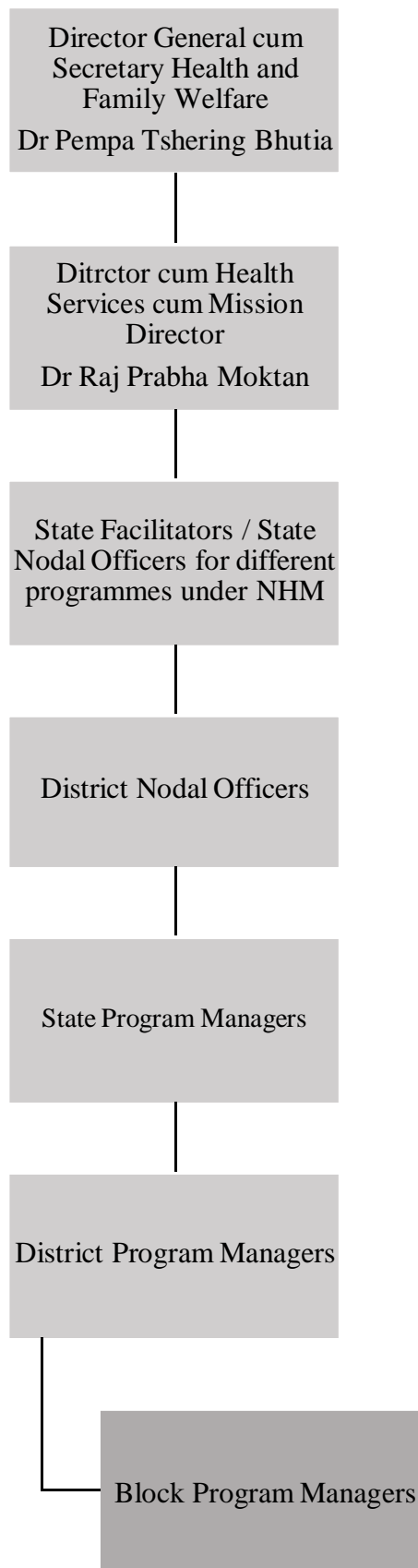
- To reduce infant mortality rate and maternal mortality rate
- To ensure population stabilization
- To prevent and control communicable and non-communicable diseases
- To upgrade AYUSH for the promotion of a healthy lifestyle

- To reduce the Maternal Mortality Rate (MMR) to 258/ lac live births
- To reduce Infant Mortality Rate (IMR) to 36/1000 births
- To reduce the Total Fertility Rate (TFR)

NATIONAL HEALTH MISSION SIKKIM

National Health Mission Sikkim Head office is situated at Health and Family Welfare Department, Tashiling, Secretariat East Sikkim.

2.2 ORGANIZATIONAL CHART OF NHM SIKKIM



3. ACTIVITIES PERFORMED DURING INTERNSHIP

SL. NO	MONTH	ACTIVITIES
1	MAY	A. Read about Pradhan Mantri Jan Arogya Yojana under Ayushman Bharat. B. Learned to use Beneficiary Identification System Portal
2	JUNE	C. Organized & Field Visits (camp) to Rongay GPU D. Prepared two office proposals
3	JULY	E. Monitoring the utilization of the scheme. F. Data cleaning and identification of village with 0 beneficiary G. Attended a meeting with SHA (State Health Agency) and CHC (Community Service Center) regarding Card segregation H. Attended a meeting for value-based care for PMJAY. I. Prepared office proposal J. Field Visit to STNM Multi-Specialty Hospital K. Field Visit to CRH Multi-Specialty Hospital L. Field Visit to Singtam District Hospital M. Field Visit to I.T.B.P lingdum, Ranka for the zero utilization of the scheme.
4	AUGUST	N. Attended a meeting held by the National Health Authority (NHA) regarding the engagement of Asha's card creation activities. O. Field Visit to Soreng PHC regarding the zero utilization of the scheme. P. Field Visit to Soreng PHC regarding the Quality Audit. Q. Field Visit to Dentam PHC regarding the Quality Audit. R. Field Visit to Gyalshing District Hospital regarding the Quality Audit
5	SEPTEMBER	S. Gap Analysis on Beneficiary Identification System, AB-PMJAY Sikkim

A. Read about Pradhan Mantri Jan Arogya Yojana under Ayushman Bharat

In May, I read about Pradhan Mantri Jan Arogya Yojana Scheme under Ayushman Bharat. Ayushman Bharat is an attempt to move from selective healthcare to a comprehensive range of services. It has two main components that are complementary to each other and these two components of Ayushman Bharat will help to attain Universal Health Coverage in India.

- a. The first component is creating 1,50,000 Health and Wellness Centers to deliver a comprehensive range of services that will be Universally accessible, Affordable, Equity oriented and Quality linked
- b. The second component of Ayushman Bharat: **Pradhan Mantri Jan Arogya Yojana (PMJAY)** which will provide health insurance cover of Rs. 5 lakhs per year to poor and vulnerable families for seeking secondary and tertiary care.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a part of the Indian Government's National Policy, it aims to empower the poor and economically vulnerable population of the country to receive quality healthcare. For policyholders that are registered under this scheme, their details are stored on the **Beneficiary Identification System**.

Learned to do Beneficiary Identification System

It is the process of applying the identification criteria as per AB-PMJAY guidelines on the BIS database to approve or reject the applications of the people that are entitled to gain benefits. This system helps verify the individuals and their family members and the process is also used to issue an e-card (golden card) to the beneficiaries. PMJAY BIS has been adopted in hospitals to further streamline the entire process for the beneficiaries.

B. Learned to use Beneficiary Identification System Portal

This portal is used for verification and registration and to generate a Golden card or AB-PMJAY card. This process is required only once for each beneficiary, it can be carried out just before the beneficiary gets admitted for the first time or if the beneficiary wants to make an AB-PMJAY card. The verification process is carried out with the help of the State Entitlement List, there are two types of ways that are used to carry out the BIS process.

- Adhar: a document required is an Adhar card, family doc (ration card/panchayat letter)

- Non- Adhar: documents required are voter card or any personal ID or birth certificate, family-related document (ration card/ panchayat letter), and live photo.

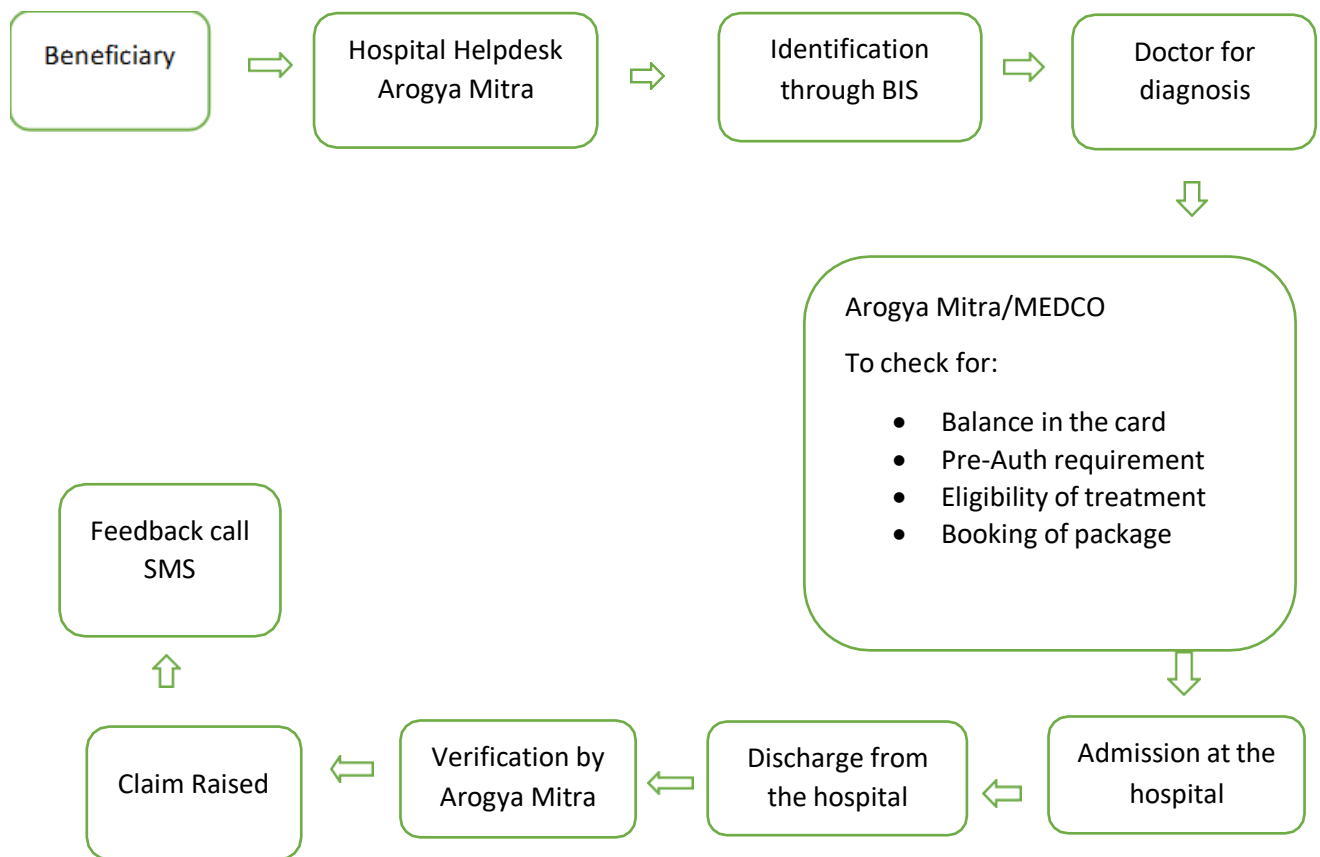
Golden-Card Generation Process

- I. Open the BIS portal
- II. Enter a phone number
- III. Enter the OTP
- IV. Go to the home page and select print Golden Card
- V. Enter the beneficiary phone number which was used during the verification process or HHID of the family
- VI. Download Golden Card.



Fig: Golden Card

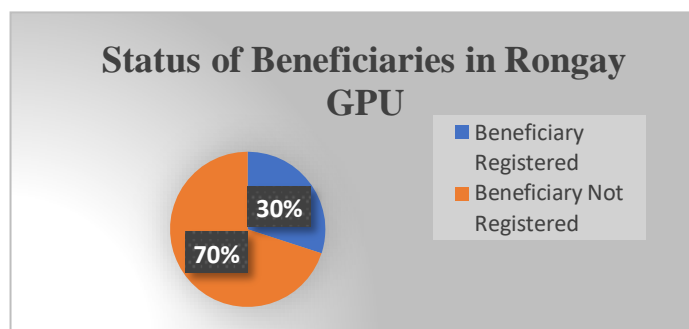
Simple process for beneficiaries:



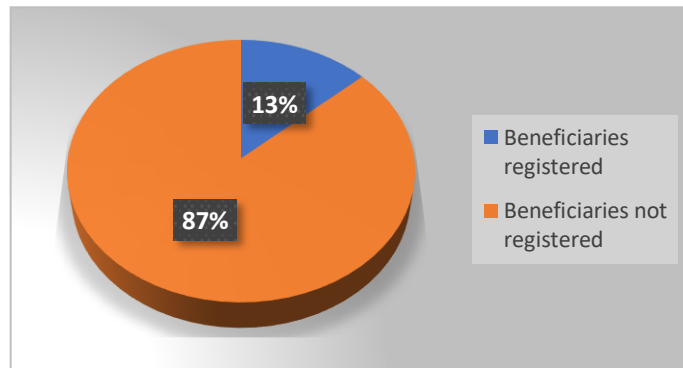
C. Organized & Field Visit to Rongay GPU for Beneficiary Identification Camp

I helped State Health Agency to organize a BIS camp in Rongay GPU on dated 13 June 2022, I coordinated with the panchayat about the camp. My main role was to see the status of Beneficiaries in Rongay GPU and set a target for that day. The total PMJAY beneficiary in the area was 910.

The 273 beneficiaries were already registered in the scheme and 637 beneficiaries were not registered.



So, for this day we had a target to register 300 beneficiaries but we were able to register only 85 beneficiaries.



Findings:

1. Lack of coordination between panchayat and the public about the camp.
2. Lack of awareness about the scheme.
3. Lack of initiative from the beneficiaries to get registered into the scheme.

D. Prepared two office proposals

1. I was assigned to prepare an official proposal for the District Implementation Unit. I referred to the Guidelines issued by NHA and the office memorandum issued by NHA regarding the DIU and in consultation with the Nodal Officer and the SHA team, I prepared a draft proposal which was put up for interdepartmental approval.
2. I was assigned to prepare an official proposal for the card creation activity. I referred to guidelines issued by NHA and the Office Memorandum issued by NHA regarding the card creation activity and in consultation with the Nodal Officer and the SHA team I prepared a draft proposal which was put up for interdepartmental approval.

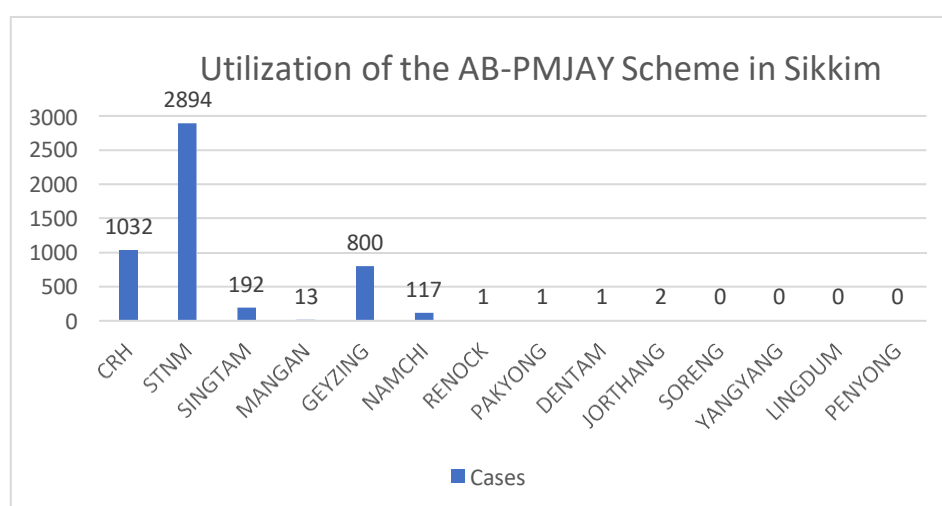
E. Monitoring the utilization of the scheme

AB-PMJAY Sikkim has 12 empanelled hospitals they are:

- CRH Multi Specialty Hospital
- STNM Multi Specialty Hospital
- Geyzing District Hospital
- Singtam District Hospital
- Namchi District Hospital
- Mangan District Hospital
- Renock CHC
- Dentam PHC
- Jorthang PHC

- Soreng PHC
- Yangyang PHC
- Lingdum GOI
- Penyong GOI

Among these hospitals highest utilization has been seen among STNM Multispecialty Hospital and CRH Multispecialty Hospital and zero utilization has been seen among Soreng PHC, Yangyang PHC and 2 GOI empaneled hospitals Lingdum ITBP and Penyong ITBP.



F. Data Cleaning and Identification of Village with 0 registration of beneficiaries

I did data cleaning regarding the Beneficiary Identification System (registration of the beneficiary) all over Sikkim.

My findings were,

The total no of beneficiaries registered till 14/07/2022 in the scheme was **48,884** individuals, with **85%** in rural and **10%** in urban. I identified the villages with **0** registration of the beneficiary in the scheme all over Sikkim they were,

East Sikkim had **28** villages with 0 registration of beneficiaries out of **129** villages.

North Sikkim had **17** villages with 0 registration of the beneficiary out of **62** villages.

South Sikkim had **18** villages with 0 registration of the beneficiary out of **148** villages.

West Sikkim had **18** villages with 0 registration of the beneficiary out of **126** villages.

G. Attended a meeting with SHA (State Health Agency) and CHC (Community Service Center) regarding Card segregation

On the 15th of July, a virtual meeting was held between SHA and CHC regarding the Camps and villages with the 0 registration of the beneficiary. With-in this period of the meeting, we were able to -

- Gave a hand-held training regarding the golden card generation process and Aapke Dwar Ayushman in the CSC portal to the VLEs (Village Level Entrepreneur) by the State coordinator CSC (Community Service Center) so that it will be easier for the VLEs to get the list of beneficiaries and generate a golden card. CSC had assured to give physical training regarding the process to the VLEs.
- Discussed card segregation and villages with 0 card generation.
- CSC requested to increase the incentives for the golden card generation process.
- CSC requested the SHA to communicate and coordinate with the Gram Panchayats regarding the camps as they said that they are not getting a positive response from the gram panchayats.

Findings:

- Less population
- Lack of connectivity
- No coordination from panchayats
- More no. of migrated population
- Low incentives.
- Travel issues.

H. Attended a meeting for value-based care for PMJAY

A meeting was held on the 13th of July between NHA (National Health Authority) and SHA (State Health Agency) regarding the Consultation Paper for Value-Based Care. I was assigned to attend the meeting on behalf of SHA, and provide appropriate comments and recommendations (feedback)

My comments on the paper/session were:

- To include the infrastructure value as one of the elements required to comprehensively capture the ‘value’ while defining the value-based care from the perspective of PM-JAY. And further recommended strengthening the P.H.C and C.H.C
- For the incentives to the health care provider, I commented that there would be a problem as I.P.D are very less/ 0 cases in empaneled P.H.C and C.H.C as only I.P.D cases are counted to provide incentives to the healthcare provider.
- For the data collection on beneficiary satisfaction, I recommended collecting the data at the time of discharge as the non-response rate will rise if the data collection is done after the discharge. And suggested the data collection should be done by a third party to eliminate bias in the data collection.
- From the perspective of the patient, I think the inclusion of waiting time of the healthcare services by the provider can be added as an additional indicator to measure the value-based care in AB-PMJAY.

I. Prepared office proposal

- I was assigned to prepare an official proposal regarding sharing the names of eligible officers for the post of Chairpersons for the Joint Review Mission (JRM) which is constituted to review the implementation of Ayushman Bharat-PMJAY and Ayushman Bharat Digital Mission (ABDM), I prepared a draft proposal which was put up for interdepartmental approval.
- I was assigned to prepare an official proposal regarding the in-person workshop on “Optimizing updating of health benefits packages for Universal Health Coverage” on 2nd and 3rd 2022 in New Delhi, I prepared a draft proposal which was put up for interdepartmental approval.

J. Field Visit to STNM Multi-Specialty Hospital

On the 28th of July, I along with the Director cum Nodular officer, NHA (National Health Authority), and SHA (State Health Agency) went for all field visits, we visited STNM Hospital.

My Objectives for the field visit were:

- Registration of Beneficiaries (BIS)
- Utilization of the scheme (TMS)
- Promotion of the scheme

- No. of grievances reported
- No. of fraud reported
- Utilization of funds in the hospital

Findings:

- Lack of IEC activities (There was no promotion of the schemes in the hospital)
- Less no human resources
- Lack of connectivity or network issues

Suggestion

- IEC activities need to be encouraged.
- Allocation of a PMAM as the patient intake is very high in the hospital.
- A high-speed internet connection needs to be restored.
- Utilization Audit needs to be organized by SHA.

K. Field Visit to CRH Multi-Specialty Hospital

On the 29th of July, I along with the Director cum Nodular officer, NHA (National Health Authority), and SHA (State Health Agency) went for all field visits, we visited CRH Hospital.

My Objectives for the field visit were:

- Registration of Beneficiaries (BIS)
- Utilization of the scheme (TMS)
- Promotion of the scheme
- No. of grievances reported
- No. of fraud reported
- Utilization of funds in the hospital

Findings

- BIS registration was high.
- A high number of claims.
- No fraud cases were reported.
- No grievance was reported.

Suggestion

- IEC activity needs to be encouraged.

L. Field Visit to Singtam District Hospital

On the 28th of July, I along with the Director cum Nodular officer, NHA (National Health Authority), and SHA (State Health Agency) went for all field visits, we visited Singtam District Hospital.

My Objectives for the field visit were:

- Registration of Beneficiaries (BIS)
- Utilization of the scheme (TMS)
- Promotion of the scheme
- No. of grievances reported
- No. of fraud reported
- Utilization of funds in the hospital

Findings:

- The registration of beneficiaries (BIS) was high.
- The number of claims was high as compared with other District hospitals.
- They have utilized the fund in the maintenance of the hospital infrastructure, pharmacy, and stationaries for the hospital.

M. Field Visit to I.T.B.P lingdum, Ranka for the zero utilization of the scheme

On the 29th of July, we visited one inactive hospital I.T.B.P Lindum, Ranka.

My Objectives for the field visit were

- Utilization of the scheme (TMS)

Findings:

- Lack of proper infrastructure
- Less population
- Lack of connectivity or network issues

- Lack of capacity building of human resource
- Lack of human resource

Suggestion

- An orientation program and capacity-building workshop need to be organized.
- Allocation of PMAM

N. Attended a meeting held by the National Health Authority (NHA) regarding the engagement of Asha's card creation activities.

On 18/08/2022 a meeting was held between the National Health Authority (NHA) and State Health Agency (SHA) regarding the engagement of ASHs in card creation activities. I on behalf of SHA attended the meeting and the discussion was made:

- NHA has created an AB-PMJAY mobile application for the beneficiary identification system.
- NHA has decided to involve ASHAs in card creation.
- NHA has decided to give 5 Rs per card as an incentive.
- NHA has decided to hold a TOT (Training of Trainers).
- NHA has asked for ASHA details so that they can create a login ID for them

O. Field Visit to Soreng PHC regarding the zero utilization of the scheme

On 13/08/2022 I went for a field visit to Soreng PHC regarding the zero utilization of the AB- PMJAYscheme. I met with DR. Bijaya Subba (M.O) and MR. Namshake Subba (PMAM) for the visit.

My Objectives for the field visit were:

- Utilization of the scheme (TMS)

My Findings from the field visit were:

- Lack of capacity building of human resource
- Lack of IEC activities.

My Suggestion for the visit was:

- Capacity building workshop needs to be organized for PMAM, as he has less knowledge regarding the TMS portal

- An orientation program needs to be organized for the hospital staff, as they had slighter awareness of the scheme.
- IEC activities need to be encouraged as there were zero posters, and banners regarding the scheme.
- Relocation of PMAM counter as he was situated in a different building, where the patient's interaction is very less.

P. Field Visit to Soreng PHC regarding the Quality Audit

I, Priti Gurung Intern of State Health Agency SHA, went for a field visit on 13/08/2022 in Soreng PHC regarding the Quality Audit for AB-PMJAY Scheme. During my visit, I met with DR Bijaya Subba (MO) and Mr. Naamshek Subba (PMAM). The checklist that I used was provided by the NHA (National Health Agency). There were 29 questions for 290 marks and the total score Soreng achieved was 180.

My finding was:

- There was a good performance in BIS.
- The facility has a system to take patient satisfaction surveys for OPD and IPD.
- The facility maintains registers/records as per departmental requirements.
- The facility uses color-coded bins for the segregation of biomedical waste.

My suggestion for the visit:

- The facility should have a complaint box and display the process for grievance redressal and whom to contact.
- IEC activities need to be encouraged as there were no posters/banners regarding the scheme.
- The facility should measure Hospital Associated Infection rates.
- The facility should calculate mortality rates.
- The facility should calculate the average length of stay.
- The facility should calculate the total discharge time.

Q. Field Visit to Dentam PHC regarding the Quality Audit

On 24/08/2022 I went to Dentam PHC regarding the Quality Audit for AB-PMJAY Scheme. During my visit, I met with DR Shika Sharma. I used the checklist provided by the National Health Agency; the score achieved by the PHC was 180 out of 290.

My finding was:

- There was a good performance in BIS and TMS.
- The facility has a system to take patient satisfaction surveys for OPD and IPD.
- The facility maintains registers/records as per departmental requirements.
- The facility adheres to safe infection control practices.

My suggestion for the visit:

- The facility should have a complaint box and display the process for grievance redressal and whom to contact.
- The facility should measure Hospital Associated Infection rates.
- The facility should calculate mortality rates.
- The facility should calculate the average length of stay.
- The facility should calculate the total discharge time.

R. Field Visit to Gyalshing District Hospital regarding the Quality Audit

On 24/08/2022, I went to Gyalshing District Hospital regarding the Quality Audit for AB-PMJAY Scheme. During my visit, I met with DR Namgay Bhutia (DMS). I used the checklist provided by National Health Authority, and the total marks scored by the hospital was 250 out of 290.

My finding was:

- The utilization of the scheme was performing well in the facility.
- The facility had good 24*7 emergency service.
- The facility had a well-maintained infrastructure with high tec-OTs and equipment (Laparoscopic cholecystectomy, Hysterectomy, LSCS, etc.)
- The is good coordination between PMAM and hospital staff.

My suggestion for the visit:

- The facility should have a complaint box and display the process for grievance redressal and whom to contact.
- The facility should be disabled-friendly.
- The facility did not have a 24*7 PMJAY Kiosk.

4. GAP ANALYSIS OF BENEFICIARY IDENTIFICATION SYSTEM OF AYUSHMAN BHARAT- PRADHAN MANTRI JAN AROGYA YOJANA IN SIKKIM

Introduction

We have all together made great progress dealing with the causes of death and diseases as there has been a dramatic increase in life expectancy and a decrease in infant and maternal mortality rates. But this progress has been uneven within and in between countries, 400 million people have no basic healthcare and 1.6 billion people have the fragile national capacity to deliver basic health services.¹ It has been seen about 930 million people suffered from catastrophic out of -pocket expenditure with 90 million people pulled to extreme poverty because of out of -pocket expenditure in healthcare.² Financial protection is a key to universal health coverage, and health financing policy directly influences financial protection.³ Between 1995-2015 India increased pooled per capita health spending by more than 265%.⁴ Even so, India's financial allocation to the health sector remains inadequate. India's total expenditure for 2022-23 is anticipated to be 39,44,909 crores, with 86,201 crore in health and family welfare.⁵

¹ "Sustainable Development Goals | United Nations Development Programme."

² "Financial Protection."

³ "SDG 3.8.2 Catastrophic Health Spending (and Related Indicators)."

⁴ Dieleman et al., "Trends in Future Health Financing and Coverage."

⁵ "Union Budget 2022-23 Analysis."

ANNOUNCEMENT OF AYUSHMAN BHARAT

Ayushman BHARAT or Healthy India a national Initiative is a holistic program to completely address the morbidity burden, reduce OoPE, improve the utilization of government health facilities

PILLARS OF AYUSHMAN BHARAT

- **The first** component involves the upgrading of Primary Health Centers (PHCs) and Primary Health Sub Centers (PSCs) to Ayushman Bharat Health and Wellness Centers for the delivery of CPHC.
- **The second** component comprises Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) which aims to provide financial protection of up to Rs 5 Lakhs per annum for secondary and tertiary care.
- The **third Pillar** is the Ayushman Bharat Health and Wellness Ambassadors

Ayushman Bharat with its pillars will help in the provision of financial protection up to Rs 5 Lakhs per annum for secondary and tertiary care, which will represent the commitment toward Universal Health Coverage.

AYUSHMAN BHARAT- PRADHAN MANTRI JAN AROGYA YOJANA(AB-PMJAY)

There are over 15 health insurance schemes in India including Ayushman-Bharat Pradhan Mantri Jan Arogya Yojana Scheme. AB-PMJAY was launched on 23rd September 2018 in Ranchi, Jharkhand by Sri Narendra Modi. It provides 5lakhs per family per year for secondary and tertiary health care.⁶ It is a part of the Indian Government's National Policy and it is the world's largest tax-funded health insurance scheme, it aims to empower the poor and economically vulnerable population of the country to receive quality healthcare.⁷ PMJAY uses SECC2011 data and other databases for the inclusion of beneficiaries into the scheme. The primary objectives of this scheme are to ensure the coverage of catastrophic illness, improve access to hospitalization care, reduce out-of-pocket expenditure, and converge different health insurance schemes across the states. The treatment package covers nearly 24 specialties that include neurosurgery, cardiovascular surgery, cardio-thoracic,

⁶ "National Health Authority | GOI."

⁷ "15 Best Government Health Insurance Schemes In India For 2022."

oncology, etc.⁸ For policyholders that are registered under this scheme, their details are stored on the **Beneficiary Identification System**.

The total entitled beneficiaries under the scheme of AB-PMJAY are 10.74 crores all over India.⁹ In this scheme half of the total empanelled hospitals (20,257), 56% (11367) were in the public sector, 40% (8157) were private sector, and the remaining 4% were private non-profit entities.¹⁰ According to 2019 data, the highest utilization of the scheme has been seen in the richest states of the country like Gujarat(641.577 crores), Tamil Nadu (399.199crores), Chhattisgarh(379243crores), Karnataka(363.891crores) and low utilization has been seen among Andaman and Nicobar(0.006 crores), Arunachal Pradesh(0.091 crores), Sikkim(0.104 crores) and Nagaland(0.815 crores).¹¹ A study was done in Karnataka during the covid-19 crisis to see the utilization of this scheme by the beneficiaries and found out that a total of 906 covid-19 patients were admitted to the general ward 78.8%(714) had utilized the scheme whereas as 21.19%(192) did not use the benefit of the scheme.¹² A cross-sectional study was conducted in Eastern India among Healthcare workers regarding the awareness and readiness of the Pradhan Mantri Jan Arogya Yojana. They found out that except for two participants all the other participants knew about the scheme. The mean awareness was seen as higher among females (5.60) as compared to males (5.46) and the readiness was seen as higher among males (18.52) as compared to females (18.45).¹³ A similar study was done in AIIMS Rishikesh among healthcare workers and found out that, all the participants had knowledge regarding the scheme but no training was provided to them. The mean awareness score was 4.5+1.96 and the mean readiness was 16+5.¹⁴

BENEFICIARY IDENTIFICATION SYSTEM (BIS)

It is the process of applying the identification criteria as per AB-PMJAY guidelines on the BIS database to approve or reject the applications of the people that are entitled to gain

⁸ "National Health Authority | GOI."

⁹ Panda, "Ayushman Bharat."

¹⁰ Joseph, Sankar D., and Nambiar, "Empanelment of Health Care Facilities under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India."

¹¹ Kurian, "Ayushman Bharat – PMJAY at One."

¹² Shrisharath et al., "A Study on the Utilisation of Ayushman Bharat Arogya Karnataka (ABArK) among COVID Patients Admitted in a Tertiary Care Hospital."

¹³ Nirala et al., "Awareness and Readiness To Implement the Pradhan Mantri Jan Arogya Yojana."

¹⁴ Reddy et al., "Awareness and Readiness of Health Care Workers in Implementing Pradhan Mantri Jan Arogya Yojana in a Tertiary Care Hospital at Rishikesh."

benefits. This system helps verify the individuals and their family members and the process is also used to issue an e-card (golden card) to the beneficiaries. PMJAY BIS has been adopted in hospitals to further streamline the entire process for the beneficiaries.



Fig: Golden card (AB-PMJAY card)

THE VERIFICATION & REGISTRATION OF BENEFICIARIES FOR BIS

This process is required only once for each beneficiary, it can be carried out just before the beneficiary gets admitted for the first time or when the beneficiary is identified within the empaneled hospitals or camps. The **verification** process is carried out with the help of the State Entitlement List and other databases on which states approve to use it. There are two types of ways that are used to carry out the **registration** process.

- **Aadhar:** a document required is an Aadhar card, family doc (ration card/panchayat letter)
- **Non- Aadhar:** documents required are a voter card or any personal ID or birth certificate, a family-related document (ration card/ panchayat letter), and a live photo.

OVERVIEW OF THE BENEFICIARY IDENTIFICATION SYSTEM IN SIKKIM

According to the SECC 2011 database, the total beneficiary of the AB-PMJAY scheme in Sikkim is 1,71,398 including 39,738 families, where only (50,316) were registered in the scheme. 5077 cards were rejected till August and disabled 37 cards.

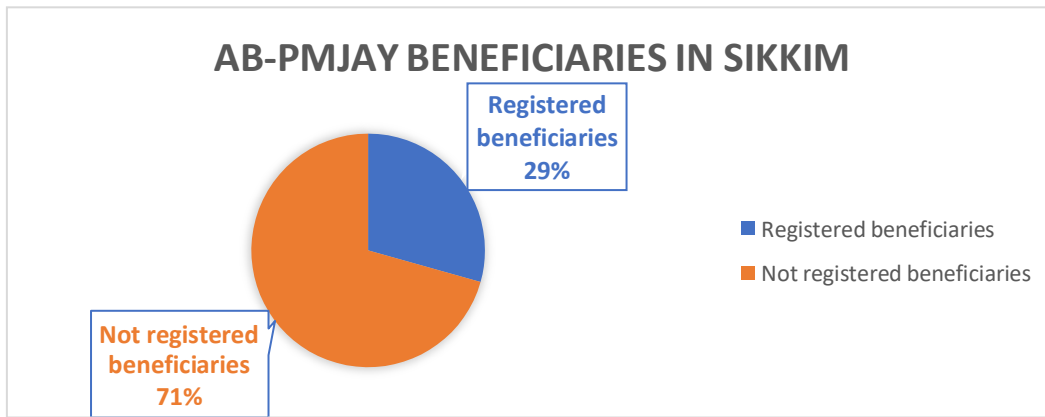


Fig: AB-PMJAY Beneficiaries in Sikkim

Among the 29% of beneficiaries registered, there is a higher number of males registered in the scheme with 51% of Males and 49% of Females.

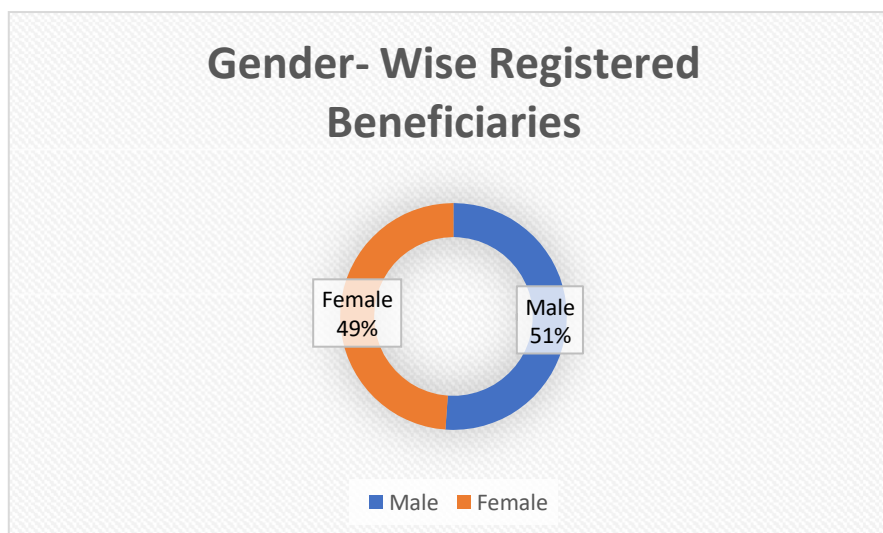


Fig: Gender-wise registered beneficiaries

The highest registration has been seen among the age group of 30-44 yrs, followed by 15-29yrs and accordingly.

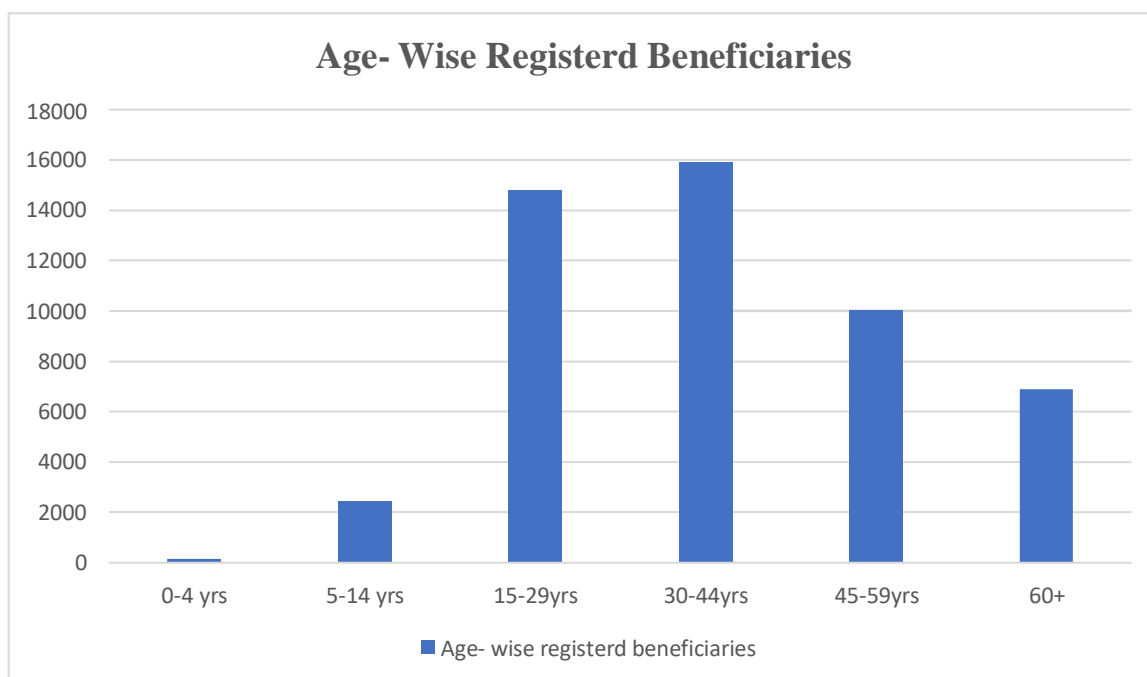


Fig: Age-Wise Registered Beneficiaries

Empaneled hospital

According to the AB-PMJAY guideline public hospitals are deemed empaneled and the private hospital may or may not be empaneled according to their willingness. In Sikkim, 11 public hospitals are empaneled into the scheme and there is 1 (CRH) private hospital in Sikkim it is empaneled into the scheme. In total there are 12 AB-PMJAY empaneled hospitals in Sikkim including 2 multi-Specialty hospitals, 4 District hospitals, 4 Primary Health Care, and 2 Community Health centers.

Sl.no	AB-PMJAY Empaneled hospital in Sikkim
1	STNM Multi-Specialty Hospital
2	CRH Multi-Specialty Hospital(Private Hospital)
3	Mangan District Hospital
4	Gyalshing District Hospital
5	Namchi District Hospital
6	Singtam District Hospital
7	Soreng Primary Health Care

8	Dentam Primary Health Care
9	Pakyong Primary Health Care
10	Yanyang Primary Health Care
11	Jorethang Community Health Center
12	Rhenock Community Health Center

GAP ANALYSIS

The analysis was conducted so that AB-PMJAY Sikkim can reach the target of registering the beneficiaries of the scheme by 100%.

Total PMAM responded

1. Empanelled hospital: All 15 PMAM 11 had responded
2. Block Administration Centre: Out of 31 PMAM only 22 PMAM responded

Method of data collection

Data collection was done via phone call to all 42 PMAM

Total components focused on the phone call

1. I.T Set-up (Biometric, Desktop, Printer)
2. Internet connection
3. Human Resource
4. Training

Findings

The Findings are presented according to the components focused on the phone call.

1. I.T Set-up

According to the AB-PMJAY guideline, all the empaneled hospitals and PMAM in BAC are to be provided with I.T set up, 11 PMAM from the empaneled hospital had received all the I.T Set-Up whereas 22 PMAM from BAC had only received Biometric.

2. Internet connection

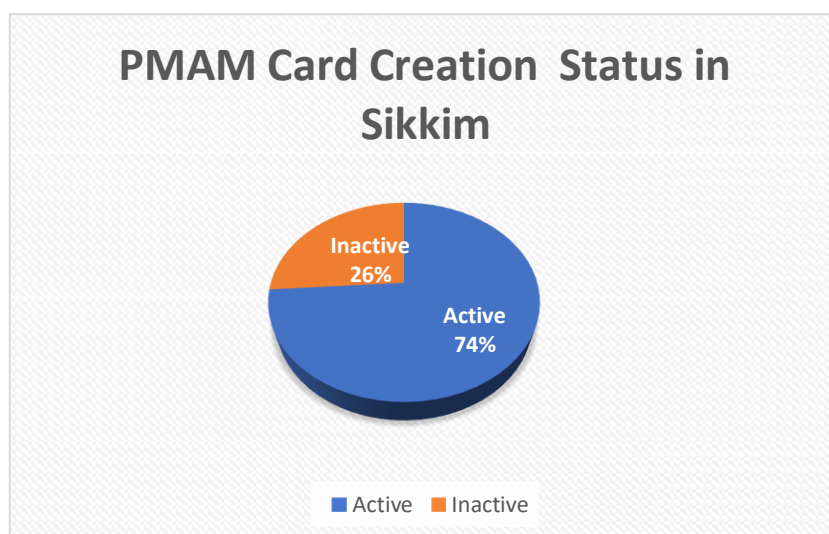
According to the AB-PMJAY guideline, all the PMAMs are supposed to get an internet connection, 100% of respondents did not get an internet connection from AB-PMJAY.

8 PMAM used the internet provided by the hospital

25 PMAM used their mobile data.

3. Human Resource

There are 12 hospitals empaneled with the AB-PMJAY scheme in Sikkim where there is a total of 15 no. of Pradhan Mantri Arogya Mitra (PMAM) and 31 BAC with a total of 31 PMAM. In total there are 46 PMAM in Sikkim where 12 PMAM are not active in card creation activity.



• Total No. of Pradhan Mantri Ayushman Mitra (PMAM) in Sikkim

Sl.No	Empanelled Hospital	No. of PMAM	Status
1	STNM Multi-Speciality Hospital	2	Active
2	CRH Multi-Speciality Hospital	2	Active

3	Mangan District Hospital	1	Active
4	Gyalshing District Hospital	1	Active
5	Namchi District Hospital	1	Active
6	Singtam District Hospital	2	Active
7	Soreng Primary Health Care	1	Active
8	Dentam Primary Health Care	1	Active
9	Pakyong Primary Health Care	1	Active
10	Yanyang Primary Health Care	1	Active
11	Jorthang Community Health Center	1	Active
12	Rhenock Community Health Center	1	Active
Block Administration Center			
13	Parakha	1	Inactive
14	Duga	1	Active
15	Martam	1	Active
16	Regu	1	Inactive
17	Rhenock	1	Active
18	Ranka	1	Active
19	Khamdong	1	Inactive
20	Pakyong	1	Active
21	Nandok	1	Active
22	Ragdong Tintek	1	Active
23	Mangan	1	Inactive
24	Chungthang	2	Inactive
25	Kabi	1	Inactive
26	Dzangu	1	Inactive
27	Namchi	1	Inactive
28	Nandugoan	1	Active
29	Sikkip	1	Inactive
30	Yangyang	1	Active
31	Namthang	1	Active

32	Timi	1	Active
33	Ravongla	1	Active
34	Sumbuk	1	Active
35	Gyalshing	1	Inactive
36	Arithang-Chorang	1	Active
37	Hee	1	Active
38	Kaluk	1	Active
39	Mangalbaria	1	Active
40	Soreng	1	Active
41	Baiguney	1	Inactive
42	Daramdin	1	Active

4. Training

According to AB-PMJAY guidelines, training should be provided to PMAM quarterly a year (4 times per year), 100% of the respondents have received training 4 times per year through video conference because of covid- the 19 pandemics.

Other Finding

- **Electricity**

21.2% (7) had an issue with the electricity supply in their hospital/BAC office because of the weather problem and the remaining 78.8% had no issues.

- **Server issues**

100% (33) of the respondent had a problem while registering the beneficiaries into the scheme as the BIS portal are slow and sometimes the server is shut-down for more than 3 hrs.

- **Beneficiary interest for registration into the scheme**

51.5% (17) of PMAM stated that the beneficiaries had a lack of interest to be registered in the scheme while 48.5% (16) said that beneficiaries were interested and would also help other beneficiaries to be registered in the scheme.

- **Hand on training for PMAM for BIS and TMS**

75.8% (25) PMAM suggested that they needed hand on training for both BIS and TMS.

SUGGESTION

- Encourage IEC activities in public areas as this is the main cause for beneficiaries to lack of interest in registering into the scheme.
- High-speed internet should be restored to PMAM.
- Improve the quality of portals used by PMAM.
- Hands-on training needs to be organized.

5. LEARNING OUTCOMES DURING INTERNSHIP

- I had just the theoretical knowledge about AB-PMJAY but now I have a realistic understanding of AB-PMJAY.
- Working with AB-PMJAY helped me to get a clear idea of how health insurance works as AB-PMJAY is the world's largest tax-funded health insurance scheme.
- I learned to conduct field visits and got a better understanding of the grass-root problem of the scheme.
- My interpersonal communication skills and management skills have been enhanced a lot since I had to communicate with every kind of office on an everyday basis. I realized how communication helps when working with organizations.

6. CHALLENGES FACED

- Delay responses of PMAM
- Physically was not able to go for data collection.
- Weather problem

7. ANNEXURE



Fig 1: BIS camp Rongey



Fig: Meeting in STNM Hospital



Fig: Field Visit to Singtam District Hospital



Fig: Field Visit to ITBP Ranka



Fig : Field Visit to CRH Hospital



Fig: Field visit to Soreng PHC

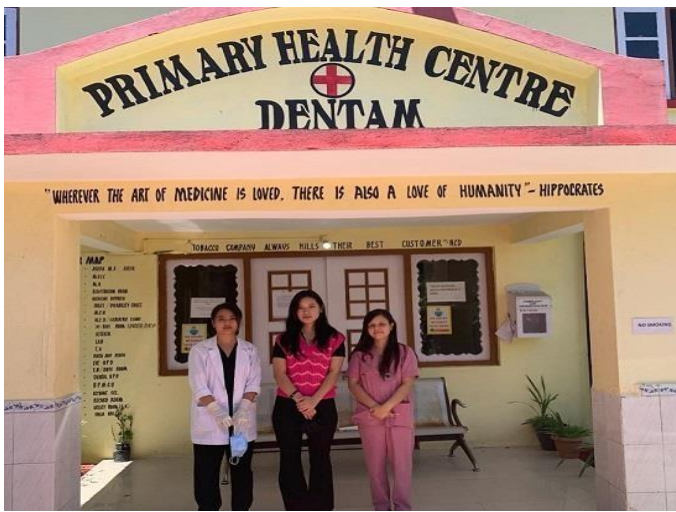


Fig7: Filed visit to Dentam PHC