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Urban Ayushman Arogya Mandirs in India: Functionality, Utilization, and Policy Implications from a Multistate Assessment: Reg No: 448

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ABSTRACT

Introduction: Rapid urbanization in India has intensified the need for robust urban primary healthcare systems, especially for marginalized slum communities. This study presents a comprehensive, mixed-methods rapid assessment of Urban Ayushman Arogya Mandirs (USHC-AAMs) across 11 Indian states, analyzing their operational status, utilisation, service delivery, and governance in comparison to Urban Primary Health Centres (UPHCs). **Methods:** A mixed-methods rapid assessment, conducted from April to July 2025 in 11 states/UTs, combined quantitative analysis of service delivery and infrastructure data from national portals (HMIS, AAM, IPHS dashboards) with qualitative in-depth interviews of health department and urban local body officials, facility staff, and community beneficiaries. Data was analyzed for functionality, utilization, service delivery, human resources, governance, and coordination. **Results:** USHC-AAMs were found to be operational in most surveyed states, with rapid expansion in recent months. States like Kerala, Gujarat and Telangana demonstrated innovative upgrading of existing structures and robust financial/logistical support from urban local bodies, while others lagged due to infrastructure gaps and unclear administrative links. Results show that the USHC-AAM model has enabled decentralised, community-proximate health access, with improvements in non-communicable disease management and outpatient care footfall. However, persistent challenges remain, including infrastructure constraints, human resource shortfalls, inter-departmental coordination gaps, and funding sustainability. States with strong alignment between Health Departments and Urban Local Bodies, along with context-adapted implementation, reported better outcomes. **Conclusion:** The study recommends institutionalizing flexible planning per local need, dedicated funding streams, permanent infrastructure, sanctioned critical staffing, improved governance frameworks, and strategic partnerships, including public-private models for diagnostics and capacity building. These steps are essential for consolidating USHC-AAMs as the backbone of an equitable and resilient urban health architecture in India.

KEYWORDS

Urban primary healthcare, Ayushman Arogya Mandir, health system resilience, policy implementation