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Capacity Building Guidelines

AYUSHMAN BHARAT
PRADHAN MANTRI JAN AROGYA YOJANA (AB PM-JAY)

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

national health authority

Foreword

National Health Authority
Ministry of Health and Family Welfare
Government of India

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY), launched by Hon'ble Prime Minister on September 23, 2018, is an ambitious Government scheme. No other Government sponsored health financing programs in the world match the vision, ambition and scale of PM-JAY yet. The scheme, with a potential to bring paradigm shift in the healthcare sector of the nation, aims at reducing the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes, thereby ensuring their access to quality health services. PM-JAY also intends to accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

To attain the aforementioned, specific institutional structures were envisioned and have been integrated into the scheme design itself, however, equipping the personnel, who are part of these institutions to meet the evolving requirements, is challenging. Capacity building, I believe, is critical in addressing this challenge. These guidelines are a stepping stone to achieve this objective.

National Health Authority (NHA) is proud to share the 'Capacity Building Guidelines' with all the State Health Agencies (SHAs) & Stakeholders. We sincerely hope that all the State/UTs participating in PM-JAY will use these guidelines to strengthen their institutional and human resources for effective implementation of PM-JAY.

Dr. Indu Bhushan
Chief Executive Officer
National Health Authority

NATIONAL HEALTH AUTHORITY

For focused approach and effective implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), a fully autonomous entity, the National Health Authority (NHA) was constituted under the Chairmanship of Union Health Minister.

The National Health Authority (NHA) will provide **overall vision and stewardship for design, roll-out, implementation and management of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in alliance with State governments.** Inter-alia, this will include, formulation of PM-JAY policies, development of operational guidelines, implementation mechanisms, coordination with State Governments, monitoring and oversight of PM-JAY amongst others.

The National Health Authority aims to adopt a collaborative, convergent and consultative approach in transforming the healthcare landscape of the country. It will play a critical role in **fostering linkages as well as the convergence of PM-JAY** with health and related programs of the Central and State Governments, including but not limited to Ayushman Bharat - Comprehensive Primary Health Care, the National Health Mission, RSBY to name a few.

The NHA will lead the development of **strategic partnerships and collaborations** with Central and State Governments, civil society, financial and insurance agencies, academia, think tanks, national and international organizations and other stakeholders to further the objectives of PM-JAY.

The National Health Authority will provide **technical advice and operational inputs,** as relevant, to states, districts and sub-districts for PM-JAY including formulating standards/ SOPs/guidelines/manuals to guide implementation, identification of capacity gaps and related trainings, development of health information and IT systems, facilitating cross-learnings, documentation of best practices, research and evaluation and undertake associated administrative and regulatory functions as a Society.

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PURPOSE

This document describes the systems and procedures established for fulfilling the NHA's obligations towards the capacity creation and capacity building of all stakeholders in PM-JAY. These guidelines are prepared based on different guidelines released by the National Health Authority as well as modelled around National Training Strategy by MoHFW. All respective State and National personnel should study this guideline carefully during the operational phases.

These include the following:

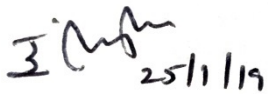
- Details on institutional structures under AB PM-JAY such as NHA, State Health Agency (SHA) and District Implementation Unit (DIU).
- Policies, Practices and Procedures to be followed for capacity building initiatives in AB PM-JAY.
- Guidelines to follow standard practices to build the capacity of all target groups under AB PM-JAY.
- Acts as a reference document for tips/advice for the training of various State and District personnel.
- Guidance on precautions to be undertaken to minimize error, provide uniformity and guidance during the implementation of AB PM-JAY.
- Details on knowledge management under AB PM-JAY.

RELEASE AUTHORIZATION

These guidelines are released under the authority of the Team Leaders for the programme entitled "**Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)**".

These guidelines are the sole property of National Health Authority (NHA), an autonomous entity Chaired by Union Minister for Health & Family Welfare, Government of India

Table 1: Authorization

Dr. Indu Bhushan 	**Dr. Dinesh Arora** 
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REVIEW PROCEDURE

- These guidelines will be revised (if necessary) with due approval from the competent authority.
- Any change/modification can be requested with justification(s).
- The approving authority will approve the change if justification is valid.
- Whenever this manual is amended, version number and release date will be updated.
- The approving authority is responsible for issuing the amended copies.
- The obsolete copies will be retained by NHA.

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Abbreviations

Table 2: Abbreviations

AB PM-JAY	**Ayushman Bharat Pradhan Mantri Jan Arogya Yojana**
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
BIS	Beneficiary Identification System
CEO	Chief Executive Officer
CMHO	Chief Medical & Health Officer
CQI	Continuous Quality Improvement
CSC	Common Service Centre
DIU	District Implementation Unit
ED	Executive Director
EFC	Expenditure Financing Committee
EHCP	Empanelled Health Care Provider
HEM	Hospital Empanelment Module
H/W	Hardware
IC	Insurance Company
ICDS	Integrated Child Development Services Scheme
IEC	Information, Education and Communication
ISA	Implementation Support Agency
IT	Information Technology
LHV	Lady Health Visitor
KM	Knowledge Management
M&E	Monitoring and Evaluation
MD	Managing Director
MEDCO	Medical Coordinator
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization

NHA	National Health Authority
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NIHFW	National Institute of Health and Family Welfare
NSDC	National Skill Development Council
PRI	Panchayati Raj Institution
PMAM	Pradhan Mantri Arogya Mitra
QA	Quality Assurance
SDG	Sustainable Development Goals
SECC	Socio-Economic Caste Census
SHA	State Health Agency
SOP	Standard Operating Procedure
TMS	Transaction Management System
UHC	Universal Health Coverage
ULBs	Urban Local Bodies

Executive Summary

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) is unique with its scale of coverage and complexity of stakeholders involved. Institutional structures at various levels have been built into the basic design of the programme to tackle implementation and operational challenges in such a huge scheme. But the success of these institutions lays in the knowledge and skill of the personnel forming these institutions.

Capacity building plays a critical role in a) assessing the individual needs specific to their role in the scheme implementation and b) extending support in enhancing the skills and knowledge unique to that role. In this direction, roles and responsibilities were identified at National, State, District and Hospital level from four broad categories; Policy, Planning & Monitoring, Programme Management and Service Delivery. As part of the targeted intervention strategy for each role, 16 thematic areas were identified and mapped to these roles.

The content and context of sessions can be designed keeping in mind the audience. Also, methodologies like classroom learning, e-learning, workshops, conferences, case studies, mentorships etc. can be adopted. The target audience, methodology, modules with sessions plans, logistic requirements etc. should be defined in advance in the form of an annual training plan. Templates and checklists have been prepared to ensure structure and professional delivery of trainings.

Being a pan-India programme, standardization is another aspect addressed in capacity building. Quality assurance protocols and monitoring mechanism with standard documentation and reporting structures are defined with provision for post-training follow-up. The roles and responsibilities of each of the stakeholders in this process are also clearly defined to avoid duplication of efforts and conflicts. Provisions empowering the states to take financial decisions related to the capacity building are also incorporated in the guidelines.

With the use of technology, the scheme is able to structurally store and analyze information for future learning. But there is other tacit information which requires scientific documentation and dissemination. The evolving nature of the scheme also demands documentation of processes, experiments, success and failures. The knowledge management guidelines give guidance on this aspect of capturing, storing and disseminating information in an organized manner. The guidelines also give openness in building partnerships with expert agencies to augment the capacity building of the stakeholders in PM-JAY.

About AB PM-JAY

Under the ambit of Ayushman Bharat, Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was conceived. The primary objective of AB PM-JAY is to provide free of cost, accessible quality healthcare services to the poor and vulnerable groups of the society. The scheme will provide cashless health benefits cover of Rs.5,00,000/- per family per annum to more than 10.74 crore identified families without the cap on family size.

The scheme is based on entitlement and hence all identified categories of population in Socio-Economic Caste Census (SECC), existing Rashtriya Swasthya Bima Yojana (RSBY) beneficiaries and State notified categories of the population will be eligible without having to undergo an enrolment process. When fully implemented, the AB PM-JAY will become the world's largest government-funded health financing programme. AB PM-JAY seeks to accelerate India's progress towards the achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

Capacity Building Approach under AB PM-JAY

Capacity building has now become an integral part of any organization or programme in the development sector. The fundamental cause for this wider acceptance for Capacity Building is from the common understanding that to achieve a common goal, the people engaged should be empowered to realize their full potential and understand their role. For this, sufficient systems put in place to enhance and apply their knowledge and skill. But many times, this broad term is restricted to the context of training.

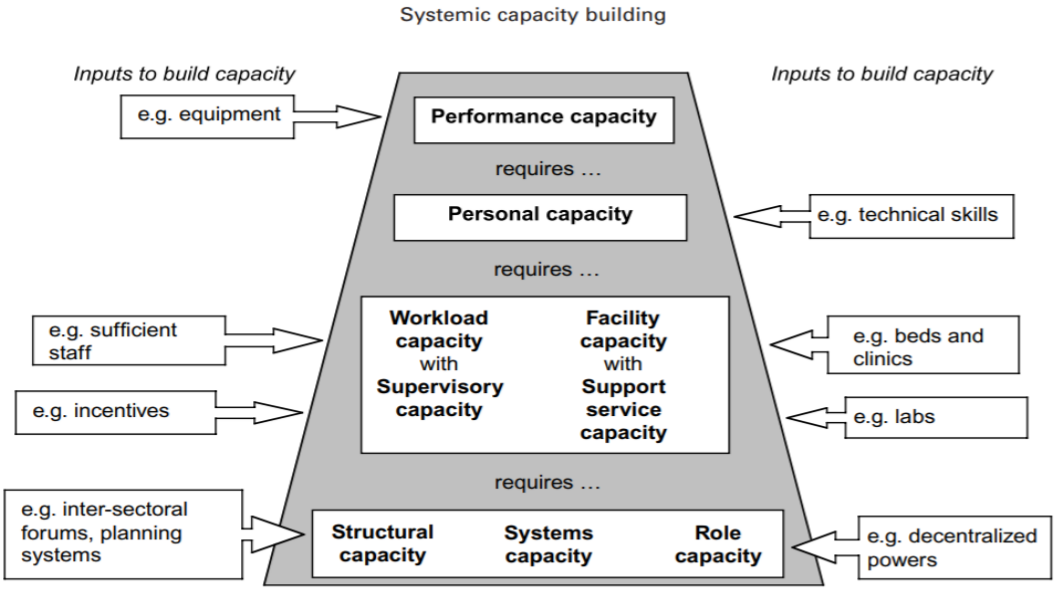
As a stepping stone towards Universal Health Coverage through AB PM-JAY, capacity building for AB PM-JAY across the country is critical. Capacity building in AB PM-JAY is attempting to address more than just training. It covers all aspects of building and developing sustainable and robust institutions and human resource. This document outlines the rationale, objectives, components and roadmap for capacity building activities.

Defining Capacity Building in AB PM-JAY

Capacity building in public health context construes the development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors, to prolong and proliferate health gains many times over.

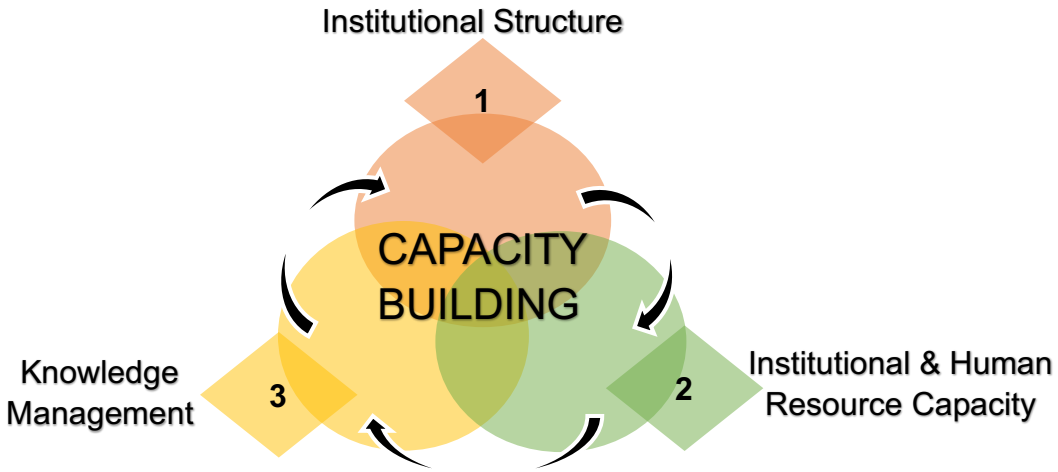
The capacity building approach in AB PM-JAY is inspired by the Systemic Capacity Building: a hierarchy of capacity needs, defined by Potter and Brough. This concept covers all aspects of capacity building in

an Indian health sector context. An illustration of the component elements in their definition on capacity building is given below.



The above diagram may be interpreted as, in order to achieve performance capacity or the ability to use various tools, there should be personal capacity or skills and knowledge. For effective use of these skills and knowledge, there should be sufficient allocation of staff and available infrastructure. And only when proper infrastructure and system exists, can there be best utilization of manpower, their skills and their knowledge, since these are all interdependent.

Base on this concept, Capacity Building in AB PM-JAY is designed over three pillars, 1) Institutional Structure, 2) Human Resource & Institutional Capacity, and 3) Sustaining Knowledge & Skills.



These guidelines follow above principles as the foundation for Capacity Building in AB PM-JAY.

Objectives of Capacity Building under AB PM-JAY

The objective of capacity building under AB PM-JAY would be to create sustainable and robust institutions which augment and sustain the product and process knowledge of AB PM-JAY stakeholders thereby enabling them to perform their roles and responsibilities effectively.

To attain this, the following objectives need to be achieved:

- To define structures and systems with specific roles for all stakeholders in PM-JAY
- To provide stakeholder with essential skills and knowledge to perform their roles
- To make use of appropriate methods and tools to enhance and sustain the skills and knowledge of the stakeholders

Capacity Building Components under AB PM-JAY

To achieve the cited objectives, AB PM-JAY Capacity Building approach suggests the following major components to be undertaken:

1. Setting up sustainable institutional structures
2. Building and Strengthening the Human Resource and Institutional capacity
3. Sustaining knowledge and skill through Knowledge Management and use of appropriate tools

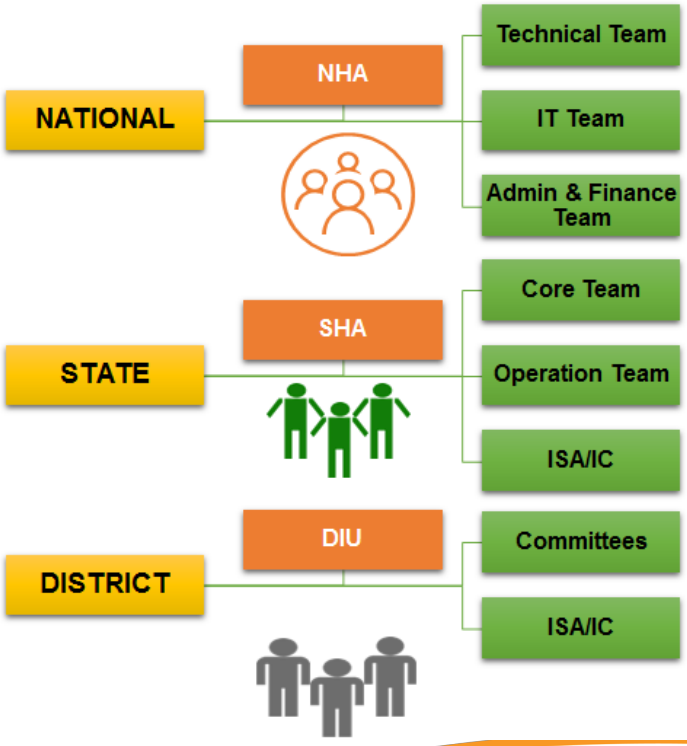
These components will serve to define the processes for capacity building under AB PM-JAY. It will act as a guide in building well-oriented stakeholders and well-trained workforce to support the implementation of AB PM-JAY. It is expected that the States shall follow the Capacity Building Approach and develop State-level plans for training and capacity building which would lead to building an effective health protection initiative. The following sections elaborate on the above-mentioned components in detail.

Setting up Sustainable Institutional Structures

Institutions facilitate organizing people and processes in a structured manner which is immune to external changes like manpower. In AB PM-JAY, a three tier institutional structure is laid down at National, State and District Level. At the national level, National Health Agency (NHA) was set up on 11th May 2018 as a Society. NHA was responsible for managing the scheme at the national level and issue relevant guidelines from time to time. The NHA was headed by a full-time Chief Executive Officer (CEO) supported by Additional/ Deputy CEO and Executive Directors. A Governing Council chaired by Health and Family Welfare Minister and a Governing Board co-chaired by Member (Health), NITI Aayog and Secretary, Health and Family Welfare was also set up.

On 2nd January 2019, Union Cabinet approved the restructuring of existing National Health Agency as National Health Authority. Earlier National Health Agency which functioned as a registered society has now been dissolved and its status is now enhanced to that of an Authority. National Health Authority is fortified by an executive order to have full autonomy, accountability and mandate to implement PM-JAY through an efficient, effective and transparent decision-making process.

Similarly, State Health Agencies (SHAs) are to be created at State level under the Department of Health & Family Welfare in each partnering State. The State Health Agencies will be supported by Implementation Support Agencies (ISA) depending on their mode of implementation. District Unit Implementation Units (DIU)s have to be formulated in each district for functional coordination of scheme activities at the District level. The below diagram gives an overview of the institutional structure laid down under AB PM-JAY.



Apart from the above structures, SHAs will be governed by a Governing Council and various committees are to be formed to undertake specific tasks such as a) Empanelment of hospitals and b) Grievance redressal. The empanelment committees will be functional at District and State level while grievance redressal committees are constituted at District, State and National level.

While formulating these institutional structures, the roles and privileges for each of these institutions and committees are also clearly defined. A summary of the roles of NHA, SHA and DIU is given below.

National Health Authority

- Provide overall vision and stewardship for design, roll-out, implementation and management of PM-JAY in alliance with state governments
- Formulation of policies, development of operational guidelines, provide technical advice and operational inputs, implementation mechanisms, identification of capacity gaps and related trainings, development of health information and IT systems, coordination with state governments, facilitating cross-learnings, documentation of best practices, monitoring and oversight of PM-JAY
- Development of strategic partnerships and collaborations with Central and State Governments, civil society, financial and insurance agencies, academia, think-tanks, national and international organizations

State Health Agency

- Policy related issues of State Health Protection/Insurance Schemes and its linkage to PM-JAY, the convergence of State scheme with PM-JAY, awareness generation and demand creation, empanelment of network hospitals
- Development of guidelines, rules, regulations based on policy direction from NHA
- Data sharing and management, monitoring of services, capacity development planning and undertaking capacity development initiatives, setting up district level offices, fraud and abuse control

District Implementation Unit

- Coordinate with the Implementation Agency (ISA/Insurer) and the Network Hospitals to ensure effective implementation, send review reports periodically, work closely and coordinate with District Chief Medical Officer and team

In long-term, institutionalization of these structures at various levels will ensure uninterrupted service delivery. This system as mentioned earlier will be susceptible to change in manpower and evolve itself to adapt to changing needs of the time. Detailed description of the scope and objectives National Health Authority is given as **Annexure 1** and State Health Agency and District Implementation Unit with recommended manpower structure as **Annexure 2**.

Building and Strengthening the Human Resource and Institutional Capacity

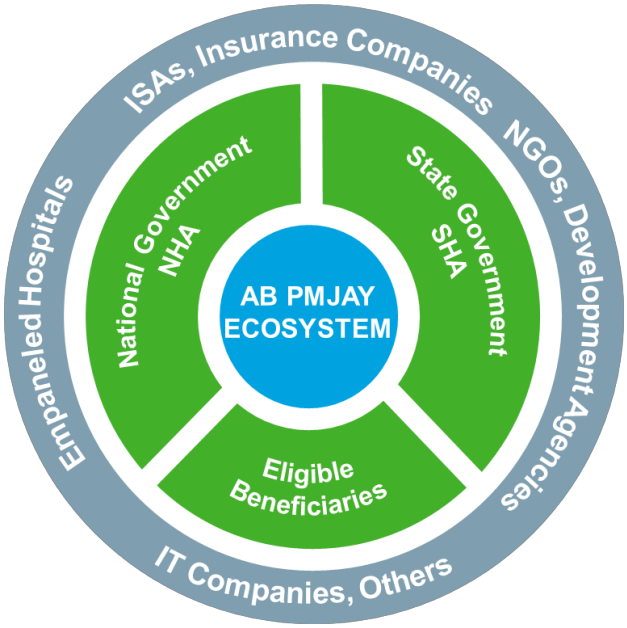
Human capacity and institutional capacity are mutually complimenting; one becomes mean to achieve the other. It is important to assess whether the human resources engaged in such a large government-sponsored social security programme have enough knowledge, skill, experience and confidence to perform their roles. Any deficit in the above should be periodically assessed and appropriate action should be taken to bridge the gap.

AB PM-JAY, being a new initiative, necessitates orientation and training of all personnel involved including the senior leadership, implementation personnel and service delivery staff. This section elaborates on human resource strengthening activities necessary for effective implementation of AB PM-JAY.

Capacity Building Ecosystem at AB PM-JAY

Being a nationwide initiative and one of the largest Health Insurance schemes across the globe, the gamut of AB PM-JAY is magnanimous that requires a sustainable and diligent capacity building eco-system to optimize the resources available and charter the trajectory for the scheme's implementation and success. The key stakeholders in the implementation process for AB PM-JAY broadly form this Ecosystem in which the AB PM-JAY shall be implemented and thrive.

The prominent stakeholders are depicted in the adjacent diagram, illustrating their inter-operability, homogenous relationships creating a wider spectrum of an endowment.



Target Audience for Capacity Building

The target stakeholders for the Capacity Building process are a diverse group and range from the highest level of policymakers to the frontline workers. Moreover, besides personnel from Ministry and Departments of Health, training of personnel from other departments and ULBs may also be important as convergence with their programs will have a strong impact on implementation outcomes of AB PM-JAY.

The target stakeholders have been categorized into four groups, according to their capacity building requirements and process to be followed. The grouping is suggestive, and states may adapt the categorization as per their context for capacity building to be conducted at state level. Detailed methodology for each group is outlined in later sections. An indicative list of stakeholders is given below.

The stakeholders are categorized into four levels, basis the roles they would be handling:

1. **Policy Level**: Stakeholders involved in policy and guidelines creation and decision making.
2. **Planning and Monitoring**: Stakeholders involved in the planning and monitoring of the tasks.
3. **Programme Management Personnel**: Stakeholders involved in supervisory roles for people and tasks at the field level.
4. **Service Delivery Level**: Stakeholders engaged directly with the beneficiaries of the scheme and involved in the implementation.

Table 3: Stakeholders at Various Levels

Levels	National	State	District
Policy Level	• Union Ministers • MoHFW: Secretary, Additional Secretaries, Additional/Deputy/Director Generals, Jt. Secretaries, Deputy & Asst. Commissioners, Directors, • Allied Ministries: Secretary, Additional/Joint Secretaries • NHA: CEO, Deputy CEO • NIHFW: Director • NHSRC: ED & Advisors, etc	• State Ministers • Chief Secretaries • Principal Secretaries from Health and allied Departments, etc • CEO, SHA	• PRIs: Elected representatives, Municipal Commissioners, etc.
Planning and Monitoring	• MoHFW: Directors & Deputy Secretaries, Deputy/Asst. Commissioners • National Health Authority (NHA) • NHSCR Advisors • NIHFW Faculty	• State Health Agency (SHA) • Directors (Health, Family Welfare) • Mission Directors (NHM),	• District Magistrates, • CMHO/CS, Deputy CMHOs

Levels	National	State	District
	• Officials from Allied Ministries • ISAs, Insurance Companies	• ISAs, Insurance Companies	
Programme Management Personnel	• Experts / Team Members from NHA • Consultants from MoHFW, NHSRC, and NIHFW	• Team Members from SHA • Programme Officers, State Nodal Officers, SHA Staff	• District Nodal Officers, • District Implementation Unit staff
Service Delivery Level	--	• Call Centre Agents	• PM Arogya Mitras • Medical Officers • Public Health Managers • Staff nurses, ANMs/LHVs, • Lab Technicians, Pharmacists

Sustaining and Augmenting Skills & Knowledge Through Knowledge Management & Use of Appropriate Tools

There is no other Government sponsored health financing programme in the world to compare with the scale and complexity of AB PM-JAY. This scheme, like any other development sector programme, will evolve over a period, thus making it essential for the personnel engaged to adapt to the developments in the health ecosystem. This requires a Knowledge Management system, where evidence and information are captured, stored and disseminated in a systematic manner. It will encourage internal learning and will help in development of knowledge products for learning to the outside world.

PM-JAY being a technology-driven programme, generates, captures and stores a lot of data in an information management system. However, some information related to process and strategies is not well documented and hence cannot be shared. This includes information like analytical insights for a specific period & context, technology and policy challenges during operationalization, rationale for policy change requests from States and its impact, etc. A mechanism to capture this information shall also be put in place.

As the programme will evolve, State Governments will be key in contextualizing these changes based on their regional requirements and challenges. Cross learning through peer forums and documentation of best practices, experiments and failures is essential to avoid re-invention of the wheel. Documenting the adoption of best practices is also key in Knowledge Management. To facilitate this process, the scheme will have the following provisions:

- Dedicated personnel at NHA and SHA to formalize and coordinate the Knowledge Management process
- Compendium of policies, guidelines, operational procedures and knowledge products in digital format
- Review and approval mechanism at NHA and SHAs for publishing learning materials and defining the intended audience.
- Timely dissemination of information with appropriate personnel through technology aided tools and paper documents
- NHA and SHAs to publish annual and periodic reports portraying their challenges, innovations and progress
- Collate and catalogue public feedbacks and media reports for review
- NHA and SHAs to organise workshops, seminars, forums, network meetings of staff, stakeholders and external experts to share their knowledge and practices
- Build partnerships with expert agencies for facilitating Knowledge Management activities

All Knowledge Management activities are governed by the **Data Privacy and Data Sharing Guidelines** issued by NHA. Any future amendments to the referred documents will also be applicable to these guidelines.

Additionally, Knowledge Management would also focus on forging partnerships with Development Partners and other key institutions. One area to focus through these partnerships are developing and delivering knowledge products such as research papers, new designs for specific areas under PM-JAY, organizing consultations/forums on new and innovative ideas etc. Capacity Building team of NHA would be responsible for managing such partnerships.

THEMATIC AREAS

In order to achieve the Capacity Building components discussed earlier, the capacity building subjects have been classified into various thematic areas. These themes are complementary to each other and that is why it becomes important to know in brief about each thematic area. It will give us a multi-dimensional approach to understand AB PM-JAY as proficient personnel. For e.g. PMAM should be good in themes like BIS, TMS, IEC, Soft Skills/Work Ethics, Portability etc. to become an expert or skilled person.

The Capacity Building team is aiming at the following identified thematic areas (classified under four main headings) to impart expertise on, for effective implementation of the scheme:

Core Programme Areas

1. AB PM-JAY Overview, Policies and Guidelines
2. Hospital Empanelment
3. Provider Payment (including Medical Packages)
4. Quality Assurance
5. Portability
6. Information, Education & Communication
7. Call Centre

IT Tools and Platforms

1. Beneficiary Identification System (BIS)
2. Transaction Management System (TMS) (State / National)
3. IT Hardware
4. Data Security and Privacy

Audit & Compliance

1. Monitoring & Evaluation
2. Fraud and corruption
3. Grievance Redressal

Operations & Management

1. Project Management
2. Organizational Development
3. Soft Skills
4. Administrative & Legal Framework

A bird's eye view on these thematic areas is given as **Annexure 3**.

Each level of stakeholders has separate and distinguished roles, and it is not necessary for each target audience group to undergo training on all the specified thematic areas. To ease the process, a matrix of thematic areas with stakeholders has been prepared. This matrix would guide the SHA to identify the thematic areas for each target audience group.

Table 4: Thematic Areas for Each Target Audience

Levels	Category	Target Group	AB PM-JAY Overview, Policies and Guidelines	Hospital Empanelment	Provider Payment (including Medical Packages)	Quality Assurance	Portability	Information, Education & Communication	Call Centre	Beneficiary Identification System (BIS)	Transaction Management System (TMS) (State / National)	IT Hardware	Data Security and Privacy	Monitoring & Evaluation	Fraud and corruption	Grievance Redressal	Project Management	Organizational Development	Soft Skills	Administrative & Legal Framework
Policy Level	National	Union Ministers, Secretories, Directors, Advisors etc.	✓					✓												
	State	State Ministers, Secretaries from Health & Allied Departments	✓					✓						✓	✓	✓				
		CEO / Dy CEO, NHA	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
	District	PRIs: Elected representatives, Municipal Commissioners, etc.	✓					✓	✓				✓			✓				
Planning and Monitoring	National	MoHFW: Directors & Deputy Secretaries, Deputy/Asst. Commissioners	✓					✓						✓						
		NIHFW Faculty / NHSCR Advisors	✓																	
		Officials from Allied Ministries	✓													✓				
		ISAs, Insurance Companies	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓				✓
	State	CEO, Dy. CEO & Senior officials at SHA	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓
		Directors (Health, Family Welfare, NHM)	✓		✓								✓	✓	✓	✓				
		ISAs, Insurance Companies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
	District	District Magistrates,	✓		✓	✓		✓	✓				✓	✓	✓	✓				✓
		CMHO/CS, Deputy CMHOs	✓	✓	✓	✓		✓	✓				✓	✓	✓	✓				✓
Program Management Level	National	Experts / Team Members from NHA	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Consultants from MoHFW, NHSRC, and NIHFW	✓		✓	✓	✓		✓	✓	✓		✓	✓	✓	✓				
	State	Team Members from SHA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Programme Officers, State Nodal Officers, SHA Staff	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
	District	District Implementation Unit staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service Delivery level	State	Call Centre Agents	✓	✓	✓		✓	✓		✓	✓		✓		✓	✓				✓
	District	PM Arogya Mitras	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
		Medical Officers	✓		✓	✓	✓			✓	✓		✓	✓	✓	✓				
		Public Health Managers	✓		✓	✓		✓		✓			✓	✓	✓	✓				
		Staff nurses, ANMs/LHVs,	✓			✓		✓					✓			✓				
		Lab Technicians, Pharmacists	✓			✓		✓					✓			✓				

METHODOLOGY

For successful transfer of knowledge, it is essential to have three things, 1) the content is delivered by a credible personnel as perceived by the recipient, 2) the purpose of the knowledge transfer should not only be to fulfil his/her professional role but also the recipient and 3) process should be understandable and interesting so that the recipient intends to receive.

In order to satisfy the various stakeholders, it is impossible to adopt the same approach and methodology. Therefore, it is important to understand the needs and requirements of each stakeholder group and then redefine the methodology. A schematic suggesting various methodologies for different target audience is given below.

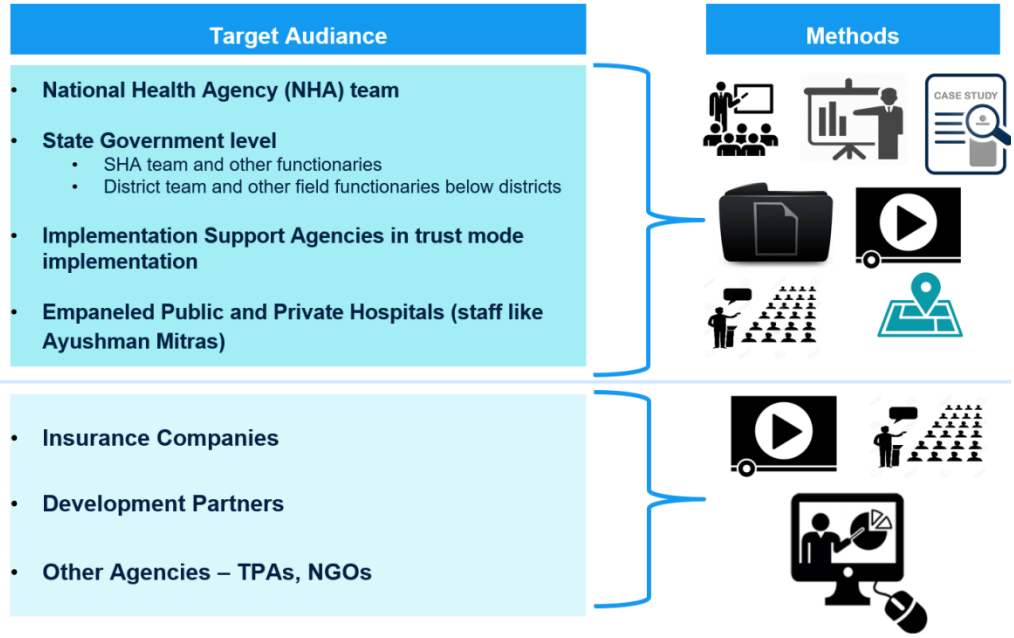


Table 5: Schematic Stakeholders and Methodologies

Detailed descriptions of the methodologies suggested above are given below.

Classroom Learning / Lecturing: It is an interactive methodology which involves a participatory transfer of knowledge. It also helps in maintaining a student-teacher ratio leading to a focused approach to learning. Classroom trainings shall be a combination of various methods and tools depending on the topic for learning.

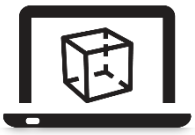
Role Plays: This method enables the learner to recreate a life scenario and engage themselves in the decision-making process. It is also creating an avenue for experimenting theory in practice. Role plays will help in improving decision-making skills, enhancing team spirit and ensuring better communication and interpersonal skills. This method will be more effective for PMAMs.

Case Studies: This methodology enables the learners to analyze a real scenario and understand its implications in the programme implementation. It can be a best practice, an experiment or a failure. Policy and programme management personnel can best utilize this methodology in the initial stage of experimenting new methods or process.

E-learning / IT Enabled Learning: An e-learning platform provides a multi-media interactive platform for learning. These modules can be accessed from any geographic location, thus provide flexibility to learner and saves cost. Post-learning assessments can also be incorporated into the system which will give real-time analysis of learning outcome. E-learning may include:

a. **Video Tutorials**: A powerful teaching and learning tool that can help in visualizing the theoretical concepts in a short span of time and gives a real process demonstration. Through this medium, complex concepts like data integration in PM-JAY and TMS process flow can be demonstrated in a simplified form.

b. **Video Conference / Webcasting:** This methodology utilizes the IT tools to live stream a learning session by an expert member. It can be utilized where there is a shortage in resource persons or inability for the participant to attend a live training session or a resource person is not able to or not required to be present physically for the training session. National consultations and workshops can be live streamed for state representatives.



c. **Simulation (learn by doing):** This methodology being used in the eLearning content is more of a hands-on training where an exact interface of the software is presented to the learner with specific instructions, to enable the learner perform better on the job. This is beneficial in scenarios where we have insufficient infrastructure viz. computers, internet, in the classroom session. The learners can try this without a trainer, at their own pace, in the vicinity of their own workplace/ home. Simulation in Ayushman Bharat can be an artificial and simplified representation of the patient treatment flow through the scheme. A repeated practice of this will also enhance the quality to reach proficiency and reinforce knowledge acquired by the participants.

Workshops / Conferences: Stakeholders will be invited to participate in workshops and conferences that will enhance cross learning amongst participants. It will also ensure their upskilling and thus improving their quality standards which will enhance efficiency and productivity.

Exposure Visits: Exposure visits enable the learners to interact and learn from field implementers in an outside region or group. It is more practical and broader learning can be promoted through this method. Though it is very effective, selection of participant and visit location is critical. Exposure visits for PMAMs can be organized to visit well-functioning hospitals within or nearby district. Similarly, SHA officials may visit other States for observing.

Mentorship: Mentorship involves a one to one assistance between a learner and an experienced personnel. It is an avenue for expanding the learnings post training and during the mission. Mentorships are essential for PMAMs and District officials to ventilate their challenges, identify effective ways of managing the tasks and processes and clarifying new field scenarios.

Content Development

Training modules will be developed based on the thematic areas mentioned above and would be customized for each targeted group. The learning materials could be in the form of manuals, guidelines, powerpoint presentations, online tutorials etc. NHA would be responsible for developing the resource materials including product manuals and operational guidelines. SHAs are expected to customize these documents as per regional requirements, including translations in vernacular, without compromising with the standard and the quality.

Each of these modules would have the learning objectives, methodology, process, key learnings, take-home messages, and reference documents in the form of a session plan. A sample plan is attached as **Annexure 4** for reference.

Training Plan and Delivery

The training programs are organized by the National Health Authority, State Health Agency or its partners. It is important that the proposed training activities under the capacity building programmes are planned in advance. State Health Agencies are expected to prepare an annual training plan which will include the training load, internal resources available for training and tentative training level (National, State, District) with batch size. Any other activities related to capacity building should also be specified in this plan. NHA will allocate the resources and support team based on the plan submitted by SHA. SHA is permitted to make changes with justification. The template for filling annual training plan is added as **Annexure 5**.

A table suggesting the duration and batch size of training of each stakeholder is provided below. Budgeting and logistic arrangement shall be planned according to this information. This table is only indicative and final numbers can be determined based on the volume of beneficiaries covered under the scheme in the State and geographic proximity.

Table 6: Indicative Duration and Batch Size for Stakeholders' Trainings

S.No.	Category	Level	Target Personnel / Groups	Duration	Batch Size	Organized At / Level	Responsibility / Resource Team
1	POLICY	National	Union Ministers, Directors & above (MoHFW, NIHFW, NHSRC, NHA etc.)	Half Day	10 to 20	National	NHA
		State	Principal Secretaries & above from Health and allied Departments, SHA Governing Body Members etc.	1 Day	10 to 20	National / State	NHA / SHA
			CEO, SHA	1 Day	10 to 20	National	NHA
		District	PRIs: Elected representatives, Municipal Commissioners, etc.	1 Day	20 to 30	State / District	SHA
2	PLANNING & MONITORING	National	Advisors, Faculty, Officials etc. (MoHFW, NIHFW, NHSRC, NHA etc.)	1 Day	10 to 20	National	NHA
			ISAs, Insurance Companies	1-2 Days	30 to 40	National	NHA
		State	SHA, Directors (Health, Family Welfare), Mission Directors (NHM)	1 Day	20 to 30	National / State	NHA / SHA
			ISAs, Insurance Companies	1-3 Days	20 to 30	National / State	NHA / SHA / ISA / IC
		District	District Magistrates,	1 Day	10 to 20	State / District	SHA
			CMHO/CS, Deputy CMHOs	1 Day	20 to 30	State / District	SHA
			MS, AMS & Other Admin Staff	1 Day	20 to 30	State / District	SHA

S.No.	Category	Level	Target Personnel / Groups	Duration	Batch Size	Organized At / Level	Responsibility / Resource Team
3	PROGRAMME MANAGEMENT	National	Programme Officers, State Coordinators, SHA Staff	3-5 Days	20 to 30	National	NHA
			Consultants from MoHFW, NHSRC, and NIHFW	2-3 Days	20 to 30	National	NHA
		State	Programme Officers, State Nodal Officers, SHA Staff	3-5 Days	20 to 30	National / State	NHA / SHA
		District	District Implementation Unit staff	3-5 Days	20 to 30	National / State / District	NHA / SHA
			MS, AMS & Other Admin Staff	1-2 Days	20 to 30	State / District	SHA
4	SERVICE DELIVERY	National	NSDC Nodal Person/s	2-3 Days	20 to 30	National	NHA
		State	PMKK- Master Trainers	2-3 Days	20 to 30	National / State	NHA
			Call Centre Agents	1-2 Days	20 to 30	National / State	NHA / SHA
		District	Medical Officers, Public health managers	1-2 Days	20 to 30	State / District	SHA
			Staff nurses, ANMs/LHVs / Lab Technicians, Pharmacists	1 Day	20 to 30	District	SHA
			Medical Coordinator (Medco) & Network Hospital Doctors	1-2 Days	10 to 20	State / District	SHA / ISA / IC
			PM Arogya Mitras (Public & Private facilities)	2-3 Days	20 to 30	State / District	SHA

S.No.	Category	Level	Target Personnel / Groups	Duration	Batch Size	Organized At / Level	Responsibility / Resource Team
5	WORKSHOPS AND CONFERENCES		Can be determined basis the thematic area and context			National / State/ District	NHA / SHA/ IC

Roles and Responsibilities related to Capacity Building

There are five major stakeholders involved in the Capacity Building activities under AB PM-JAY. Some of the identified roles and responsibilities of the key stakeholders specific to Capacity Building activities under the scheme are given below. However, this is not an exhaustive list, and additional responsibilities may be taken up per requirements.

Table 7: Stakeholders' Responsibilities

Stakeholder	Responsibility
National Health Authority	• Assess and review the areas for institutional and manpower strengthening • Make avail resources for support service strengthening • Devise strategies for creating an enabling environment for States to undertake capacity building activities • Develop learning materials and make periodic updates on revisions and changes • Conduct Training of Trainers (ToT) for state nominated master trainers and any other master trainer identified by NHA • Ensure quality and standardization of content delivered as part of capacity building programmes • Develop systems for monitoring and quality assurance • Conduct periodic review of capacity building • Provide technical assistance to SHAs on initiating Capacity Building activities • Develop and implement a strategy for ongoing trainings and long-term capacity building • Build partnerships with expert agencies for developing training content and also roll-out the training programme • support training programmes and developing knowledge products • Organize national workshops and events for knowledge dissemination and cross-learning.

Stakeholder	Responsibility
State Health Agency	• Assess the operational challenges for the institutions at State and District level • Assess the areas for human capacity building for various cadre • Review and customize NHA learning materials to meet regional requirements while preserving standards • Nominate master trainers for attending the Training of Trainers (ToT) • Identify and designate experience personnel for field metorship • Develop SoP for state related stakeholders • Prepare capacity building plans and obtain administrative and financial sanctions • Organizing capacity building initiatives at State / District / Regional Level • Identify and depute trainees / participants • Analyze feedback of the trainees / participants • Provide feedback on the trainings organized by external agencies to NHA • Share training progress report to with NHA • Build State level partnerships for capacity building activities • Identify, produce and share knowledge products like case studies, best practices, process documentation etc. • Assure quality of capacity building activities as per NHA guidelines
District Implementation Unit	• Assess the capacity building requirement and share the same with SHA • Facilitate District level trainings • Attend trainings organized by SHA / NHA / Other partners • Conduct follow up of the trainings organized for PMAMs and Medical Coordinators • Coordinate and contribute to regional knowledge products developments
Service Providers/ ISA/ Insurance Company/ others	• Organizing training for PMAMs and Medical Coordinators as per guidance by SHA and NHA • Complete pre and post training assessment • Organizing on-going training / capacity building activities as per SHA and NHA guidelines • Provide post training support for PMAMs and Medical Coordinators • Conduct periodic assessment of knowledge and skill of personnel engaged • Suggest areas for documentation under best practices • Ensure dissemination of updates and learning materials to all EHCPs

Stakeholder	Responsibility
Empanelled Health Care Provider (EHCP)	• Recommend training requirement to the DIU • Attend the training programmes organized by NHA / SHA / its partners • Nominate and ensure PMAM attend training programmes • Share feedback on the trainings participated • Update developments and changes in the programme by thoroughly going though reference materials shared by NHA / SHA • Conduct in-house orientation / training for other personnel in the facility • Create internal systems for knowledge transfer and learning to manage staff attritions

Quality Assurance During Training Process and Post-Training Follow-Up

Training is an integral part of capacity building process and this document has already described, how training would be approached under PM-JAY. Under these guidelines, details have been provided to (i) ensure quality of training process; and (ii) establish a system for post training follow-up.

Ensuring Quality During the Training Process

Trainings are generally intended to address challenges, make corrections during implementation process and change attitude of those involved in implementation. Therefore, it is very critical to ensure that training programme follows quality parameters so that these aspects could be addressed. Below are some key steps described for the same:

- For each type of training clear **learning objectives** would be defined by the training/capacity building team responsible. These objectives would also clearly define key takeaways and outcome of the training programme
- These guidelines already define creation of task specific **content**, which is integral part of ensuring quality of the training programme. Type and mode of content would differ based on target group as well as their potential role in implementation of PM-JAY. Developing of content is linked to learning objectives for each target group
- Training **methodology** section clearly discusses various options available for training of different groups. Teams would ensure that methodology is in sync with learning objectives and training content developed and it is best option for knowledge transfer.
- **Logistics** arrangements are essential for effective delivery of the trainings. **Annexures 6, 7 and 8** list down the pre-requisites for trainings in the form of checklists. These checklists would assist the SHAs in planning the training activities and arranging for the required technology and other logistics.
- Quality of resource persons and master trainers is critical in effective transfer of knowledge. A checklist describing the **skill sets** and qualities required for a master trainer is attached as

Annexure 9. This checklist also lists down the expected characteristics from the trainees which will help facilitators in preparing the candidates for training.

- To the extent possible, each training programme would have a session on **demo by the trainees**, this would inform if the right information/knowledge has been transferred to the trainees. NHA would also develop a monitoring system to review and **monitor progress** of training programs, which would include the overall evaluation and certification process.

Post Training Follow-Up

It is very critical to ensure that trainees know that there is an eco-system for post-training support available, which would help them in case there are any challenges in the uptake of the knowledge imparted during the training programs. This would also include, communicating and receiving feedback from trainees on regular basis. Following steps would be undertaken:

- Keep communication channel open with trainees: through series of emails, repeat workshops/conferences, visit to facilities etc. Trainees should also be provided with mechanism for feedback to trainers.
- Simple tools would be developed and shared with trainees, so that they can refer to the same in case there is any doubt.
- NHA would develop a mechanism to share pre and post training work performance by trainees (especially those in the field e.g. PMAMs) to demonstrate whether there has been any impact of training programme.
- It would be explored that quizzes are sent to PMAMs post training and their knowledge is checked as and when appropriate

Monitoring & Evaluation

To ensure whether activities under knowledge management are achieving their objectives, periodic monitoring based on predefined indicators, structured documentation and reporting is essential. Suggested indicators for the monitoring of knowledge management are as follows

Table 8: Indicators for Monitoring of Knowledge Management

S. No.	Category	Indicator
1	Input Indicators	• Number of resource person available • Proportion of resource materials available against agreed topics • Allocation and expenditure for capacity building budget
2	Process Indicators	• Availability of resource person in all States/Districts • Availability of training plan with calendar • Time delay between a person/facility being part of PM-JAY and their training • Duration of training attended by personnel • Contents delivered during the training aligned as per content matrix (as per designation and thematic area matrix) • Time between induction and refresher trainings
3	Output Indicators	• Number of ToTs conducted • Number and percentage of individuals trained (for various designations) • Number and percentage of individuals satisfactorily completed training session • Number and percentage of institutions trained • Percentage of trainings conducted against planned • Number of sessions handled • Number of partnerships made • Number of knowledge products created • Number of dissemination activities carried out
4	Outcome Indicators	• Knowledgeable personnel at all levels of PM-JAY implementation • Role clarity among the stakeholders • Motivated human force in PM-JAY

The activities and process flow to monitor based on the above indicators will be:

1. SHAs to share the annual training plan with NHA at the beginning of every financial year
2. Individual training report to be maintained at the State Health Agency
3. Each training / capacity building event should have the following documentation:

    a. Agenda (including objectives)
    b. Attendance (Name, Designation, institution, mobile number, email & signature)
    c. Pre-& Post-Test (for training only)
    d. Programme / Training Report (Date, Time, venue, summary of activities, pre/ post-test and feedback)
    e. Photograph
    f. Feedback (individual)

4. NHA / SHA officials to make field visit to evaluate the quality of the programmes organized
5. Summary of the capacity building activities conducted to be updated to NHA by SHA on a quarterly basis
6. Feedback of SHA on trainings organized / facilitated by external agencies to be reported separately within one month of the conduct of the programme
7. Quarterly/Monthly review of Capacity Building activities to be carried out by the Executive Committee of SHA
8. Monthly review of Capacity Building activities to be carried out at NHA
9. Annual Capacity Building report detailing the training planned & conducted, knowledge products created, and other activities organized to be submitted to NHA by SHA
10. NHA to share feedback to SHA on the programme planning, organizing and evaluation.

National Health Authority or State Health Agencies may engage an external expert panel or agency to evaluate the capacity building initiatives for a specific period.

Refer to **Annexure 10** for a Sample Evaluation Form for trainings.

Building Partnerships

The capacity building initiatives cannot achieve full potential with internal resources alone. It is important to network and partner with other government and non-government institutions having expertise in various fields including public health, health financing, information technology, research & documentation, data analysis, fraud management, quality assurance, financial management, human resource management, IEC and mass media, etc.

Some of the suggested partners who can be engaged for conducting the above-mentioned activities are

1. National Institute of Health & Family Welfare (NIHFW)
2. National Health System Resource Centre (NHSRC)
3. Various Ministries, Departments, Councils and Corporations
4. NITI Aayog
5. State training institutes such as SIHFW
6. National Skill Development Corporation (NSDC)
7. Health Sector Skill Council (HSSC)
8. Prominent Educational Institutions
9. UN recognised development agencies
10. NGOs recognised by Ministry of Home Affairs

Samvardhan is the suggested modus operandi for building partnerships. The NHA and SHA shall partner with development institutions for augmenting human and institutional capacity as per the *Samvardhan* guidelines issued.

Budget

The expenditure on capacity building activities shall be budgeted from the administrative cost allotted to State Health Agencies. State Health Agencies shall conduct workshops, training programmes, consultation meetings, orientation meeting, produce / publish knowledge products/reports, procure tools for learning purpose or any other activity directly align with the Capacity Building objectives under PM-JAY.

The budget should be prepared in advance and subsequent approvals from competent authority should be obtained. An indicative unit cost for organizing training programmes, workshops and other meetings is given below.

Table 9: Indicative Budget Unit Cost

S. No.	Budget Head	Calculation	Indicative Unit cost
1	Food & Refreshment	Per person per day	1000
2	Boarding & Lodging	Per person per night	1800
3	Travel	Per person per programme	1200
4	Stationary	Per person	200
5	Public Addressing System / Visual Aid	Lumpsum per programme	3500
6	Honorarium	Per person for session not less than 3 HRS	2500
7	Incidental	Lumpsum per programme	5000

State Health Agencies may follow the above budget head and unit cost OR existing State Government Procurement and Financial Expenditure Guidelines for conducting programmes.

Annexures

Annexure 1: Scope & Objective of National Health Authority

National Health Authority (NHA)

Formation of National Health Authority (NHA)

A key success factor for the AB PM-JAY, would be an overarching institutional mechanism of the 'National Health Authority' (NHA), which will be vital to oversee, coordinate and steer the programme. The NHA would be in line with the suggested implementing mechanism for the Expenditure Finance Committee (EFC) recommendation that the Central Sector Component would essentially also be a 'National Health Network', which would include setting up a robust IT platform connecting state health agencies and beneficiaries to the designated private and public health providers.

Scope of NHA

The scope of NHA is to be responsible for the implementation of AB PM-JAY that ensures access to a well-defined package of healthcare services to all its beneficiaries. NHA would be established to not only manage the AB PM-JAY but also integrate it in the larger health care system of the country. The NHA would also foster coordination among state implementing agencies to ensure portability, standardization, convergence amongst schemes and stimulate cross-learning. The NHA would facilitate establishing monitoring and evaluation mechanisms and standards for information reporting. It would also promote information disclosure and sharing across implementing agencies. For the purposes of achieving its mission and discharging its functions, the NHA has the authority and responsibility (listed below according to the roles of possible divisions under NHA) to oversee the following:

- Operations
- Hospital Network and Quality Assurance, Patient Safety & Standards
- Administration and Finance
- Information systems and National Health Network
- Monitoring, Research and Evaluation
- State support, Coordination and Convergence
- International Cooperation, Capacity Building
- Awareness Generation and Grievance Redressal

Key Objectives of NHA

- The primary objective of NHA is to be responsible for the implementation, operation and management of AB PM-JAY.

- Foster co-ordination and convergence with other similar schemes being implemented by the Government of India and State Governments.
- Implement any other health protection/ insurance schemes as are handed over by the Central Government from time to time.
- Ensure equity in healthcare coverage and access to healthcare services to the beneficiaries covered under the scheme.
- Work towards health promotion and prevention activities to support health and well-being of the beneficiaries under the scheme.
- Generate awareness about the scheme and details among intended beneficiaries of AB PM-JAY.
- Ensure the efficiency and quality of services under AB PM-JAY, including fraud mitigation and grievance redressal.
- Generate evidence, build professional capacity, stimulate cross-learning and provide policy recommendations to the Government.

Annexure 2: Structure and Staffing Pattern of the SHA and DIU

State Health Agency (SHA) and District Implementation Unit (DIU)

Formation of SHA and DIU

In order to facilitate the effective implementation of the scheme, the State Government shall set up the State Health Agency (SHA) or designate this function under any existing agency/ trust/ society designated for this purpose, such as the state nodal agency for RSBY or a trust/ society set up for a state insurance programme. SHA can either implement the scheme directly (Trust/ Society mode) or it can use an insurance company to implement the scheme. The SHA shall be responsible for delivery of the services under AB PM-JAY at the State level.

The SHA shall plan to hire a core team to support the Chief Executive Officer in discharge of different functions. For States implementing the scheme in assurance mode (through trust/society), they have two options:

- **Option 1** – They can hire the same number of staff as the States with insurance mode, additionally staff for beneficiary identity verification. For rest of the functions they can hire an ISA.
- **Option 2** – Instead of hiring an ISA They can hire additional staff in the team itself to carry out the additional functions.

For **Option 2**, similar to the National Health Authority (NHA) at the central level, the day-to-day operations of the SHA will be administered by a Chief Executive Officer (CEO) appointed by the State Government. The CEO will look after all the operational aspects of the implementation of the scheme in the State and shall be supported by a team of specialists (dealing with specific functions). The CEO/ operations team will be counselled and overseen by a governing council set up at the State level.

Roles and Responsibilities of SHA

All key functions relating to delivery of services under AB PM-JAY shall be performed by the SHA viz. data sharing, verification/validation of families and members, awareness generation, monitoring etc. The SHA shall perform following activities through staff of SHA/Implementation Support Agency (ISA):

- Policy related issues of State Health Protection/ Insurance scheme and its linkage to AB PM-JAY
- Convergence of State scheme with AB PM-JAY
- Selection of Insurance Company through tendering process (if implementing AB PM-JAY through Insurance Companies)

- Selection of Implementation Support Agencies (in Trust/ society mode) if needed
- Awareness generation and Demand creation
- Aadhaar seeding and issuing print out of E-card to validated AB PM-JAY beneficiaries
- Empanelment of network hospitals which meet the criteria
- Monitoring of services provided by health care providers
- Fraud and abuse Control
- Punitive actions against the providers
- Monitoring of pre-authorizations which are already approved by Insurer/ ISA
- Administration of hospital claims which are already approved by Insurer/ ISA
- Package price revisions or adaptation of AB PM-JAY list
- Adapting AB PM-JAY treatment protocols for listed therapies to state needs, as needed
- Adapting operational guidelines in consultation with NHA, where necessary
- Forming grievance redressal committees and overseeing the grievance redressal function
- Capacity development planning and undertaking capacity development initiatives
- Development of proposals for policy changes –e.g. incentive systems for public providers and implementation thereof
- Management of funds through the Escrow account set up for purposes of premium release to Insurance Company under AB PM-JAY
- Data management
- Evaluation through independent agencies
- Convergence of AB PM-JAY with State funded health insurance/ protection scheme (s)
- Alliance of State scheme with AB PM-JAY
- Setting up district level offices and hiring of staff for district
- Oversee district level offices
- Preparation of periodic reports based on scheme data and implementation status
- Implementing incentive systems for ASHA workers & public providers in line with national guidance

Constitution of SHA/Governing Council

Governing council will be the policy decision making authority at the State level. The suggested composition of Governing Body for SHA is as follows:

Table 10: Constitution of SHA

S. No.	Name / Designation	Position
1	Chief Secretary	Chairperson, ex officio
2	Principal Secretary to Government, Health & Family Welfare Department	Vice-Chairperson, ex officio
3	Secretary, Finance Department	Member, ex officio
4	Secretary, Department of Rural Development	Member, ex officio
5	Secretary, Department of Housing and Urban Affairs	Member, ex officio
6	Secretary, Department of IT	Member, ex officio
7	Secretary, Department of Labour	Member, ex officio
8	MD, NHM or Commissioner, Health Department	Member, ex officio
9	Director of Medical Education or his/her nominee	Member, ex officio
10	Director of Health Services or his/her nominee	Member, ex officio
11	CEO (SHA)	Member Secretary, ex officio
12	Representative of NHA	Special Invitee
13	1 Subject matter expert as nominated by the State Government	Special Invitee

Operational Core Team of SHA

The Chief Executive Officer (CEO) will look after all the operational aspects of the implementation of the scheme and shall be supported by a team of specialists (dealing with specific functions). CEO preferably shall be a serving Government official. CEO will be responsible for managing the scheme in the State. A Deputy CEO can be hired from the market who will assist CEO in all the activities.

The SHA should hire the following team to support the Chief Executive Officer in discharge of different functions:

- Operations Manager(s)
- Monitoring & Evaluation Manager
- Policy Manager
- IT Support cum Data Manager
- Beneficiary Verification Manager
- Grievance Redressal Manager
- Medical Management & Quality Manager
- IEC Manager
- Capacity Development Manager
- Finance Manager
- Accounts Assistant
- Administrative Officer

The details for each of the positions above is provided in the below table.

Table 11: State Health Agency Positions and Scope of Work

Teams	Qualification	No. in Category A State	No. in Category B State	Scope of Work	Reporting To	Salary Range
Operations Manager (s)	• MBA or Postgraduate Diploma in Business Administration or MBA (healthcare) or Master of Health Administration or public Health or similar equivalent degree/ diploma; medical degree will be of additional advantage. • At least 10 years' experience in the administration of large public-sector programmes (preferably health projects), out of which preferably at least 5 years in managing health	2	3	• Operations Manager(s) will provide overall support to CEO, SHA in implementation of AB-PM-JAY in the state. • Ensure compliance of operational processes and procedures as per guidelines of AB-PM-JAY • Ensure the activities for effective alliance of the State health insurance scheme (if any) and AB-PM-JAY. • Ensure seamless internal and external communication • Supervises the operations at the state level including timelines for the activities of the AB-PM-JAY. • Overseeing beneficiary data management, Aadhaar seeding, validation, awareness, monitoring, audit, training etc. • Maintaining the quality and timeliness of the utilization data, reporting MIS, premium and claim payments etc. • Random reviews of pre-authorizations and claims • Work with the teams across functions and other stakeholders to ensure smooth flow of data to state level on a periodic basis • Organize routine, periodical and surveillance	CEO, State Health Agency	Rs. 1.25 lakhs – Rs. 1.50 lakhs per month

	insurance or TPA.			visits to the entities participating in the scheme to ensure that all processes are running as per defined standards
				• Claims Audit
				  ○ Carry out claims audit on random basis
				  ○ Carry out random checks, visits and investigations pertaining to admissibility of the cases paid or declined under the scheme
				  ○ Supervising district teams and facilitating them in performing their duties.
				  ○ Co-ordinating with PMUs of other health programmes operation in the State for effective horizontal integration.
				
				Required Skills:
				• Strong analytical skills
				• Ability to lead teams
				• Strong strategic focus, and project management skills.
				• Excellent interpersonal and communication skills.
				• Ability to operate effectively with people at all levels.
				• Strong business focus
				• Good knowledge of the English language
				• Proficiency working with computers, office suites, internet and other relevant technologies.		

Monitoring &	• M.Sc. Statistics or	2	4	• Monitor different activities of the scheme such as	CEO, State	Rs.

Evaluation Manager	M.Sc. in Maths & Computing/ B. Tech in Data Science/ Master of Public Health / Master of Health Administration • Or, MBBS with Experience as a programme manager for national health programs at the district and state level in the public health system • At least 10 years of relevant experience • Experience in health insurance industry is desirable • Experience with managing and analysing administrative datasets and producing data reports/dashboards			functioning of SHA, hospitals, field personnel, monitoring achievement of goals etc. • Organize routine, periodical and surveillance visits to all the entities participating in the scheme to ensure that all processes are running as per defined standards • Develop and coordinate risk and control assessment programs, fraud triggers and business intelligence tools in collaboration with the IT and medical management teams • Design and implement feedback forms including in local vernacular ascertaining awareness, utilization of benefits by beneficiaries and healthcare outcomes • Facilitate baseline survey and impact assessment by the organization as and when needed • Report to the Chief Executive Officer on all exceptional findings and provide routine dashboard support • Produce regular progress and monitoring reports for district counterparts and ensure regular and systematic feedback loops **Required Skills:** • Strong analytical skills. • Strong strategic focus, analytical and project management skills.	Health Agency	75,000 – Rs. 1.00 lakhs per month

	will be added advantage.			• Excellent interpersonal and communication skills. • Ability to operate effectively with people at all levels of the business. • Strong business focus • Excellent command of the English language • Proficiency working with computers, office suites, internet and other relevant technologies.		
Policy Manager	• Post-graduation or higher qualification in Public health, Community health, Preventive & Social Medicine, Health Economics. • Published work/published reports/working papers in the area of health systems or health financing or public health. • At least 10 years of post-qualification work experience in Health Systems Research or in Planning and implementation of	1	2	• Responsible for reviewing programme guidelines prepared for SHA, analysing these documents for consistency and synergy • Ensure activities adhere to agreed guidelines; provide overarching support to SHA and Districts. • Undertake periodic field visits to districts to review implementation of the scheme in the States, identify implementation challenges and support SHA in charting appropriate solutions or enable linkages with appropriate institutions for technical inputs in the state • Provide technical inputs on thematic areas of Health Financing and Health Protection • Undertake analytical documentation of field review visits to inform improvements in implementation • Identify best practices and innovations within state and support SHA in expanding these. • Technical assistance for planning &	CEO, State Health Agency	Rs. 1.25 lakhs – Rs. 1.50 lakhs per month

	service delivery.			strengthening systems in the poor performing districts • Building capacities at district and state level for effective implementation of the scheme. • Develop study / evaluation protocols and undertake and guide studies as needed. • Mobilizing technical assistance inputs for the SHA and districts, including preparation of Terms of Reference, inviting proposals application etc. • Undertake review of literature and stay up-to-date on current trends in health financing. • Collect and analyze state and national data on components of health financing on a regular basis • Provide periodic synopsis of progress in districts using data and field findings as a means of technical support and programme oversight **Required skills:** • Excellent oral and written communication skills in English. • Demonstrated ability to work in a multi-disciplinary team environment. • Demonstrated experience in operationalizing health programme at field level • Willingness to travel to districts to provide technical assistance & ability to work on different assignments simultaneously to meet the		

				timelines for assignments. • Proficiency working with computers, office suites, internet and other relevant technologies.		
IT Support cum Data Manager	• B Tech IN CS/ IT/ Math & Computing/Data Science / MCA • Minimum of 10 years' experience in setting up and managing IT systems • Experience in insurance industry IT system maintenance would be an advantage • Familiarity with insurance enrolment and claims IT systems shall be an added advantage	2	3	• Helping hospitals and implementing agencies (insurer/ISA) with use of the information system • Ensuring uptime of hardware and software, availability of data, integrity & security of data • Understand the software functional requirements for the smooth functioning of the scheme. • Overall supervising and managing IT tasks for implementation of the scheme • Maintaining high standards of Quality of process documentation and implementation • Participate in the meetings convened with senior officers of the state • Oversees troubleshooting, systems backups, archiving, and disaster recovery and provides expert support when necessary • Work with the teams across functions and other stakeholders to ensure smooth flow of data to Dashboard on a periodic basis • Ensuring data security and implementation of access protocols for data as defined by senior management • Ensures the IT updates are communicated to all the relevant stakeholders and appropriate training is provided to ensure ease of usage	CEO, State Health Agency	Rs. 75,000 – Rs. 1.00 lakhs per month

				Required Skills: • Strong analytical skills • Excellent interpersonal and communication skills • Excellent command of the English language • Experience of working in the IT department of an organization		
Beneficiary verification		1	2	• Develop format for beneficiary list development in consultation with NHA; follow NHA guidelines • Help prepare beneficiary list using relevant databases; assign category flags for eligible beneficiaries • Review beneficiary list as per the detailed guidelines provided by NHA; prepare a detailed work plan for achieving the same • Hire resources to develop and manage IT platform for verification of eligible beneficiaries; manage day-to-day operations of the agency • Help facilitate conversion of paper-based beneficiary list to web usable formats • Facilitate cleanse, merge, dedupe, categorize and format of the list as required. The data shall be split by village, block, district, and category wise as per the requirement of NHA • Conduct sample field visits to audit beneficiary list; if errors are found, facilitate correction of the same • Upload Beneficiary List in central NHPM database/ website after the validation and	CEO, State Health Agency	Rs. 75,000 – Rs. 1.00 lakhs per month

				approval from SHA, as per its direction **Required Skills:** • Strong analytical skills • Excellent interpersonal and communication skills • Excellent command of the English language • Experience of working in the IT department of an organization with at least 100 persons •		
Grievance Redressal Manager	• MSW/Public relations//MBA or Postgraduate Diploma in Business Administration or Master in Hospital/Health Administration, or MBA in healthcare. • At least 10 years' experience in managing public relations/social audits/monitoring of large public-sector programmes (preferably health	1	2	• Help in setting up State and District Level Grievance Redressal Committees (SGRC and DGRC) and oversee functions of SGRC. • Assess various systems of grievance redressal management (GRM) and use the learning to implement GRM mechanism in the state • Help form systems and frameworks for grievance redressal – preferably an IT system; follow central guidelines while developing these frameworks and systems • Managing complaint and grievances in timely manner • Responsible for organizing meetings of State Grievance Redressal Committees • Help state carry out grievance process audit in a timely manner • Manages communication campaigns to make beneficiaries aware of contours of the scheme	CEO, State Health Agency	Rs. 75,000 – Rs. 1.00 lakhs per month

	sector projects). Or similar experience in marketing/ customer service/ grievances of a large private sector/PSU organization preferably in insurance sector.			and also their rights • Popularize call-centre and website details for logging grievances **Required Skills:** • Strong analytical skills • Excellent interpersonal and communication skills • Excellent command of the English and local language • Proficiency working with computers, office suites, internet and other relevant technologies.		
Medical Management & Quality Manager	• Essential- MBBS from a recognized medical college; • MBA or Postgraduate Diploma in Business Administration or Master of Health/Hospital Administration or Master of Public Health or MBA in healthcare would be of additional advantage • At least 10 years of	2	4	• Implement criteria for empanelment of hospitals in various categories • Manage the empanelment and de-empanelment process • Enquire complaints related to hospital and recommend disciplinary action to the Chief Executive Officer • Responsible for medical audits, fraud control etc. • Discuss with hospitals and persuade observing of the key indicators related to public safety and quality • Support development of STGs and process documentation for covered packages • Compile and analyze the reported data to highlight trends in patient safety and quality	CEO, State Health Agency	Rs. 1.25 lakhs – Rs. 1.75 lakhs

	work experience in the area of healthcare quality. • Experience in insurance or TPA industry in the area of provider management is desirable.			**Required Skills:** • Strong analytical skills. • Ability to work in a team. • Strong strategic focus, and project management skills. • Excellent interpersonal and communication skills. • Ability to operate effectively with people at all levels of the business • Proficiency working with computers, office suites, internet and other relevant technologies.		
IEC Manager	• Post Graduate degree in public health/ health management from a reputed and recognized institution with 5-7 years of experience in IEC/BCC; or • Post Graduate degree in Mass Communication, journalism/ communication design from a reputed and recognized	1	2	• Develop guidelines for IEC/BCC Programme for the scheme, keeping in view the evidence (data) based rationale, background work already undertaken, innovations etc. • Coordinate with the verticals of SHA and analyze need for IEC/BCC; this should be reflected in the guidelines for the IEC/BCC programme • Develop Media Plans for mass media campaigns, social media campaigns. • Advise on the appropriate mix of materials to be developed as per the specific request for the communication campaigns and facilitate creating prototypes / artworks for the same • Review available formative research to develop, guide the development/modification/adaptation of the communication materials	CEO, State Health Agency	Rs. 75,000 – Rs. 1.00 lakhs

	University/ Institution. • Minimum 10 years of professional work experience at state or national levels in advocacy, information and communication related to social development, preferably in the field of health insurance. • Computer proficiency/experience with high level of familiarity with commonly used packages like MS Word, Excel, Power Point & Web surfing to search relevant data & documents. • Excellent communication and presentation skills, analytical and interpersonal abilities, excellent			• Identify and undertake the creative development of key messages that need to be included in communication materials for concerned campaigns. • Organize review of IEC/BCC activities. • Coordinate development of creative graphics and content suitable for social media • Coordinate development of the following: annual report, e-book, newsletter, reports etc. • Coordinate with print and electronic media to organize press briefings and subsequently prepare and disseminate press releases • Manage and oversee the work of agencies contracted for the development of communication campaigns / materials, if needed. This includes guiding as well as overseeing aspects related to creative content development / treatment, graphic design and layout • Make IEC/BCC Repository available online • Support in organizing IEC activities **Required Skills:** • Strong analytical skills. • Ability to lead teams • Strong group facilitation skills • Strong strategic focus and project management skills.		

	oral and written communication skills in English and local language.			• Excellent interpersonal and communication skills. • Ability to operate effectively with people at all levels of the business. • Proficiency working with computers, office suites, internet and other relevant technologies.		
Capacity Development Manager	• A Post Graduate degree or equivalent in public health, health financing, health insurance, or other relevant disciplines. • Minimum 10 years of experience in the health sector in India and in the design and management of health projects • Demonstrated experience in developing technical content for orientation of different stakeholders, especially	1	2	• Prepare roll-out plan for capacity building programme • Conduct training needs assessment in consultation with the NHA • Provide support in development of training content (modules) – coordinate with NHA. Some of the areas of focus may include – (i) overview of the scheme; (ii) grievance redressal; (iii) claim settlement; (iv) fraud and corruption; (v) identification of beneficiaries; (vi) empanelment of hospitals etc. • Getting training content pre-tested and also reviewed by technical experts of different domains • Identify master trainers as well as resources for training • Coordinate and ensure roll-out of training activities as per plan; build capacities of state and district level staff • Ensure quality assurance of the trainings; develop necessary tools and formats for this process.	CEO, State Health Agency	Rs. 75,000 – Rs. 1.00 lakhs

	government health functionaries and facilitating national and state level orientations in the health sector • Proven track record of working with senior government officials and development partners			• Undertake pre- and post training assessment, analyze information and take actions on gaps **Required Skills:** • Strong analytical skills. • Ability to work in a team. • Strong group facilitation skills • Strong strategic focus and project management skills. • Excellent interpersonal and communication skills. • Ability to operate effectively with people at all levels of the business. • Excellent command of the English language • Knowledge of MS Office, MS Word, MS Power Point would be essential.		
Finance Manager	• MBA (Finance) / CA from a recognized institution preferably with a degree in Commerce from a recognized university. • Experience of at least 10 years,	2	3	• Finance Manager is primarily responsible for overseeing the funds management under SHA and monitoring overall financial management including release of funds, expenditure, reporting, Statutory Audit, Utilization Certificates, field review visits etc. • Supervision, monitoring, training and guidance of the team at state and district levels • Devise financial management information system • Submit periodic financial report to NHA	CEO, State Health Agency	Rs. 1.25 lakhs – Rs. 1.50 lakhs

	preferably 3-4 years in insurance/ healthcare. • Exposure to financial management operation research, systems analysis, computer programming, government accounting, funds flow management, utilization certificates and scheme-wise expenditure reporting in a govt. set up and development of accounting packages will be an added advantage.			• Statutory Audit arrangements for State; monitoring, review, analysis, compliance of Audit and GOI observations and timely submission of Audit Reports • Capacity building for State/District level finance & accounts staff from time to time • Act as Nodal Officer for all Finance, Accounts and Audit matters • Provide information/data support for Parliament Questions/Committees, RTI, VIP references, CAG audits etc. from time to time • Monitoring financial performance indicators and convergence of financial & accounting processes • Visits to districts for financial management performance review, financial studies and prepare status reports with recommendations for improvement. **Required Skills:** • Strong analytical skills. • Ability to lead teams • Strong group facilitation skills • Strong strategic focus, analytical and project management skills. • Excellent interpersonal and communication skills. • Ability to operate effectively with people at all		

				levels of the business. • Excellent command of the English language • Knowledge of Tally accounting package, MS Office, MS Word, MS Power Point would be desirable.		
Accounts Assistant	• CA / ICWA Intermediate cleared, or M. Com with at least 5 years' experience in accounting • Basic knowledge of accounting software	1	1	• The Accounts Assistant shall help the Finance Manager in conducting internal audit, fund management, and cash flow management of the SHA. • Monitor accounts receivable and payables to ensure acceptable turnaround time • Coordinates and provides inputs in preparation of budget for state NHPM. • Conduct variance analysis to determine difference between projected & actual spend and formulate / implement corrective actions for the year. • Manage corpus and funding of the trust • Manage accounts and bills, including payments to providers. • Play instrumental role in development and management of monthly monitoring and control framework • Coordinate with districts to obtain relevant data on time • Managing the timely preparation and audit of statutory books of accounts, financial statements and annual reports, ensuring conformance to	Finance Manager, State Health Society	Rs. 50,000 – Rs. 75,000

				regulatory accounting standards • Conduct trend analysis of claim payments on a Year on Year basis and highlight any anomalies • Overall supervise and manage finance & admin processes • Participate in the meetings convened with senior officers • Ensuring timely filing of any applicable tax returns & interfacing with Auditors and regulatory authorities for assessments and remittances **Required Skills:** • Strong analytical skills. • Ability to work in a team • Strong strategic focus, and project management skills. • Excellent interpersonal and communication skills. • Knowledge of Tally accounting package, MS Office, MS Word, MS Power Point would be desirable.		
Administrative Officer	• Graduate in any stream • 3 - 4 years' experience as an office secretary, preferably working	1	1	• Secretarial assistance including drafting letters, taking dictation. • Facilitating meetings with stakeholders, maintaining meeting schedules, managing appointments. • Liaison/ public relation.	CEO, State Health Society	Rs. 30,000 – Rs. 40,000

	with Government Organizations. • Good typing speed			• Should have some working knowledge of Accounts, File maintenance, accounting, and documentation. • Entry of data in Excel sheets. • Facilitating travel plans of SHA teams **Required skills:** • Excellent administrative, organizational and planning skills with attention to detail, • Computer literate with knowledge and experience of MS office, Excel and Power point. • Knowledge of Filing, Indexing, and Document Management. • Excellent writing and verbal communication skills • Proficient in drafting notes and letters in English with focus on spelling, punctuation, grammar and other language skills		

These TORs can be accessed at: _____

Table 12: District Implementation Unit Positions, Qualification and Scope of Work

Position	Qualification	Scope of Work	Reporting To	Salary Range
District Nodal Officer (1)	• Regular state official	• District Nodal Officer designated by the State and responsible for the AB-PM-JAY implementation in the district as an additional responsibility • Ensure operational processes and procedures are followed • Ensure seamless internal and external communication • Supervises the district level consultants • Ensuring activities at district level to ensure effective alliance with the State scheme (if any). **Required Skills:** • Strong administrative and analytical skills • Prior experience of managing a team of professionals • Strong project management skills. • Excellent interpersonal and communication skills. • Ability to network effectively with people at all levels. • Strong business focus	CEO, State Health Agency	NA
District Programme Coordinator (1 with ISA, 2 without ISA)	• Essential qualification- MBBS/BHMS/BAMS; Preferable- MBA in healthcare or Master of Health/Hospital Admin or Master of Public Health full time regular university degree. • At least 5 years' experience in implementation of government	• Supervises the operations at district level including overall administration of AB-PM-JAY in the district. • Ensuring compliance with the guidelines on beneficiary identification, utilization of services, awareness generation, expansion of hospital network, monitoring, audit, training, reporting, MIS etc. • Maintaining the quality and timeliness of programme data for report generation. • Random reviews of pre-authorizations and claims	District Nodal Officer	Rs. 40,000 – 60,000 per month

	health insurance programmes or insurance industry or TPA.	• Work with the teams across functions and other stakeholders to ensure smooth flow of data to state level on a periodic basis • Organize routine, periodical and surveillance visits to all the entities participating in the scheme to ensure that all processes are running as per defined standards **Required Skills:** • Strong analytical and management skills • Ability to manage teams • Strong strategic focus and project management skills. • Excellent interpersonal and communication skills. • Ability to operate effectively with people at all levels. • Strong business focus • Fluent in English language		
District Information Systems Manager (1)	• B Tech in Computer Sc./ IT/Math & Computing/Data Science/MCA • Minimum of 5 years' experience in implementing and managing information systems. **Desirable:** • Experience in insurance industry IT system maintenance would be an	• Helping hospitals and implementing agencies (insurer/ISA) with use of the information system • Ensuring uptime of hardware and software, availability of data, integrity & security of data • Understand the software functional requirements for the smooth functioning of the scheme. • Overall supervising and managing IT tasks for implementation of the scheme • Maintaining high standards of Quality of process documentation and implementation • Participate in the meetings convened with senior officers of the state • Oversees troubleshooting, systems backups, archiving, and	District Nodal Officer	Rs. 30,000 – 50,000 per month

	advantage • Familiarity with insurance enrolment and claims IT systems shall be an added advantage	disaster recovery and provides expert support when necessary • Work with the teams across functions and other stakeholders to ensure smooth flow of data to Dashboard on a periodic basis • Ensuring data security and implementation of access protocols for data as defined by senior management **Required Skills:** • Strong analytical skills • Excellent interpersonal and communication skills • Excellent command of the English language • Experience of working in the IT department of a large organization		
District Grievance Manager (1)	• MSW/Public relations//MBA or Postgraduate Diploma in Business Administration or Master in Hospital/Health Administration or MBA in healthcare. • At least 5 years' experience in managing public relations/social audits/monitoring of large public-sector programmes (preferably health sector projects). Or similar experience in	• Help in setting up of District Grievance Redressal Committee (DGRC) as per AB-PM-JAY guidelines. • Help formulate a plan to make all the stakeholders aware of their rights and duties under AB-PM-JAY, to implement this plan, to help stakeholders perform under full information, to prevent the grievances from arising. • Managing complaints and grievances in timely manner • Responsible for organizing regular meetings of DGRC • Help state carry out grievance process audit in a timely manner • Manages communication campaigns to make beneficiaries aware of contours of the scheme and also their rights • Popularize call-centre and website details for logging grievances	District Nodal Officer	Rs. 30,000 – 50.000 per month

	marketing/customer service/grievances of a large private sector/PSU organization preferably in insurance sector	**Required Skills:** • Strong analytical skills • Excellent interpersonal and communication skills • Excellent command of the English and local language		
District Medical Officer (1)	• Essential MBBS from a recognized medical college • Preferable MBA (healthcare) or Master of Hospital/Health Administration or Public Health would be of additional advantage. • At least 5 years of work experience in the area of healthcare quality/hospital accreditation/hospital operations of a multi-specialty hospital.	• Implement criteria for empanelment of hospitals in various categories • Manage the empanelment and de-empanelment process of hospitals • Enquire complaints related to hospital and recommend disciplinary action to the Chief Executive Officer • Responsible for medical audits, fraud control etc. • Discuss with hospitals and persuade observing of the key indicators related to public safety and quality • Compile and analyze the reported data to highlight trends in public safety and quality • To line up effectively with the ISA (if any) **Required Skills:** • Strong analytical skills. • Team player • Strong strategic focus, and project management skills. • Eye for details. • Excellent interpersonal and communication skills.	District Nodal Officer	Rs. 50,000 – 80,000 per month

Annexure 3: Thematic Areas

These areas are a bird eye's view of the topics, the stakeholders need to be skilled at.

For the effective implementation of this scheme, personnel at various level & designation should be trained or orient at least on few identified themes. These themes are complementary to each other and that is why it becomes important to know in brief about each thematic area. It will give us a multi-dimensional approach to understand AB PM-JAY as proficient personnel. For e.g. PMAM should be good in some important themes like BIS, TMS, IEC, Soft Skills/Work Ethics, Portability etc. which gives him/her an extra mileage to become an expert or skilled person.

So, we are hoping this brief introduction part of thematic area helps you all in imparting your role and responsibilities more wisely.

To know more about the individual thematic area, you can refer to various Manuals and Modules available on the Ayushman Bharat website.

I. Core Programme Areas

I. AB PM-JAY Overview, Policies and Guidelines

The PM-JAY operations are governed by various policy documents issues by National Health Authority with the approval of Ministry of Health & Family Welfare, GoI. These policy documents cover aspects on relationship and roles of NHA, GoI, State Governments, SHA/Trust, EHCPs, Insurance Providers and ISAs. The MoU and agreements signed between various stakeholders are based on these policy documents. Litigations and disputes between the stakeholders will be arbitrated based on the terms and provisions in these agreements.

The scheme also features flexibility where State governments are empowered to take decision to meet the regional requirement. It is important for key personnel to know what to be done and what not to be done. The capacity building activities related to Policies & Guidelines envision informed decision makers at the State and Central level.

Under the ambit of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY), a scheme is conceived to:

- Reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes.
- Ensure their access to quality health services.
- Accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

Features and Benefits of AB-PM-JAY

Beneficiary Level

- Government provides health insurance cover of up to Rs. 5,00,000 per family per year.
- More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.
- All families listed in the SECC database as per defined criteria will be covered. No cap on family size and age of members.
- Priority to girl child, women and senior citizens.
- Free treatment available at all public and empanelled private hospitals in times of need.
- Covers secondary and tertiary care hospitalization.
- 1,393 medical packages (as on Nov 2018) covering surgery, medical and day care treatments, cost of medicines and diagnostics.
- All pre-existing diseases covered. Hospitals cannot deny treatment.
- Cashless and paperless access to quality health care services.
- Hospitals will not be allowed to charge any additional money from beneficiaries for the treatment.
- Eligible beneficiaries can avail services across India, offering benefit of national portability. Can reach out for information, assistance, complaints and grievances to a 24X7 helpline number – 14555

Health System

- Help India progressively achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDG).
- Ensure improved access and affordability, of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.
- Significantly reduce out of pocket expenditure for hospitalization. Mitigate financial risk arising out of catastrophic health episodes and consequent impoverishment for poor and vulnerable families.
- Acting as a steward, align the growth of private sector with public health goals.
- Enhanced used to of evidence-based health care and cost control for improved health outcomes.
- Strengthen public health care systems through infusion of insurance revenues.
- Enable creation of new health infrastructure in rural, remote and under-served areas.
- Increase health expenditure by Government as a percentage of GDP.
- Enhanced patient satisfaction.
- Improved health outcomes.
- Improvement in population-level productivity and efficiency
- Improved quality of life for the population

II. HOSPITAL EMPANELMENT

For providing the benefits envisaged under the programme, the State Health Agency (SHA) through State Empanelment Committee (SEC) will empanel or cause to empanel private and public health care service providers and facilities in their respective State/UTs as per the guidelines.

The states are free to decide the mode of verification of empanelment application, conducting the physical verification either through District Empanelment Committee (DEC) or using the selected insurance company (Insurance Model), under the broad mandate of the instructions provided in these guidelines.

State Governments will have the flexibility to revise/relax the empanelment criteria based, barring minimum requirements of Quality, on their local context, availability of providers, and the need to balance quality and access; with prior approval from National Health Authority. The same will have to be incorporated in the web-portal for online empanelment of hospitals.

Hospitals will undergo a renewal process for empanelment once every 3 years or till the expiry of the validity of NABH certification whichever is earlier to determine compliance to minimum standards.

National Health Authority may revise the empanelment criteria at any point during the programme, if required and the states will have to undertake any required re-assessments for the same.

The state government shall ensure that a maximum number of eligible hospitals participate in the PM-JAY, and this need to be achieved through IEC campaigns, collaboration with and district, sub-district and block level workshops.

Representatives of both public and private hospitals (both managerial and operational persons) including officials from Insurance Company will be invited to participate in this workshop. The SHA shall organize a district workshop to discuss the details of the programme (including empanelment criteria, packages and processes) with the hospitals and address any query that they may have about the programme.

III. PROVIDER PAYMENT (Including Medical Packages)

The beneficiaries of the scheme would be able to avail ‘free-of-cost’ medical benefits under any of the listed treatment packages, in any public or empanelled private hospital. NHA has defined 1393 packages (as on Nov, 2018), across 23 specialties (namely General Surgery, ENT, Ophthalmology, Obstetrics & Gynecology, Orthopedics, Polytrauma, Urology, Neurosurgery, Interventional Neuroradiology, Plastic & reconstructive, Burns management, Cardiology, CTVS, Pediatric Surgery, Surgical Oncology, Oral and Maxillofacial Surgery, General Medicine, Pediatric medical management, Neo-natal, Pediatric cancer, Medical Oncology and Radiation Oncology and Mental Disorders) Each treatment package has been assigned a pre-negotiated rate. The empanelled hospitals are supposed to provide treatment to the beneficiaries for free and get paid by the insurance company/ trust based on assigned package rate.

The package rates cover the expenses of surgery, medical management and daycare treatments including medicines, diagnostics, consumables, OT charges, hospital stay etc. The benefit also includes pre and post-hospitalization expenses.

IV. QUALITY ASSURANCE

Quality assurance (QA) in capacity building involves the development, sustenance, improvement, and evaluation of the standard of training of various target groups under PM-JAY. In health care delivery, QA focuses on ensuring and maintaining a high standard of the service provided in different health care systems. When the service delivered by the care provider is in accordance with what the recipients of health care expect, then quality in health care is considered to be present.

This includes externally imposed obligations requiring demonstration of public accountability and responsibility from various institutions (e.g. SHA, DIUs etc.) as well as the need for activity-specific information by policymakers as an aid for important decision-making within these institutions. In health care delivery on the other hand, the emergence of QA is linked to the need for containing rising health care costs in the face of limited resources and to ensure high-quality patient care in a changing health care environment where the power of the relationship between doctors and patients is shifting towards patients.

In essence, quality assurance is that set of activities that are carried out to set standards and to monitor and improve performance so that the care provided is as effective and as safe as possible.

Recent experience in applying quality management to health care systems suggests that four tenets should be adhered to in an ideal quality assurance programme:

The Four Tenets of Quality Assurance:

1. Quality Assurance is oriented toward meeting the needs and expectations of the patient and the community.
2. Quality assurance focuses on systems and processes.
3. Quality assurance uses data to analyze service delivery processes.
4. Quality assurance encourages a team approach to problem-solving and quality improvement.

V. PORTABILITY

This means that a beneficiary will be able to get treatment outside the home State also in any empanelled hospital in a cashless manner. Any empanelled hospital will not be allowed to deny services to any AB PM-JAY beneficiary.

Portability, in relation to software, is a measure of how easily an application can be transferred from one computer environment to another. A computer software application is considered portable to a new environment if the effort required to adapt it to the new environment is within reasonable limits. The meaning of the abstract term 'reasonable' depends upon the nature of the application and is often difficult to express in quantifiable units.

The phrase "to port" means to modify software and make it adaptable to work on a different computer system. For example, to port an application to Linux means to modify the programme so that it can be run in a Linux environment.

Portability refers to the ability of an application to move across environments, not just across platforms. To clarify, a computer platform generally refers to the operating system and computer hardware only. A computer environment is much broader and may include the hardware, the operating system and the interfaces with other software, users and programmers.

As far as AB PM-JAY is concerned, TMS portability is the beneficiary's ability or right to retain the same benefits when switching his/her home state to another state, which is a part of AB PM-JAY. Benefits such as certain pension plans and health insurance have portability. National Portability has been released. PMAM'S can now search the beneficiary from any state other than their Home State and do their KYC.

VI. INFORMATION, EDUCATION & COMMUNICATION

In an IEC, messages, practices and ideas (information) are disseminated to individual or target groups by utilizing appropriate media of dissemination (communication) with the aims of creating awareness as well as motivating and guiding them (education) to adopt better health and family welfare measures. In other words, it is a pre-planned, concentrated educational endeavour with a specific objective focused towards specific programme goals in order to reach an audience either in individual or group setting through skilful use of proper methods and media to bring about change in knowledge, belief, attitude and behaviour. Health education needs to be differentiated from health information. The term publicity and propaganda imply dissemination of information or creation of awareness only. When this is translated into attitudinal change and action, it is called health education. In the present era, the term 'health promotion' that has wider ramification has replaced the term 'health education'.

Basic concepts

Empowerment: This suggests that the individual and community have control over those factors that determine health. It is also described as a process through which people become strong enough to participate within, share in the content of, and influence events and institutions affecting their lives.

Behavior: In a simplistic way, it is described as anything a person does that can be observed in some way.

Target groups

IEC strategy clearly identifies its target audiences in order to plan and implement interventions focusing on the behavior that needs to be modified to achieve the objectives of any health and family welfare programme. Target audiences are usually divided into three broad groups: -

1. **Beneficiaries, their families, and general public**: Main thrust of any IEC and media campaign is to target beneficiaries, their families and the public at large. They thus form by far the largest groups in numerical terms and there is wide diversity in terms of socio-economic status, language, geographical conditions, and cultural context.
2. **Health providers**: Doctors and paramedical personnel both in public and private sector are other target audiences for successful implementation of the programme.
3. **Policy-makers, opinion leaders, and other stakeholders**: The support of this group at all levels including parliamentarians, senior government officials, media, judiciary, industrial and corporate sector, local leaders, Panchayati raj institutions, and NGO is crucial for the success of the programme.

VII. CALL CENTRE

It is desired to have systems for in-person support through a common point of contact in any large programmes. A national toll-free number has been set up by National Health Authority (14555 or 1800111565) in this regard which will further be linked to the State level call centres. It is important that agents responding to telephonic queries have correct and updated information on the scheme. These agents should also be able to respond to state specific questions as States have made customized the scheme elements.

II. IT Tools and Platforms

I. BENEFICIARY IDENTIFICATION SYSTEM (BIS)

Beneficiary Identification System (BIS) is a process, of applying the identification criteria (as per AB-NHPM guidelines) on the SECC and RSBY database to approve/reject the applications entitled for the benefits. AB-NHPM aims to target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data. Additionally, all families enrolled under RSBY that do not feature in the targeted groups as per SECC data will also be included. There are following types of user in the process namely:

- National
- State- SHA
- State-Approver
- District
- Pradhan Mantri Arogya Mitra (PMAM)
- CSCs Operators

Only Hardware and software as prescribed by MoHFW/NHA shall only be used. Detailed specifications will be provided in a separate document. Beneficiary identification will be available as a web and mobile application. Availability as a mobile app will make it easy to be deployed at larger number of contact points. The DNO shall be responsible for choosing the locations for contact centres within each village/ward area that is easily accessible to a maximum number of beneficiary families including the following:

- CSC
- PHCs
- Gram Panchayat Office
- Empanelled Hospital
- Or any other contact point as deemed fit by States/UTs

Required hardware and software must be setup in these contact points which will be authorized to perform Beneficiary identification and issue e-cards.

SHA/ District Nodal Agency will organize training sessions for the operators so that they are trained in the Beneficiary identification, Aadhaar seeding and AB PM-JAY e-card printing process. Operators are registered entities in the system. All beneficiary verification requests are tagged to the operator that initiated the request. If the insurer (Insurance Company/ Trust) rejects multiple requests from a single operator – the system will bar the operator till further training / remedial measures can be undertaken.

II. TRANSACTION MANAGEMENT SYSTEM (TMS)

The Transaction Management System is an IT application which enables the empanelled hospitals to carry out paperless and cashless transactions for providing services to the beneficiaries of AB PM-JAY starting from registration of beneficiary till claim payment to the hospital. This application serves the following main functions for the hospitals:

Hospitals

1. Register beneficiary as a patient in the hospital
2. Capture diagnosis details & Categorize the patient as In-patient or Out-patient
3. Select medical or surgical procedures to be performed and Initiate Pre-authorization
4. Update treatment details and discharge the patient
5. Initiate claim for treatment and receive payment after approval

Approvals

1. Pre-authorization Approval
2. Claim Verification & Approval
3. Claim Payment

III. IT HARDWARE

Hardware (H/W), in the context of technology, refers to the physical elements that make up a computer or electronic system and everything else involved that is physically tangible. This includes the monitor, hard drive, memory and the CPU. Hardware works hand-in-hand with firmware and software to make a computer function.

The Beneficiary identification contact point will require the following hardware:

- A computer with the latest browser
- A QR code scanner
- A document scanner to scan requisite documents
- A printer to print the e-Card
- A web camera for photos
- Internet connectivity
- Aadhaar registered device for fingerprint and iris biometrics (only at Hospital Contact Points)

Only Hardware and software as prescribed by MoHFW/NHA shall only be used. Detailed specifications will be provided in a separate document.

IV. DATA SECURITY AND PRIVACY

Privacy refers to the rights of a person to control the disclosure of its personal data, including:

- **Collection** of Personal Information
- **Using and disclosing** personal information in an authorized manner
- **Data Quality**

Security refers to the protection of privacy and confidentiality through policies, procedures and safeguards, including:

- **Confidentiality**: data is being stored is safe from unauthorized access and use
- **Integrity**: data is reliable and accurate
- **Availability**: data is available for use when it is needed

Data Security and Privacy is an important domain for anyone and everyone working in AB PM-JAY since the scheme is entitlement based, and we collect further data while the beneficiaries are registered. To ensure there is no breach of the data privacy at any level, ensure:

- All stakeholders have clearly understood the provisions of the NHA Data Privacy Policy and ensure compliance with all the provisions
- All data capture and information dissemination points (website, reports etc.) should comply with NHA Data Privacy Policy
- All access controls to data must be in place for personally identifiable data of the beneficiary
- All agencies implementing must be educated with effective grievances handling mechanism via multiple channels (website, call-centre, mobile app, SMS, physical-centre, etc.) as per NHA
- Identify and prevent any potential data breach or publication of personal data. Ensure swift action on any breach personal data
- Report any security incident you come to know at NHA helpdesk
- Create internal awareness about consequences of breaches of data as per NHA policies

III. AUDIT & COMPLIANCE

I. MONITORING & EVALUATION

Monitoring and evaluation can help organizations extract relevant information from past and ongoing activities that can be used as the basis for programmatic fine-tuning, reorientation and future planning. Without effective planning, monitoring and evaluation, it would be impossible to judge if work is going in the right direction, whether progress and success can be claimed, and how future efforts might be improved.

To improve the chances of success, attention needs to be placed on some of the common areas of weakness in programs and projects. Four main areas for focus are identified consistently:

1. **Planning and programme & project definition**—Projects and programs have a greater chance of success when the objectives and scope of the programs or projects are properly defined and clarified. This reduces the likelihood of experiencing major challenges in implementation.
2. **Stakeholder involvement**—High levels of engagement of users, clients and stakeholders in programs and projects are critical to success.
3. **Communication**—Good communication results in strong stakeholder buy-in and mobilization. Additionally, communication improves clarity on expectations, roles and responsibilities, as well as information on progress and performance. This clarity helps to ensure optimum use of resources.
4. **Monitoring and evaluation**—Programs and projects with strong monitoring and evaluation components tend to stay on track. Additionally, problems are often detected earlier, which reduces the likelihood of having major cost overruns or time delays later. Good planning, combined with effective monitoring and evaluation, can play a major role in enhancing the effectiveness of development programs and projects. Good planning helps us focus on the results that matter, while monitoring and evaluation help us learn from past successes and challenges and inform decision making so that current and future initiatives are better able to improve people's lives and expand their choices.

Capacities for monitoring and evaluation, like for most technical areas, exist on three levels: the enabling environment, the organizational level, and the individual level. Capacities at these levels are interdependent and influence each other through complex codependent relationships. Change in capacity generally occurs across four domains: institutional arrangements, including adequate resources and incentives; leadership; knowledge; and accountability mechanisms. Addressing only one of these levels or domains in a programme or project is unlikely to result in developing sustainable monitoring and evaluation capacities. Therefore, an outcome group needs to take a more holistic view in identifying and addressing the capacities needed to monitor and evaluate the results being pursued.

II. FRAUD AND CORRUPTION

Indian Contract Act 1972, Section 17:

"Fraud" means and includes any of the following acts committed by a party to a contract, or with his connivance, or by his agent, with intent to deceive another party thereto of his agent, or to induce him to enter into the contract:

1. the suggestion, as a fact, of that which is not true, by one who does not believe it to be true;
2. the active concealment of a fact by one having knowledge or belief of the fact;
3. it a promise made without any intention of performing;
4. any other act fitted to deceive;
5. any such act or omission as the law specially declares to be fraudulent.

Fraud under the PM-JAY shall mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or another benefit to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India.

In addition to the above, any act (indicative list below) that is recognized by different provisions of the Indian Penal Code as fraud shall be deemed to be fraud under the PM-JAY:

1. Impersonation
2. Counterfeiting
3. Misappropriation
4. Criminal Breach of Trust
5. Cheating
6. Forgery
7. Falsification
8. Concealment

Human errors and waste are not included in the definition of fraud[1].

1'Errors' are un-intention mistakes during the process of healthcare delivery (like prescribing wrong medications to a patient). 'Waste' refers to unintentional inadvertent use of resources (prescribing high-cost medicines when generic versions are available). 'Abuse' refers to those provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the PM-JAY, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the PM-JAY. Whereas fraud is willful and deliberate, involves financial gain, is done under false pretence and is illegal, abuse generally fails to meet one or more of these criteria. The main purpose of both fraud and abuse is financial and non-financial gain. Few examples of common health insurance abuse would be - excessive diagnostic tests, extended length of stay and conversion of day procedure to overnight admission.

III. GRIEVANCE REDRESSAL

Grievance Redressal means the mechanisms for receiving, registering and addressing grievances received from any of the aggrieved stakeholders.

Objectives of the Grievance Redressal System

To ensure that grievances of all stakeholders are redressed within the timeframes prescribed in the GR Guidelines up to the satisfaction of the aggrieved party based on the principles of natural justice while ensuring that cashless access to timely and quality care to remains uncompromised.

DGRC & DGNO

The District authorities shall act as a frontline for the redressal of Beneficiaries'/ Providers/ other Stakeholder's grievances. The first point of contact at the district level will be District Grievance Nodal Officer (DGNO). The District authorities/DGNO shall attempt to solve the grievance at their end within the defined timeline. The DGNO should attempt to resolve the issue within 15 days of receipt and if it is not resolved same will be escalated to DGRC. The District authorities shall provide the Beneficiaries / Provider with details of the follow-up action taken as regards the grievance as and when the Beneficiaries require it to do so.

The DGNO shall enter the particulars of grievances received by oral, written or any other form of communication in the CGRMS portal as per the defined format.

Under the Grievance Redressal Mechanism of PM-JAY, following set of three-tier Grievance Redressal Committees have been set up to attend to the grievances of various stakeholders at different levels:

- District Grievance Redressal Committee (DGRC)
- State Grievance Redressal Committee (SGRC)
- National Grievance Redressal Committee (NGRC)

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled by the Grievance Committee:

A. Grievance of a Beneficiary:
    a. Grievance against insurance company, hospital, their representatives or any functionary of PM-JAY
    b. Grievance against district authorities
B. Grievance of a Health Care Provider
C. Grievance of Insurance Company

IV. OPERATIONS & MANAGEMENT

I. PROJECT MANAGEMENT

Implementation of PM-JAY involves the coordination of multiple stakeholders' part of different system. It is important that proper planning, organising and managing the efforts of all the stakeholders are carried out in a professional manner to accomplish the scheme objectives. The above process may be termed Project Management, which includes initiating, planning, executing and monitoring & controlling.

II. INSTITUTIONAL STRENGTHENING & ORGANISATIONAL DEVELOPMENT

The primary objective of the capacity building is institutional building and strengthening. For effective implementation and monitoring of the scheme, various institutions have been set-up at National, State and District Level. These institutions should be manned by qualified and skilled personnel with specific roles and responsibilities assigned to them. The States may follow the guidelines issued by NHA on the formation of SHA / DIU or they may design their own organizational structure which will fulfil all the roles defined in the guidelines. This flexibility is allowed to efficiently manage administrative cost in tally with the population covered.

Organizational development in PM-JAY is to bring effectiveness to the organization by increasing the level of satisfaction and commitment of the employees, building trust and aligning personal goals with organizational goals. Organizational development is critical as the satisfaction of employees will be reflected in the service delivery to vulnerable population covered under the scheme.

III. SOFT SKILLS

Effective communications are at the core of quality patient care. Patients require the help and support of the other people. Every contact with a patient or beneficiary requires courteous, respectful and helpful communication. When patients get the responses they want, they feel good about their encounter with healthcare providers, and their need for positive interaction is satisfied. When beneficiaries feels good about their experience, they are more willing to cooperate and are more likely to repeat their contacts with the healthcare providers. If their experience is negative, however, they are likely to avoid and limit further contact. Depending on what is required to complete their care, patient's avoidance may have very serious consequences. It may cause them to avoid getting needed help, or it may cause them to ignore the healthcare instructions they have been given.

Negative communication experiences can cause anger and resentment toward providers and the healthcare system itself. If patients come to a healthcare facility, for example, and get routed to several providers without getting any real help, they will feel resentful about their encounter. One negative experience like this can require additional positive interactions before its effects are completely erased.

The value of a positive provider-patient relationship, where good communication skills are practised, cannot be underestimated. In addition to be the doorway to quality care, the patient-provider relationship

built on sound communication is regarded as the most crucial component of the healthcare delivery system. In public health, words shouldn't be twisted, but rather shaped to be more accessible and relatable to more people. This concept lies at the very essence of what you do and why you do it, so don't be afraid to embrace strategy and technology to make your public health communications more engaging.

Still, the majority of practitioners do not feel confident in their communication skill or perhaps had no formal training at all. If their skill were improved, the quality of care would improve, and the cost of this care could be reduced.

IV. ADMINISTRATIVE & LEGAL FRAMEWORK

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PM-JAY) provides health assurance to the poor & vulnerable people through multiple modes and in partnerships with government and non-government institutions. All such partnerships and activities are governed by laws of the land. To cite a few, National Health Auhority and all State Health Agencies should comply with the Right to Information Act of 2005, since it utilizes public fund. Further, where insurance companies are engaged the Insurance Act and rules of the Insurance Regulatory & Development Agency (IRDAI) are applicable. Similarly, clinical rules and regulations of the Central and State Governments are applicable while providing treatment care service. Government rules and regulations on procurement, financial expenditure, executing contracts and agreements etc. are other few rules and framework, the scheme should comply with.

It is important for the personnel working in PM-JAY to have an understanding of such legal framework to avoid litigations and other difficulties. Personnel engaged in the programme implementation should be oriented on applicable rule and regulations. Relevant sections will be added to the module for each of the trainee categories.

Annexure 4: Sample Training Plan

Session Guide: BIS

Session Title: Introduction & Hands-on Training on Beneficiary Identification System
Target Group: PMAMs / Operators from Common Service Centres.
Preferred Batch Size: 25 – 30 people
Duration: 2 Hours
Learning Objective: To create an understanding of the process and guidelines for the identification of individuals and families for availing AB-PM-JAY benefits through the Beneficiary Identification System Portal
Content: Process of identifying the beneficiary/ies, submission of supporting documents, quality assurance, hardware requirement, support matrix.
Training Methodology: PPT & Hands-on Training
Materials Needed: Computer for Trainer, Biometric Device with RD Services Registered, Projector with Screen, Minimum one computer for 2-3 participants each, and Internet Connectivity for all computers.

Process:

- The session should start with self-introduction of the participants. Participants' computer proficiency and their past experience should be mentioned.
- Narrate the objectives and agenda for the session. Collect expectation if time permits.
- Give an overview of the identification process including stakeholders involved
- Specify the data sources from where the data is searched
- Specify the restrictions laid down for ensuring data privacy
- Specify the supporting documents which are accepted for verification
- Mention the process of adding other family members
- Specify the documents needed for establishing the relationship with other members
- Specify the methods for ensuring the genuineness of documents and penal actions for falsified document submission (Quality Assurance & Internal Check Mechanisms)
- Specify the process for resubmission/appeal in case of non-acceptance. Also, specify the grievance redressal system available with contact details
- Specify the hardware requirement for BIS
- Specify the contact person for user creation & troubleshooting
- Conduct a hands-on training
- Let the participants identify their role based on the discussions so far. The facilitator may add-on to that.
- Specify the soft skills to be developed by the PMAMs which are critical while interacting with beneficiaries
- Collect feedback

Key Learnings:

- Beneficiary Validation is essential to get benefits under PM-JAY
- Internet Connectivity is essential for the system to function
- AADHAR is the easiest mode for validation, but it should not be mandated in any case.
- Falsifying the documents may lead to legal actions against the culprit
- Escalation matrix should be followed for troubleshooting

Take Home Message

Due to direct interface with beneficiaries, PMAMs and CSC operators are considered the face of the programme. Quality at this stage will be considered the proxy indicator for assessing the scheme by the general public. Hence all efforts should be taken to ease the process for beneficiaries and not to conduct any manipulation. The privacy of the beneficiaries should also be respected.

Training documents available:

1. BIS Training Module 27 Aug 18.pptx
2. PMAM - BIS User Reference Guide - WEB PORTAL (12 Aug 2018).pdf
3. BIS User Reference Guide - WEB PORTAL (12 Aug 2018).pdf

Other related documents for facilitator's reference

- User Creation Request for Training Instance-BIS _ TMS.xlsx
- State BIS Integration Document v1.0.docx

Annexure 5: Annual Training Plan Template

Capacity Building Plan for the State of State Name for the year _____.

1. Profile of the State

State health profile, details of State scheme (if applicable), past health financing programmes of the state (if applicable), population covered, mode of implementation, partners, etc. (Hospital empanelled as on date of report preparation is to be annexed)

2. Structure of the SHA

Insert organogram

S. No.	Designations Allotted	Name	Vacant Since
1			
2			
3			
4			

3. Structure of DIU

S. No.	District	Name	Designation	Date of Joining	Training Status (Trained / Untrained) *
1					
2					
3					
4					
5					

** Training status as on __/__/____*

4. Training Resource Team Available for State Name

S. No.	State / Cluster / District	Name	Designation & Organization	Email	Phone	Expert Area				
						Policy & Guidelines	BIS	TMS	Clinical	Other Thematic Area
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

5. PM-JAY – State Capacity Building Plan for State Name

S. No.	Training Category	Profile of Participants (PMAM / Medco / ISA / Hospital Admin / DM / DMO/ Secretaries / Others)	Topics to be Covered	Expected Number of Participants (Total)	Proposed Duration (Days)	Proposed Number of Batches	Tentative Venue/s	Division in Charge
1								
2								
3								
4								
5								

6. Budget

Type of Training: State		Days required: _____		Location of Training: State	
Total Cost: Rs. _____ /-		Total Participants			
S. No.	**Budget Head**	**Unit cost**	**Units**	**Days**	**Total**
1	Hiring of Venue				
2	Food & Refreshment				
3	Boarding & Lodging				
4	Transportation				
5	DA to Participants				
6	Audio Visual aids (Mic, LCD)				
7	Stationary (Study materials, notepad, pen, chart papers, photocopying etc.)				
8	Travel for external faculty				
9	Boarding & Lodging for external faculty				
10	Per-diem / Honorarium for external faculty				
11	Contingency				
	Sub-total				
	Assessment				
12	Travel				
13	Boarding & Lodging				
14	Local Transport				
15	Honorarium for evaluators				
	Sub-total				
	Grand Total				

7. Annexures

1. Batch wise training planner and reporting format (Post Training)
2. Hospital wise training status planner and tracker (Post Training)

Annexure 7.1: PM-JAY-Training Event recorder 2018- State _Name

S. No.	State Name	Training Category	State / Cluster / District/ Regional	Date of Training (Start date)	Venue	Duration (Days)	Departments / Agencies / Districts / Hospitals Attended	# of Participants Attended	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Annexure 7.2: PM-JAY - Hospital Capacity Building - Tracking Sheet

S. No.	State	District	Name of the Hospital	Public / Private	# of PMAMs Appointed	# of Medicos Appointed	# of PMAMs Trained	# of Medicos Trained	Hospital Staff Orientation	Remarks (Specify newly appointed staff details and their training status)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Annexure 6: Training Checklist

Weeks Prior to Training	Completion Status
Schedule meeting with training organizers i.e. SHA/DIU nodal person	
Verify training outcomes and final agenda	
Determine the final number of teams/participants	
Finalise the resource person and communicate the training objective and expected outcome	
Confirm training location, seating arrangement, dais and	
Provide host with technology requirements (see Annexure 7)	
If needed, customize training materials to match audience needs, priorities, and prior knowledge	
Ensure training materials will be printed and ready (see Annexure 8)	
Review material and practice presenting material	
Share the training agenda with participants over email	
Training Day	**Completion Status**
Arrive at least 30–60 minutes early to set up	
Ensure presentation and technology are available and working properly (e.g., LCD projector, laptop)	
Test videos and microphone to ensure the audio is functioning appropriately (some trainings only)	
Place supplies (e.g., markers, sticky notes) in the centre of each table	
Check that all participant materials and sign-in sheets are available	
Ensure participant tables are positioned to maximize team discussion and view slide content	
If desired, set up “Parking Lots” for audience questions	
Introduce yourself to participants	
Gather completed training evaluation forms (see Annexure 10 for an example)	
Ensure the schedule and training agenda is followed	

Set the group rules in the first hour of the training	
Conduct the pre-test	

Soon After the Training	**Completion Status**
Analyze participant training evaluation data and compile results	
Schedule meeting with training organizers to debrief	
Share evaluation results and discuss next steps	
Follow up to answer any unanswered audience questions	
Share the training presentations/ notes with the participants	
Collect the day-wise feedback forms from the participants	
Conduct the post-test	

Annexure 7: Technology Requirements

Technology Requirements	Purpose	Presenter (P) or Organizer (O) Responsibility?
Laptop computer	Presentation	
LCD projector	Presentation	
Large screen	Presentation	
Presenter microphone	Presentation	
Remote control clicker	Presentation	
Timer	Activities	
Participant microphone	Participant questions	
Speakers or sound system	Videos	
High-speed Internet connection	Videos	
Laptop (s)/ Computer (s)	For Hands-on	
Web Camera	Demonstration/Hands-on	
Flatbed document scanner	Demonstration/Hands-on	
Colour Printer	Demonstration/Hands-on	
Finger Print Device (for Aadhaar authentication)	Demonstration/Hands-on	
IRIS Device (for Aadhaar authentication)	Demonstration/Hands-on	
UPS System	Demonstration/Hands-on	

Annexure 8: Logistics Requirements

Training Material Requirements	Purpose	Presenter (P) or Organizer (O) Responsibility?
Training Venue	Training	
Electronic copy of presentation	Presentation	
Presentation slides and speaker's notes (one for each presenter)	Presentation	
Sticky notes, pens or pencils, markers (one set per table)	Note-taking and activities	
Name badges (one per participant so participants can learn each other's names)	Introduction	
Table tents (one per table to identify where specific groups should sit)	Introduction	
Sticky chart paper (one pad)	Parking Lot and activities	
Individual participant training materials: 1. **Presentation handouts with printed slide images** 2. **Worksheets/handouts** 3. **Training manual (selected trainings)** • **Training material** • **Handouts** • **Glossary of terms**	Participant resources	
Evaluation form (one per participant)	Evaluation	

Annexure 9: Characteristics of Trainers and Trainees

Characteristics of Trainers	
Be prepared	Listen, listen, listen
Have clear objectives and goals	Be positive, enthusiastic, and focused
Allow participants to learn from one another	Trust your participants to have good ideas
Expect participants to be engaged	Offer encouragement, praise, and recognition
Enforce positive and respectful interaction	Include a variety of activities
Have a sense of closure or a call to action	Keep participation balanced
Summarize and clarify difficult content or discussions	Pay attention to participant reactions, moods, and attentiveness
Ask open-ended questions and listen carefully	Be sure that your content has a beginning, middle, and end.
Be aware of pacing; keep an eye on the clock; keep it moving	Clarify with examples but don't overuse stories
Encourage constructive differences of opinion	Park or table topics that will derail the focus of the session
Understand the topic well before a session	Keep your language and methodology simple and interesting
Be open and receptive about suggestions; be patient	Communicate in the local language per requirement
Characteristics of Trainees	
Be willing to trust and respect other participants	Bring closure to the discussion (don't let things hang)
Attack issues and problems, NOT people	Be aware of pacing; keep it moving forward
Maintain an open mind. Be willing to accept other views	Ask real questions; ask to follow up questions
Listen carefully to what others are saying	Summarize what you think others are saying
Discuss with a spirit of learning	Be willing to share ideas
Offer correct information or facts to support your opinions	Understand that effective meetings are empowering
Record ideas on flip charts so everyone can see	Volunteer, do your part for the good of the group
Ask questions and encourage others to speak	Offer praise, encouragement, and support
Don't dominate the discussion	Don't forget about humour

Annexure 10: Sample Evaluation Form

PRESENTATION EVALUATION				
Presenter(s):				
Date:				
Training/Workshop:				
Please rate the extent to which you agree or disagree with the following statements:				
The topic and content of the presentation are important and useful to the field.	Strongly Disagree	Disagree	Agree	Strongly Agree
The ideas and concepts were explained clearly.	Strongly Disagree	Disagree	Agree	Strongly Agree
The presenter(s) answered questions thoroughly.	Strongly Disagree	Disagree	Agree	Strongly Agree
The presentation met my expectations.	Strongly Disagree	Disagree	Agree	Strongly Agree
Please rate the overall quality of the presentation:				
Presentation content	Poor	Fair	Good	Excellent
Presentation format	Poor	Fair	Good	Excellent
Prior to today's presentation, what was your knowledge level of the topic and content presented?	No Knowledge	Some Knowledge	Average Knowledge	Above Average Knowledge
As a result of today's presentation, how did your knowledge level of the content/topic area change?	No Change	Slight Increase	Moderate Increase	Great Increase
What did you like best about this presentation?				
What suggestions do you have for improving this presentation?				
Additional comments. Feel free to use the other side.				