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Service Availability and Readiness of Primary Health Care Facilities in Kalahandi, Odisha

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In the Ayushman Arogya Mandir program (AAM; formerly known as Health and Wellness Centres), primary health care facilities are mandated to deliver 12 service packages that together provides comprehensive health services to communities. Evaluating service readiness of health facilities to deliver these packages provides insights into their functional status and helps identify areas for improvement. In this note, we discuss findings from a service readiness assessment of AAMs in Kalahandi district of Odisha (Figure 1). The survey was adapted from the standard facility assessment survey by the World Health Organization.¹ It was undertaken at 50 AAM facilities (40 sub-health centres (SHC) and 10 primary health centres (PHC) across nine blocks in Kalahandi from August-October 2024.

Key findings

General service readiness: Capacity of health facilities to provide basic services at minimum standards

- Overall, AAMs performed well in terms of availability of basic equipment and required staff. However, gaps were noted for private space for examination, adequate sanitation facilities, and infection control practices.
- Just over half (54%) of the AAMs had the full team of service delivery staff as per IPHS norms. Most SHC-AAMs had the required staff in position; however, vacancies were observed at PHC-AAMs in lab technician and staff nurse positions.
- Major gaps were observed in the availability of essential diagnostics and medicines; on average, facilities in the district had around half the required supplies. No AAM facility had all essential tests and medicines present.

Service availability: Self-reported availability of service packages offered at health facilities

- In the district, approximately half the AAMs (54%) provided all 12 service packages.
- Some facilities reportedly did not offer essential pre-existing reproductive health services such as care for reproductive tract infection/sexually transmitted infections, etc. (19%), adolescent health services (6%), and antenatal care services (5%).

Figure 1: Kalahandi district map



Service specific readiness: Capacity of health facilities to provide services package as per the operational guidelines

- Among the 12 service packages, service readiness for communicable disease package and non-communicable disease package was the highest across health facilities.
- Although the newer service packages were reported to be available at most AAMs, readiness for these packages - mental health care, palliative care, eye-ENT care, and emergency care - was considerably low. On the other hand, service packages for elderly care and oral health care, had relatively good service readiness scores.
- Most community health officers (CHO) and medical officers (MO) were reportedly trained on the new service packages; however, the equipment and medicine availability for these packages was comparatively lower.

Data and Methods

1. Modified WHO's SARA tool adapted to Indian context and policy priorities: this was done through AAM program guideline reviews and consultations among IPSI partners. Tracer items were identified for: (i) general service readiness (see Table 1) and (ii) service specific availability and readiness (see Table 2) for the twelve service packages.
2. Pilot tested facility questionnaire, trained field investigators: the questionnaire was pilot tested at AAMs (two PHCs and two SHCs in Kalahandi); revisions were made based on operational feasibility and district context.
3. Facility selection: Four blocks in the district with less than 20% of total AAM facilities were excluded from sampling frame. Proportionate number of PHCs and SHCs were randomly selected from the remaining 9 blocks to obtain the sample size of 50 AAMs (40 SHCs and 10 PHCs).
4. Data collection: facility level data was collected through interviews with CHOs at SHCs and MOs at PHCs and facility observations at 50 AAMs in Aug-Oct 2024. Data was entered into an Epicollect online tool.
5. Data analysis: Data for tracer indicators were aggregated through weighted means into domains and analysed as per the SARA guidelines² to arrive at the district level (1) general service readiness scores for CPHC and (2) specific service readiness scores for each service package.

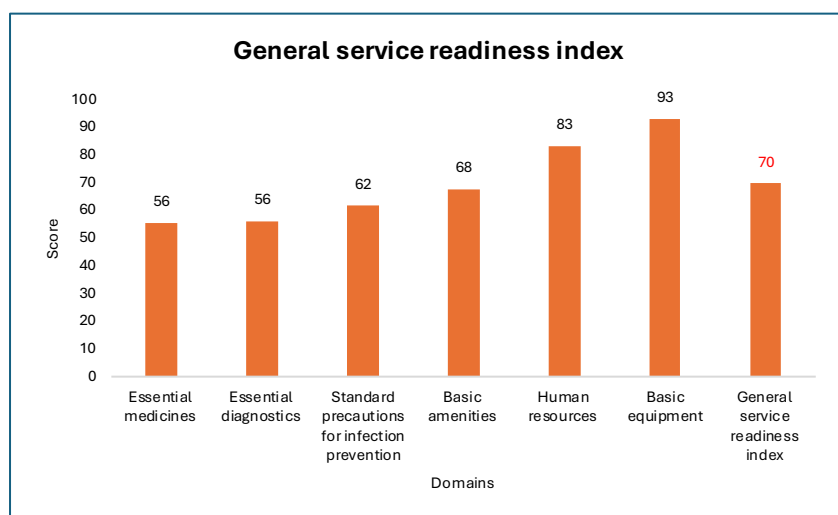
Table 1: Methods used, and components involved in calculating the general service readiness index

Sr. No.	Domain	Tracer items and score calculation
1	Basic amenities	Mean availability of 4 tracer items (%): electricity, safe water source, private space for examination/counselling, separate functional toilets for male and females.
2	Basic equipment	Mean availability of 5 tracer equipment (%): weighing scale, thermometer, stethoscope, BP apparatus, led torch
3	Standard precautions for infection prevention	Mean availability of 3 tracer items (%): sharps container, color-coded bins for waste segregation, 70% ethyl alcohol, or any other antiseptic.
4	Essential diagnostics	Mean availability of essential tests as per the national guidelines ³ (%): 14 tests at SHCs and 63 tests at PHCs
5	Essential medicines	Mean availability of essential medicines as per the national guidelines ⁴ (%): 105 at SHCs and 172 at PHCs
6	Human Resources	Mean availability of minimum staff requirement as per the IPHS guidelines ⁵ (%): one community health officer, one female health worker, one male health worker at SHCs and one medical officer, 2 staff nurses, one lab technician, and one pharmacist at PHCs
	General service readiness index	Mean score of the six sub-domains (%) - Basic amenities, basic equipment, standard precautions for infection prevention, essential diagnostics, essential medicines, and human resources.

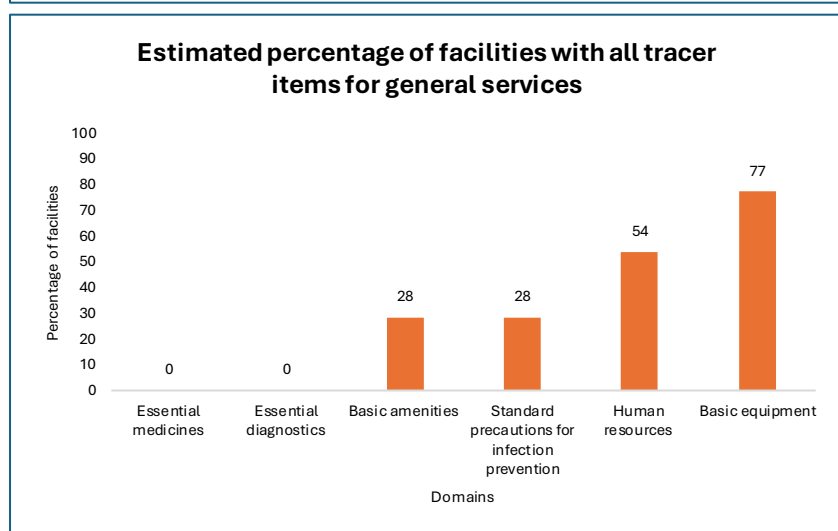
Table 2: List of services assessed for availability and readiness and method used for service readiness score calculation

Sr. No.	Services assessed at AAMs as per the operational guidelines ⁶	Domains and score calculation
	Pre-existing services	<ul style="list-style-type: none"> • Service readiness score: For each service, the readiness score was computed as the mean availability of service-specific tracer items in three domains- <ol style="list-style-type: none"> 1. Training of CHO/MO on the service in the last two years (including refresher training) 2. Availability of tracer equipment and screening tools for the service 3. Availability of tracer medicines for the service • Domain score: For each service, within each domain, a mean score was calculated across the tracer items to inform about the three domains.
1	Pregnancy care	
2	Neonatal and infant health care	
3	Children and adolescent health care	
4	Family planning and reproductive healthcare	
5	Management of communicable diseases	
6	Outpatient care for acute simple illnesses and minor ailments	
	Newer services introduced at AAMs	
7	Management of non-communicable diseases	
8	Care for mental, neurological and substance abuse disorders	
9	Oral health care	
10	Eye care	
11	Ear, Nose, Throat (ENT) care	
12	Elderly care	
13	Palliative care	
14	Emergency care	

General service readiness at AAMs in the district

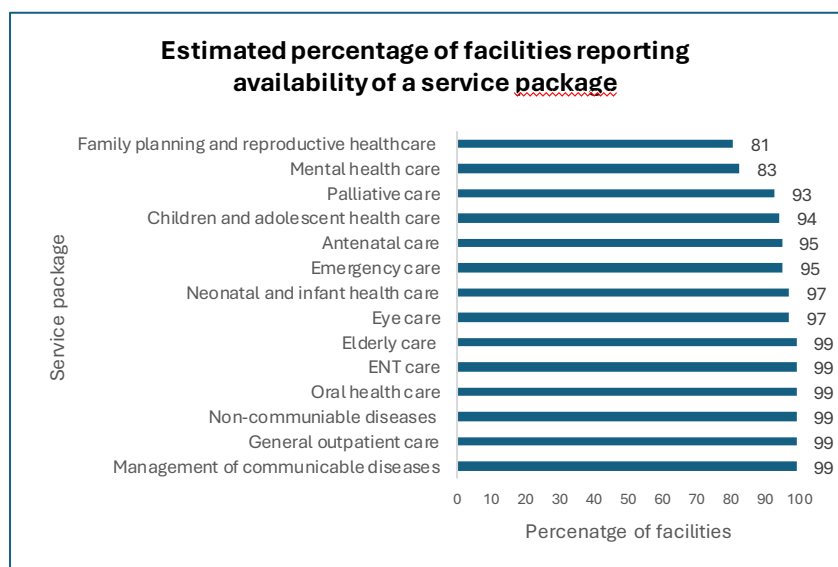


- The estimated general service readiness index at AAMs in the district is 70, indicating that on average, 70 percent of items required for providing general health services were available.
- On average, 56% of essential medicines and 56% of essential diagnostics were available at the AAMs in the district.



- No facility offered all essential diagnostics (14 at SHCs and 63 at PHCs) or all essential medicines (105 at SHCs and 172 at PHCs).
- Few facilities (28%) had all required basic amenities and standard precautions for infection prevention available.
- Availability of complete team of service delivery staff as per IPHS norms (one CHO, and two multi-purpose workers at SHCs and one medical officer, two staff nurses, one lab technician and one pharmacist) was estimated at 54%.

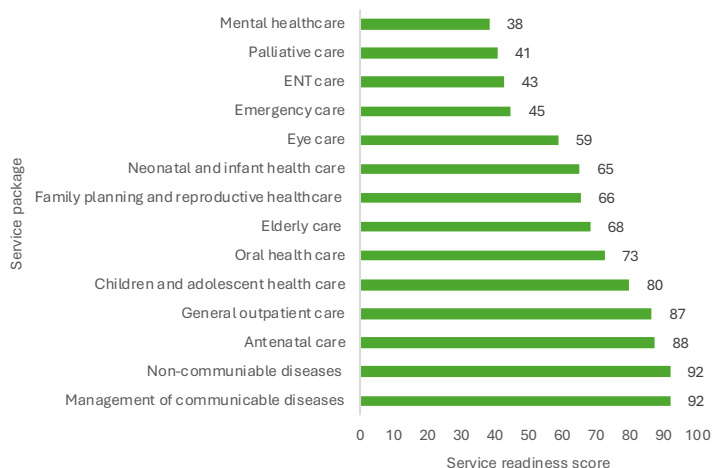
Self-reported availability of 12 AAM service packages in the district



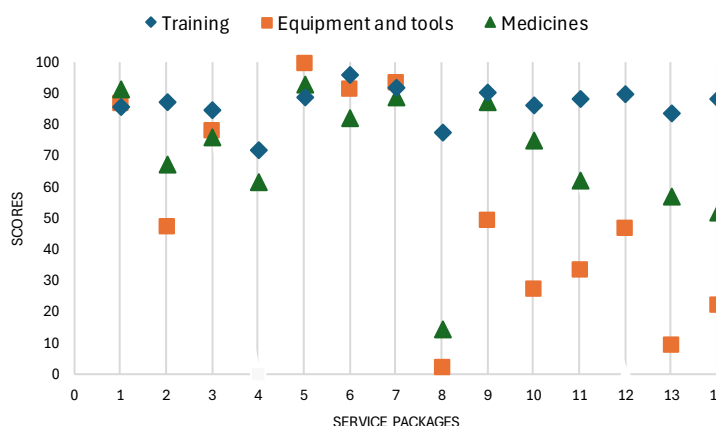
- Self-reported availability of services was high for the pre-existing packages of communicable diseases, and general outpatient care (99%).
- However, the self-reported availability of some pre-existing packages such as reproductive health care (81%), children and adolescent care (94%), and antenatal care (95%) was lower.
- Some of newer service packages were reported to be available at most facilities (more than 95%), namely- non communicable diseases, oral health care, elderly care, eye and ENT care, and emergency care.
- Just over half of the facilities (54%) were estimated to provide all 12 service packages in the district.

Readiness for providing 12 AAM service packages in the district

Estimated service readiness score for AAM service packages



ESTIMATED DOMAIN SCORES FOR EACH SERVICE PACKAGE



➤ In the district, estimated service readiness at AAMs was highest (92%) for management of communicable and non-communicable diseases, indicating that on average, 92% of required inputs of medicines, diagnostics and training for these packages were available at the AAMs.

➤ High service readiness scores were observed for pre-existing service packages such as antenatal care (88%), general outpatient care (87%), and children and adolescent health care (80%). However, the readiness scores for family planning and reproductive health care, and neonatal and infant health care were lower (66% and 65% respectively) compared to other pre-existing services.

➤ Readiness scores for many newer service packages, namely, eye and ENT care, emergency care, palliative care, and mental health care were below 60%.

➤ More than 70% CHO/MOs reported receiving training for all service packages in the last two years.

➤ Major gaps were observed in availability of equipment, screening tools and medicines for the newer services.

➤ Barring non-communicable diseases, the estimated domain score for “equipment and tools” for all newer services was below 50.

➤ Medicine availability was higher (>75%) for a few newer services namely non-communicable diseases, oral health care and eye care.

➤ Medicine domain score estimates for pre-existing packages of family planning (62%) and neonatal and infant health care (67%) were low.

Note-

1. No tracer equipment were identified for the specific services on family planning and reproductive health care ; 2. No tracer medicines were identified for specific services on elderly care and mental health care.; 3. Service packages are listed in Table 2 (page 2).

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