Internship Training

At

National Health Systems Resource Centre (NHSRC)

Gap Analysis of the Low Performing UPHCs Located In Different Zones in Delhi

By

Rekhashree Dakua

PG/16/45

Under the guidance of

Dr Dhananjay Srivastava

Post Graduate Diploma in Hospital and Health Management

2016-18

International Institute of Health Management Research

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New Delhi

The certificate is awarded to

Miss Rekhashree Dakua

In recognition of having successfully completed her internship

In Quality improvement Division and

Has successfully completed her project on

Gap Analysis of the low performing UPHCs located in different Zones in Delhi

10th May 2018

National Health Systems Resource Centre

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

Dr J.N Srivastava

Advisor, QI Division

NHSRC, New Delhi

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Miss Rekhashree Dakua of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research,New Delhi has undergone internship training at National Health Systems Resource Centre, New Delhi from February 2018 to April 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr Supten Sarbadhikari

Dean, Academics and Student Affairs

IIHMR, New Delhi

Dr Dhananjay Srivastava

Associate Professor and Mentor

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"Gap Analysis of the low Performing UPHCs located in different Zones in Delhi"** at **"National Health Systems Resource Centre, New Delhi"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Prof A.K. Sood	
Dr. B.S. Sajwan	
Dr Dhananjay Shrivastava	

Certificate from Dissertation Advisory Committee

This is to certify that **Rekhashree Dakua,** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"Gap analysis of the low Performing UPHCs located in Different Zones in Delhi" at "National Health Systems Resource Centre"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Gap Analysis of the low Performing UPHCs Located in Different Zones in Delhi"** and submitted by Miss Rekhashree Dakua Enrollment No PG/16/45 under the supervision of Dr Dhananjay Srivastava, Associate Professor, IIHMR, New Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 2016 to 2018 embodies my Original work and has not formed the basis for the award of any degree, diploma associate ship, Fellowship, titles in this or any other Institute or other similar institution of higher learning.

Rekhashree Dakua

Signature

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Area of Dissertation: Gap Analysis of the Low Performing U-PHCs in different Zones in Delhi

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Deliverables: Rekhashree has been responsible for co-ordinate of NQAS certification & finalisation of results.

Strengths: She is hard working & meticulous.

Suggestions for Improvement: Knowledge of Health System.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

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10.5.18

C J N Srivastava,
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Date: 10 May 2018
Place: New Delhi

ABSTRACT

Quality is an important component in the Public Health System. Many Programmes and Schemes are being launched under the Ministry of Health & Family Welfare to improve the Quality of the Public Health facilities. The main flagship Programmes such as National Quality Assurance Programme, Kayakalp, and LaQshya mainly focuses on the aspect of Quality Improvement of the Public Health Care Facilities such as the UPHCs, CHC/SDH and District Hospitals. The success of the Programme and their strategy towards the attainment of National Quality Certification mainly depends on the facilities and their effective implementation of the standards within their premises.The National Capital Territory comprises of 11 Districts. The study was conducted on the five districts of Delhi namely: New Delhi, Central Delhi, East Delhi, South Delhi and North-West Delhi. The analysis of the gaps in the low performing UPHCs of the respective Districts was done with the help of Checklist and reports of the UPHCs . The study showed that 80% and above facilities of all the districts show low performance in Quality Management and Outcome and more than 50% of all facilities in Central Delhi, East Delhi show score less than 50 in all area of concerns. In South Delhi, almost all facilities scoreless in Patient Rights, Clinical services, Quality Management and Outcome. However, the facilities of South Delhi score more than 50 in Service Provision, Support Services and Infection control However the scores of the Departments of the Districts and their UPHCs vary among them. The main loophole of such low score in the respective departments is low performance in the management of Quality within the facilities. This implies that attainment of improvement in their facilities would largely depend on the staff members and on their best practices. Proper Reporting, Maintenance of updated SOPS Proper follow-up and provision of Good Quality Services would enhance and definitely help them to move towards their goals and objectives.

KEY WORDS – Flagship Programmes, National Quality Cerification, UPHCS, LaQshya Kayakalp, Gap Analysis.

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I, Rekhashree Dakua offers my sincere gratitude to Dr J.N Srivastava, Advisor, Quality Improvement Division, NHSRC, New Delhi, for giving me the opportunity to work and learn under his guidance. With all due respect I would like to thank my Quality Division team who inspite of their busy Schedule have helped me throughout my Dissertation period.

I would also like to thank Dr. Dhananjay Srivastava, My Mentor in IIHMR Delhi for his support and guidance. Also my Sincere gratitude to Dr Sanjiv Agarwal , Director IIHMR, New Delhi for providing us a platform where we can explore and get to know the different aspects related to Health Care. Lastly I thank my colleagues at NHSRC for their constant support and motivation.

Regards

Rekhashree Dakua

PGDHM

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LIST OF ABBREVIATIONS

S.NO	Symbol	Abbreviations
1.	RCH	Reproductive Child Health
2.	IPHS	Indian Public Health Standards
3.	HR	Human Resource
4.	UT	Union Territory
5.	UPHCS	Urban Primary Health Centers
6.	UN	United Nations
7.	NQAS	National Quality Assurance System
8.	NQAP	National Quality Assurance Program
9.	SOP	Standard Operating Procedure
10.	CMO	Chief Medical Officer
11.	BMW	Bio Medical Waste
12.	QA	Quality Assurance
13.	NRHM	National Rural Health Mission

INTRODUCTION

The National Health Systems Resource Centre (NHSRC), being the technical support institution of the Ministry of Health and Family Welfare (MoHFW) was tasked with the drafting, review and revision of New National Health Policy. This office played an important part in development of multiple background papers, the approach paper to the National Health Policy as well as the first draft. A particularly intense role was played by the Public Health Planning division of this office led by Dr Satish Kumar and his team in developing the revised draft of the National Health Policy incorporating suggestions from close to 5000 comments on the first draft of NHP placed in public domain for comments and suggestion in January 2015. In addition, the whole process of revision was made very participative through involvement of States, civil society and various professional bodies. 5 regional workshops were held in different parts of the country to elicit the policy expectations from these stakeholders. All these workshops held specific discussions on following areas:

- Addressing the commitment and unfinished agenda of the previous National Health Policy (NHP 2002).
- Aligning to the commitments made by the government to improve the health of vulnerable and marginalised groups as reflected in related national and international commitments.
- Review of the evidence base of the draft policy to improve health care delivery in the private and public sector and identifying time bound quantifiable and monitorable Goals that the new National Health Policy should aspire for
- Relevant dimensions, if any, which require additional emphasis or inclusion in the current draft policy document.

The civil society consultations at both state and national level largely expressed satisfaction with the existing draft. However, concerns were raised with regards to the special needs of the adolescents, urban poor and migrants. Various mechanisms for easing civil society participation and regulation of private sector in health sector (planning, provision of services, monitoring of services) were proposed too.

The Draft National Health Policy was reviewed by the health ministers of various States through the platform of CCHFW. Close coordination and support was also provided to the Ministry in this exercise.

India's National Health Policy 2017 was approved by the Cabinet on 15th March and presented in the House of People (Lok Sabha) on 16th March 2017. The Minister for Health while making a statement on the health policy informed the house on the 'highly participative and consultative approach in policy formulation process'. We are happy to be part of this endeavour.

ORGANIZATION

National Health Systems Resource Centre (NHSRC) has been set up under the National Rural Health Mission (NRHM) of Government of India to serve as an apex body for technical assistance.

Established in 2006, the National Health Systems Resource Centre's mandate is to assist in policy and strategy development in the provision and mobilisation of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all

stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

It has a 23 member Governing Board, chaired by the Secretary, MoHFW, Government of India with the Mission Director, NRHM as the Vice Chairperson of the board and the Chairperson of its Executive Committee. Of the 23 members, 14 are ex-officio senior health administrators, four from the states. Nine are public health experts, from academics and management experts. The Executive Director, NHSRC is the Member Secretary of both the board and the Executive Committee. NHSRC's annual governing board meet sanctions its work agenda and its budget.

The NHSRC currently consists of eight divisions – Community Processes, Public Health Planning, Human Resources for Health, Quality Improvement in Healthcare, Healthcare Financing, Healthcare Technology, Health Informatics and Public Health Administration.

The NHSRC has a regional office in the north-east region of India. The North East Regional Resource Centre (NE RRC) has functional autonomy and implements a similar range of activities.

VISION

We are committed to facilitate the attainment of universal access to equitable, affordable and quality healthcare, which is accountable and responsive to the needs of the people of India.

MISSION

Technical support and capacity building for strengthening public health systems in India.

POLICY STATEMENT

NHSRC is committed to lead as professionally managed technical support organization to strengthen public health system and facilitate creative and innovative solutions to address the challenges that this task faces.

In the above process, we shall build extensive partnerships and network with all those organizations and individuals who share the common values of health equity, decentralization and quality of care to achieve its goals.

NHSRC is set to provide the knowledge-centred technical support by continually improving its processes, people and management practices.

GOVERNING BOARD

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  Secretary

  Department of Health & Family Welfare

- **Vice Chairperson- Shri Manoj Jhalani**

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- Ms Kaushaiya Devi, Institute of Rural Health & FW Trust, Gandhigram, Madurai

Member Secretary- Dr Rajani R. Ved

Executive Director, National Health Systems Resource Centre

DIVISIONS

- Community Processes
- Public Health Planning
- Human Resources for Health
- Quality Improvement in Healthcare
- Healthcare Financing
- Healthcare Technology
- Health Informatics
- Public Health Administration

- **Community Processes:**

  The National Rural Health Mission (NRHM) promised an architectural correction of the health system which included "communitisation" as one of its key anchors and to enable the community and community based organisations to become equal partners in the planning process. Key components of NRHM that strengthen the community processes and promote public participation include:

  • The village based female community health worker called ASHA and her support network at village, block, district and state levels.

  • The Village Health and Sanitation Committee (VHSC).

  • Public Participation in District Health Societies and the district planning process as well as in Rogi Kalyan Samitis (RKSs).

  • Community Monitoring Programme.

  • Programmes for involving NGOs in the NRHM.

In one of the world's largest community health worker programmes, 8,25,525 ASHAs have been selected, trained and deployed across the country, and 488,012 VHSCs have been set up. One of NHSRC's major responsibilities is to provide technical assistance to the centre and states in the implementation of these two large programmes.

KEY CONTRIBUTIONS

- Developed operational guidelines for ASHA and her supervisory cadre, and built capacity in states to manage this programme.
- Developed a competency- based training module that provides her the skills to fulfil the roles expected for her.
- Developed capacity in identified training organisations and individuals at state level to transact the competency-based training modules.
- Has done a detailed programme evaluation of the ASHA programme in over 11 states- and this has been used to improve both programme management and policy.
- Built up a system of regular programme monitoring, and the summary of findings is published as a six-monthly ASHA update.
- Provide assistance to states in identifying constraints and seeking joint solutions.
- Building partnerships with civil society at both state and national level to expand the technical capacity available to implement this programme

- **Public Health Planning:**

One of the core strategies of NRHM as outlined in the National Framework for Implementation document is the preparation and implementation of integrated District Health Action Plans (DHAP) and village health action plans. District Planning has been conceived by NRHM as a tool of decentralisation. Understanding, documentation and dissemination of experience of these plans across states helps cross learning of best practices and innovations. These are then contextualised and integrated into their state and district Programme Implementation Plans (PIPs) making the planning process an idiom of strategy development and effective implementation. Much of the work of NHSRC has been geared towards making the planning process in districts and states more effective, ensuring their implementation and supportive supervision. At the national level, it is focused on gathering evidence that can support development of strategies and guidelines. The team also works on development of guidelines, tools and manuals that improve quality of planning. A continuous effort towards building institutional capacities at state level to provide technical assistance for ongoing planning process is one of NHSRC's primary roles.

KEY CONTRIBUTIONS

- Built up the capacity in states and districts to make annual project implementation plans for implementing NRHM. Also jointly with a civil society network and an open university developed a training programme with 18 modules for capacity building for district health planning.

- Main coordinator of common review missions of the NRHM as well as a number of other programme evaluations and studies of NRHM components.
- Quarterly monitoring report on progress against approved project implementation plan, made by all states.
- Building up of State Health Systems Resource Centres (SHSRC) or equivalent bodies.
- Developing policy notes- especially as related to health systems strengthening and reproductive and child health, reviewing evidence from multiple sources- including studies, best practices and institutional memory of past efforts.

- **Health Informatics:**

  NRHM envisaged a fully functional health information system facilitating smooth flow of information for effective decision making. Lack of indicators and local health needs assessment were identified as constraints for effective decentralisation. Almost 50% of the monitoring and evaluation cost was envisaged to be expended at the district level and below. All this requires a robust health management information system that can provide good quality information which would be essential for decentralised health planning

  KEY CONTRIBUTIONS

  - Rationalisation and choice of data elements and indicators
  - Building and maintaining systems of data collection, flow, management, processing and analysis to improve data quality. Establishing regular reporting from all 640 districts in the country

- Building capacity and systems for use of information for planning and programme management at district, state and national level.
- Assessing state preparedness and data quality and assisting states in improving data quality.
- Building state capacity to manage the Health Management Information System (HMIS).
- Development of other areas of use of health information-GIS, Hospital Management Information Systems, Human Resources Information Systems, M-Health, and Name-based Tracking Systems.
- Web site development to facilitate and support decentralised health planning.

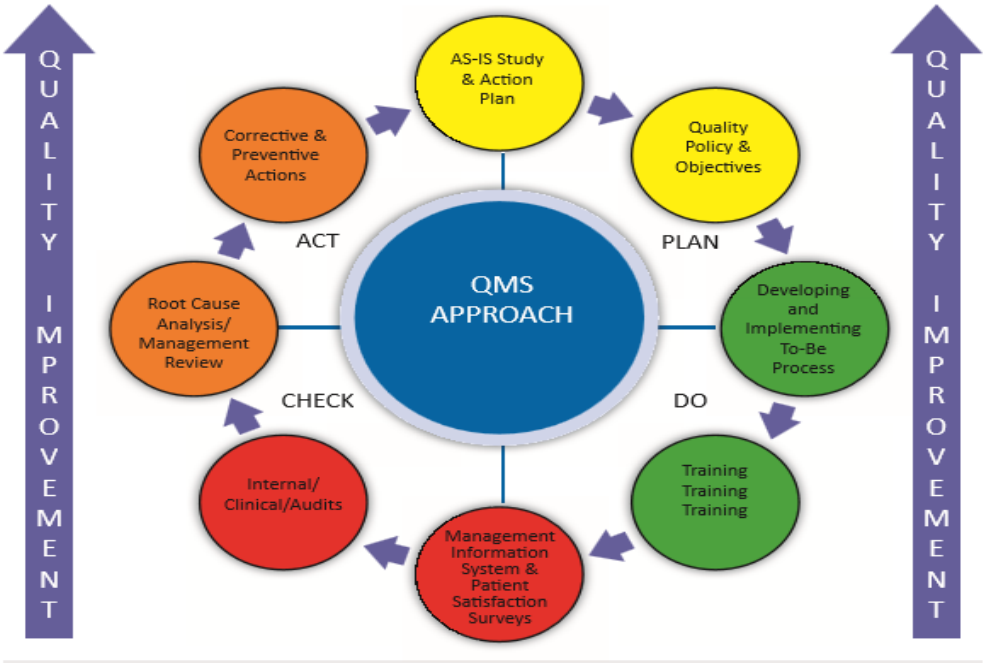
- **Quality Improvement:**

  Universal access to care under NRHM, implies universal access to quality care.

  The Quality Improvement at the Public Health facilities looks into organisation of the work processes critical to health care delivery, which helps in ensuring that investments made in term of money, material and human resources are optimally used to realise expected outcomes. It helps in delivering quality services those are safe and satisfying to users leading better utilization of facilities.

  NHSRC's mandate is to make quality improvement an inherent part of service delivery at public health facilities. The NHSRC has implemented pilot programmes that build an approach for ensuring that every public health facility would have a quality assurance program in place. In such an approach every facility is assessed and scored against explicit quality standards and after achieving a certain benchmark gets certified by an

external agency. Given the nation's diversity in both health systems development and subjective readiness for assuring quality of care, the quality approach needs to ensure essential norms for facility management, regulatory compliances, clinical protocols & guidelines but at the same time be flexible enough to accommodate variable (essential & Desirable) standards of quality certification objectively and provide scope for innovations. The essential features of a Quality Management System is as shown



- **Human resources for Health:**

  One of the major areas of NRHM intervention has been in the development of human resources for health. Across the states, over 1,06,949 additional skilled personnel have been added to public health system by NRHM. It has also undertaken a number of programmes leading to skill up-gradation of those already in service and innovations that lead to retention of skilled professionals in rural areas. NHSRC's contribution is for sustained evidence-based strategies for bridging the HR gaps. NHSRC also identifies and documents and shares interesting experiences from the states in regard to recruitment and

retention of work force and performance improvements of the health workers especially in underserved areas. It also contributes by assisting states for systematic studies and then in formulating state specific plans to address the human resource situation.

- **Healthcare Financing:**

  The key objectives of NRHM, with respect to allocation of financial resources to the health sector by government (centre and state) were to increase the public expenditure on health (centre and state combined) to 3% of the GDP, by the end of the XI Plan, i.e. 2012. NRHM funds at the state level were to be shared between the central and state governments in the ratio of 85-15%. In order to ensure that the additional funds for the health sector are efficiently utilised for achieving the public health goals, NRHM adopts strategies such as: Flexible Financing, Public-Private Partnership (PPP) and Social Protection for Health.

- **Public Health Administration:**

  The implementation framework and plan of action of NRHM emphasize making the public health delivery system fully functional and accountable so that health indicators improve. The state capacity to plan, and implement the plan is limited, especially in the High Focus states of Bihar and UP that are expected to benefit the most from NRHM. PHA division supports the High Focus states, especially Bihar in planning and implementing the state plans. The division responds to requests from the State or Centre. This division also helps with development of guidelines, and pursuant administrative orders to support implementation and is responsive to requests for assistance from the divisions of MoHFW, Govt. of India.

DEPARTMENTS VISITED/WORKED:

I have worked in Quality Improvement Division as fellow where our major focus was on to provide technical support to the states in ensuring that investments made in term of money, material and human resources are optimally used to realise expected outcomes. It helps in delivering quality services those are safe and satisfying to users leading better utilization of facilities.

PROBLEMS AND ISSUES IN DEPARTMENT:

- Paper wastage in printing of documents.
- Over-burdened team-mates with work.
- No physical activity in between work-hours.
- Continuous dealing with laptop can have long term effects on different parts of body.
- Lack of hierarchy in sitting arrangement.
- Lack of inter-personal communication between different divisions of NHSRC.
- Lack of security arrangements as guard sits un-armed.
- Double-door mechanism not followed for energy conservation in summers.

OBSERVATIONS/LEARNING:

- Implementation of theoretical knowledge into practices.
- Visualization of real scenario of Heath System of India.
- Multi-tasking
- Maintenance of balance between Personal and Work life.
- Work stress management

- Working with-in a team.
- Importance of Time management and discipline in Life.

CHAPTER 1

Introduction

Quality in Public Health care came into focus with the launch of the RCH in 1997, with one of its main objectives as improvement of Quality. Ninth Five Year Plan (1997-2002) brought Quality into focus, and raised concern about the Quality of services provided at the public health facilities. The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone in a comprehensive integrated way to move towards wellness. It aims at achieving universal health coverage and delivering quality health care services to all at affordable cost.

The policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery. Tenth Five Year Plan (2002-2007) had stated its major focus areas as 'Improvement, efficiency of the existing health care system, quality of care, logistics & supplies of drugs and diagnostics, and promotion of the rational use of drugs.

Indian Public Health Standards (IPHS) Guidelines were launched in the year 2005 and later revised in 2012. IPHS lays down norms for the Physical Infrastructure, Services (Essential and desirable), HR, Equipment, Drugs and Diagnostics at Public Health Facilities. However there is no in-built system of quality certification under the IPHS. The requirement of having an IPHS Guidelines for Urban-PHC still exists, for supporting states and UTs in setting- up a de- novo UPHC.

Key Features of National Quality Assurance Programme

- Institutional Framework
- Explicit Quality Assurance Standards
- Continuous Assessment
- Health System Driven Approach
- Capacity Building
- Progress Assessment on Specific key Performance indicators
- Certification
- Incentivisation

Urbanization in the country has risen exponentially in recent times. According to UN projections, if urbanization continues to rise at the present rate, then 46% of total population will be in urban regions of India by the year 2030. An important development of the India's population scenario is the quic pace of urbanization. The urbanization trend was strong during the last decade (2001-2011) compared to the previous ones.

Urban population reached 31.16% of the total population as per census 2011; increased from 27% in 2001. A surprising development is that during the last decade (2001-2011), India added more urban population than rural population. From 2001 to 2011 the increase in rural population was 90.5 million while for the urban population it was 91.0 million. Rapid urbanization with influx of migrants, expansion of the city boundaries, parallel rise in slum populations and urban poverty have thrown multiple challenges for managing health & its determinants such as water, sanitation, waste disposal, communicable and Non- communicable diseases, Trauma, Drugs & Alcohol abuse, Domestic violence etc. Recognizing the seriousness of problem, National Urban

Health Mission (NUHM) was launched as a separate mission in years 2013 with objective of improving health status of the urban poor particularly slum dwellers and other marginalized sections.

National Quality Assurance Standards for District Hospitals, Community Health centers (CHC) and Primary Health Centers (24*7) have been released and are being implemented across the country. Urban Primary Health centers (UPHCs) are different from conventional rural PHCs in term of size, functions, and focus on ambulatory care, limited staff and infrastructure. Hence, National Quality Assurance Standards for Urban Primary Health Centers have been developed to measure the quality of services at Urban PHCs. These Standards also intend helping the states in building an in- house credible quality management and evaluation of quality of services by various stakeholders like Facility staff, district health administration, and certification bodies. First Step in such efforts is to assess Urban Primary Health Centres, so that gap closure is developed. National Quality Assurance Standards for UPHCs have 35 Standards under 8 areas of concern with 198 measurable elements. The checkpoints of each ME have been arranged into twelve checklists. However in the Key Performance Indicators of Quality there are 16 key indicators under four main broad areas such as: Productivity, Efficiency, Clinical Care/Safety and Service Quality. The assessment process generates scores for the UPHC, departments, and against each Area of Concern. These scores can be used as an objective parameter for assessing status and progress of Quality Assurance at the UPHC, as well as comparing two similar health facilities and Inter-Block/ Inter- District/ Interstate comparison and Benchmarking. So, identification & ananlysation of gaps among baseline assessed UPHCs (Score<70%) will be needful to improve the UPHCs that are less scored and to attain full NQAS certification of all UPHCs.

Assessment process is taking place all over the country but then also 'Quality'is a big question for all of us. The facilities which are doing well, having good infrastructure and trained staff members, their overall score and performance is commendable. Availability of adequate resources and the willingness of the people towards its improvement have made them flourish.

But what in case of low performing UPHCs. Their gaps are addressed but implementation towards filling up of the gaps is not done properly. Analysis of the gaps and putting forward recommendations is somewhat lacking in low performing UPHCs.

Scope of the Study- The study aims at identification and analysis of the gaps in case of low performing UPHCs and provides recommendations for its improvement towards attainment of NQAS certification.

General Objective- To analyze the gaps of the low performing UPHCs located in five different Zones of Delhi

Specific Objectives-

i. To categorize the better and low performing UPHCs located in different zones of Delhi based on NQAS certification norms (score)
ii. To undertake gap analysis of the low performing departments and their area of concern among the low performing UPHCs of five districts in Delhi
iii. To find out the root cause and to provide reasons of the gaps for the improvement of the NQAS score of UPHCs.

CHAPTER 2

Review of Literature

1. A Study was conducted by Jacob Novignon and Justice Nonvignon on the topic 'Improving Primary Health care Facility Performance in Ghana: Efficiency Analysis and Fiscal Space Implications. The study has been conducted to estimate efficiency among Primary Health Care Facilities (Heath Centers), to examine the potential fiscal space from improved efficiency . Data was from the 2015 Access Bottlenecks, Cost and Equity (ABCE) project conducted. Efficiency scores were then used to compute potential savings from improved efficiency using the NOPO matching. Average efficiency score all health centers included in the sample was estimated to be 0.51. Also, average efficiency was estimated to be about 0.65 and 0.50 for private and public facilities respectively. Significant disparities in efficiency were identified across the various administration regions. There is need for Primary health facility managers to improve productivity via effective and efficient resource use. Efforts to improve efficiency should focus on training health workers and improving facility environment alongside effective monitoring and evaluation exercises.

2. A study was conducted by D Shree Devi on Gap Analysis and the Performance of Primary Health Centers in the implementation of The School Health Programme.The study has been conducted to analyse the gaps and reason for the gaps in the implementation of the Programme and to find whether any association exists between staff training, resources supplied and parental cooperation with that of performance of the PHC for the school health Programme. Convenience sampling has been adopted for

selecting the sample and a total of 159 schools were taken as a sample for the study. Data is collected by both primary and secondary sources. The primary data was collected by direct observation of the Primary Health Centers and some of the schools under them. Secondary data regarding the Programme was collected from the school health records of the Primary Health Centres. The checklist and Scoring method was used to record and evaluate the PHCs and their respective schools. These scores were then compared with the checklist index scores to find out the gaps in the system. From the study, it is evident that though several hurdles have been identified in the system implementation at each level, 3 major attributes namely, lack of training given to the staff, lack of adequate resource supply, and absence of parental cooperation do play a major role in the success of the School Health Programme.

3. A study was conducted by Daniel H. Kress, Yanfang Su and Hong Wang on the Assessment of Primary Health Care System Performance in Nigeria, Using the primary Health care Performance Indicator Conceptual Framework. A variety of data sources is used to understand PHC performance in Nigeria. These Sources include Demographic and Health Survey for outcome indicators, the Nigeria General Household Survey regarding PHC access, the World Development Indicators regarding poverty headcount for financing data. Though sampling strategies were adapted to each country's situation, the same general method (multistage clustered sampling was used. The sampling strategy allowed for disaggregation by geographic location (rural and Urban) in all 5 countries. The PHCPI framework provides a useful lens into the Nigerian primary health care system Framework. The Performance of the PHC System in Nigeria is hindered by key

system, inputs and services delivery challenges. Compared to peer countries in Africa (Uganda, Kenya and Tanzania and Senegal). Nigeria ranks the lowest or second lowest lowest in all PHCPI indicators but has high levels of health facility density and health workers density, which are often thought to be the major cause of underperformance of PHC Systems.

CHAPTER 3

Research Methodology

Convenience sampling has been adopted for selecting the sample and a total of 42 UPHCs were taken as a sample for the study. The study was conducted on five different UPHCs of Delhi namely: New Delhi, Central Delhi, East Delhi, South Delhi and Northwest Delhi. The study includes the low performing UPHCs whose overall score is less than 70% according to the criteria of NQAP for full certification. In New Delhi 8 UPHCs were assessed and of those 6 UPHCs have scored less than 70%. Likewise in Central Delhi 16 UPHCs were assessed and out of those 12 UPHCs have not met the criteria of overall score. In East Delhi 9 UPHCs were assessed and out of those 8 facilities have scored less than 70%. In South Delhi 5 UPHCS were assessed and of those 2 facilities have scored less than 70%. In North West Delhi 21 Facilities were assessed and of which 14 scored less than 70%. So the sample size for each district becomes- New Delhi (6 UPHCs), Central Delhi (12 UPHCs), East Delhi (8 UPHCs), South Delhi (3 UPHCs), North West Delhi (14 UPHCs) making it a total of 42 UPHCs. The study basically aims at analysis of the gaps of these facilities based on their overall score and their scoring in 8 major areas of concern.

Data Source: The data's are mainly taken from the checklist and the reports of the concerned UPHCs which are assessed in the year 2016.

Study Design: The study design is Quantitative study.

Study Population: It Includes 42 UPHCs of five different districts of Delhi namely New Delhi, Central Delhi, South Delhi, East Delhi, and North West Delhi.

Study Area: National Capital Territory of India consists of 11 districts. Out of the total 11 district the study was conducted in five different districts of Delhi- New Delhi, Central Delhi, South Delhi, East Delhi, and North West Delhi.

Study Period: The study period is from February 2018 to April 2018'.

Tools of Analysis: The checklist, Reports of the UPHCs, MS Excel were used as a tool for the analysis. The department wise scores of each of the district were taken to analyze which Department scores the least of these 5 districts in Delhi.

Arrangement and Planning of Assessment Activities: Assessment of a UPHC needs to be carried out on general principles of assessment. Adherence to these principles is a prerequisite for arriving at the objective and unbiased conclusion that is useful for the service providers as well as for other stakeholders.

Following assessment activities are undertaken at different level:

- Internal Assessment: A continuous process of assessment within the facility by internal assessors.
- External Assessment: Assessment by District Quality Assurance Unit (DQAU) and State Quality Assurance Unit (SQAU)
- Assessment for Certification: Assessment by the assessors, deputed by the Ministry of Health & Family Welfare or an organization on behalf of the MOHFW.

Checklists are the main tools for the assessment. Assessors should familiarize themselves with the checklists beforehand. Layout of the checklists is as follows:

i. Title of the checklist denotes the name of the thematic area/department for which checklist is intended
ii. The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong
iii. Yellow horizontal bar contains the statement of standard, which is being measured
iv. Extreme left column of checklist in blue colour contains the reference number of standard and measurable elements.
v. Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in checklist.

vi. The column next to measurable elements on right side has checkpoints for measuring compliance to respective measurable element and the standard.

vii. Next right to checkpoint, a blank column is available where finding of assessment in term of compliance, Partial compliance and Non Compliance should be written.

viii. Next right to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally there are four primary methods for assessment – SI means staff interview, OB means observation, RR means record review & PI, Patient Interview.

ix. Column next to assessment method contains means of verification. It denotes what to see in a particular checkpoint.

Assessor should read measurable elements and check points; and try to gather information and evidence to assess the compliance to the requirement of measurable element and checkpoint

Showing below the overall layout of the checklist of one of the departments

Checklist for General Clinic

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services				
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses		RR/SI	Common Cold, Fever, Diarrhoea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc.
ME A1.3	The facility provides AYUSH Services	Functional & dedicated AYUSH clinic		RR/SI	Ayurveda, Unani, Siddha, Homeopathy, Naturopathy as per State Guidelines
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day		RR/SI	It may be 12 noon to 8 PM/ it may be morning & evening OPD. Give full compliance if evening OPD is there

Showing below District wise scores of the Departments of the UPHCs

I. New Delhi (Table 4.1)

Name of The Facilities	General Clinic	Maternity Health	NewBorn andChild Health	Immun ization	Family Plannin g	Commu nicable Disease	NCD	Dressing Room & Emergen cy	Pharm acy	Outre ach	Labor atory	Genera l Admin
UPHC Basant Gaon	43.26	30.5	21.3	47.5	21.2	13.9	22.9	9.5	57.8	**29.9**	48.3	49.6
UPHC Delhi High court	61.5	0	0	34.2	0	0	24.1	52.1	57.3	**0**	50	41.9
UPHC Mahipalpur	61.05	65.4	42.5	62	67.1	40.1	23.5	28.1	54.6	**46.6**	35.1	35.7
UPHC Mayapuri	66.82	72.8	79.3	98.1	98.2	94.8	86.1	90.1	77.5	**0**	49.7	55.8
UPHC Rajokri	54.8	61	50.6	75.9	90	39.3	41.6	40.1	59.6	**78**	58.8	55.4
UPHC Shahbad Mohammadp ur	74	81.7	75.9	71.5	73.5	28.6	55.4	66.7	60.6	**61.9**	48.6	51.7
Total	361.43	311.4	269.6	389.2	350	216.7	253.6	286.6	367.4	**216.4**	290.5	290.1
Average	60.23	51.9	44.93	64.86	58.33	36.11	42.26	47.76	61.23	**36.06**	48.41	48.35

This table depicts that out of all the departments, The UPHCs of New Delhi Scored less in the department of Outreach Services. However, in UPHC Delhi High Court, the department is not present. Also in UPHC Delhi High Court, there is no provision of Maternity Health Services, New Born & Child Health Services, Family planning Services and outreach services in the facility as per the report. In the Communicable Disease Department, in Case of UPHC Mayapuri, the score is 94.8%, which is highest as compared to the other UPHCs in the district. The Facility has scored well in the Departments of Immunization, Family Planning, Non-Communicable disease, Dressing Room & Emergency, Pharmacy. However there is no provision of outreach services in the facility.to the other UPHCs in the district. The Facility has scored well in the Departments of Immunization, Family Planning, Non-Communicable disease, Dressing Room & Emergency, Pharmacy. However there is no provision of outreach services in the facility.

Central Delhi (Table 4.2)

Name of The Facilities	General Clinic	Maternity Health	New Born and Child Health	Immunization	Family Planning	Communicable Disease	NCD	Dressing Room & Emergency	Pharmacy	Outreach	Laboratory	General Admin
Gali Guliyan	56.3	53.7	52.9	68.4	44.7	29.8	50.6	49	74.3	53.4	**42.5**	53.7
Gali samosan	88.94	84.55	72.41	82.91	90	37.3	59.03	71.05	80.73	87.5	**10.2**	68.79
Motia Khan	74	78	76.4	80.4	80.6	13.5	45.8	2.6	56.4	61	**0**	51.6
Paharganj	82.2	83.3	78.2	89.9	56.5	65.1	64.5	0	80.3	0	**0**	63.6
Pulbangash	87.98	92.68	87.35	90.5	87.05	48.8	62.04	89.58	0	79.87	**0**	67.44
Regar Pura	74	71.1	62.6	63.3	63.5	61.1	57.8	65.1	79	72	**46.3**	58.9
Sarai Rohilla	79.3	74	66.1	76.6	49.4	71.8	69.3	76.3	85.3	56.7	**69.4**	60.9
Suiwalan	68.3	69.1	46.6	71.5	53.5	40.9	28.9	39.1	53.7	2.4	**30.3**	31.2
Wazirabad	65.9	68.3	48.3	60.8	67.6	46.8	44.6	31.3	54.1	42.4	**47.3**	46.9

Jagatpur	72.6	81.7	42	80.4	48.2	38.5	63.9	0	65.6	76.2	**57.8**	75.4
Nathupura	45.1	37.4	35.6	45.6	50	37.7	18.1	19.5	41.7	41.7	**19.4**	26.8
Samta Vihar	61.5	69.1	49.4	67.7	51.2	18.3	41	23.4	58.7	0	**29.3**	38.2
Total	856.12	862.93	717.86	878.0	742.25	509.6	605.5	466.93	729.8	573.1	**352.5**	643.43
Average	71.34	71.91	59.82	73.16	61.85	42.46	50.46	38.91	60.81	47.76	**29.37**	53.61

In UPHCs of Central Delhi, the Department of laboratory Scored less among all the departments. In case of The UPHC Gali Samosan, the score of the laboratory Department is 10.2, which is less as compared to other functional UPHCS. However its score is highest in the General Clinic Department amongst all other UPHCs. In UPHCS Motia Khan, Paharganj, and Pulbangash there is no provision of laboratory Services. In Pulbangash, the score of the Departments, Maternal & Child Health, Immunization, Family Planning, Accident & Emergency is highest as compared to the other facilities in the district. In the UPHC Samta Vihar, There is no provision of outreach Services.

East Delhi (Table 4.3)

Name of The Facilities	General Clinic	Maternity Health	New Born and Child Health	Immunization	Family Planning	Communicable Disease	NCD	Dressing Room & Emergency	Pharmacy	Outreach	Laboratory	General Admin
Chander Nagar	69.2	64.2	50	62	74.7	59.1	66.3	**48.4**	51.8	77.7	63.9	46.7
Geeta Colony	63.9	71.5	47.1	74.1	73.5	69.8	53	**51**	70.2	71.6	67.7	57.4
Jagatpuri	75.5	78.5	37.9	85.4	71.8	17.1	0	**0**	63	59.5	44.9	67.8
Mayur Vihar Phase 3	74	76.4	48.9	79.7	70	56.7	39.8	**46.8**	65.1	70.4	72.8	54.1
UPHC Rajveer Colony	52.9	74.4	54.6	70.3	68.8	25.4	38	**0**	66.5	65.7	58.5	42.4
Mayur Vihar Phase 1	55.3	78.9	74.1	79.7	75.3	20.6	12	**0**	73.9	78.7	69.7	68.8
New Lahore Shastri Nagar	81.7	83.3	61.5	70.3	60	54.8	40.4	**73.2**	82.1	75.6	79.6	59.5
DGD Shashi Garden	0	70.3	61.5	70.3	66.5	30.2	46.4	**51.6**	70.6	46.6	53.4	55.2
Total	472.5	597.5	435.6	591.8	560.6	333.7	295.9	**271**	543.2	545.8	510.5	451.9
Average	59.06	74.68	54.45	73.97	70.07	41.71	36.98	**33.87**	67.9	68.22	63.81	56.48

In the UPHCs of East Delhi, the department that scored least is the Dressing Room & Emergency. However in UPHC Jagatpuri, Rajveer Colony, and Mayur Vihar Phase 1 there is no provision of Dressing room & Emergency Services. Although in UPHC Jagatpuri, there is no provision of the departments, Dressing Room & Emergency, Non- communicable Disease, but in the department of Immunization Services the score is highest amongst all other departments in the UPHC. In case of UPHC Mayur Vihar Phase 1, there is no provision of Dressing Room & Emergency Services, however, its score is highest in the Family Planning Department,and New Born and Child Health Department, as compared to other UPHCs of the district. In New Lahore Shastri Nagar, the scoring of the

Department of Dressing Room & Emergency is 73.2 which is highest amongst other UPHCs. In DGD Shashi Garden, there is no provision of General Clinic Services.

South Delhi (Table- 4.4)

Name of The Facilities	General Clinic	Maternity Health	New Born and Child Health	Immunization	Family Planning	Communicable Disease	NCD	Dressing Room & Emergency	Pharmacy	Outreach	Laboratory	General Admin
DGD Sangam Vihar K2	68.2	66.2	63.2	74.6	51.7	68.6	50	59.3	67.4	70.7	61.2	**48.8**
UPHC Aya Nagar	73.6	65.9	62.1	78.5	59.4	28.2	47	49.5	61	75.6	49	**41.1**
Total	141.8	132.1	125.3	153.1	111.1	96.8	97	108.8	128.4	146.3	110.2	**89.9**
Average	70.9	66.05	62.65	76.55	55.55	48.4	48.5	54.4	64.2	73.15	55.1	**44.95**

In the two UPHCs of South Delhi, the department that scored less is the General Administration. In the Laboratory Department, the score of DGD Sangam Vihar K2 is highest than UPHC Aya Nagar. In Aya Nagar, the score of General Administration is less as compared to DGD Sangam Vihar. However the Facility scored well in the Departments of General Clinic, Immunization, and Outreach Services. In case of Communicable disease department, there is a variation in the score of the facilities.

North West Delhi (Table 4.5)

Name of The Facilities	General Clinic	Maternity Health	New Born and Child Health	Immunization	Family Planning	Communicable Disease	NCD	Dressing Room & Emergency	Pharmacy	Outreach	Laboratory	General Admin
DGD Jaidev Park	65.9	69.9	41.4	67.1	55.3	**36.1**	50	45.8	57.3	58.8	52	41.9
Jaunti	33.9	41.9	37.9	47.5	21.2	**48**	45.2	33.9	41.3	42.4	23.8	38.1
Keshav Puram B4	72.1	64.2	55.7	50	54.1	**31.3**	49.4	55.7	61.9	60.4	79.6	49.8
Kirari	49	42.7	0	52.5	46.5	**0**	0	33.7	30.3	0	41.2	24.4
Pitampura	74	77.2	0	62	66.5	**0**	0	0	54.1	0	57.8	47.9
Majra Dabas	65.4	73.2	59.2	82.3	71.2	**21.4**	44.6	49.5	50.5	52.7	4.4	37
Rani Khera	58.2	62.2	56.3	67.7	48.8	**32.5**	32.5	43.2	68.3	0	36.1	34.1
Sawada Ghevra	46.8	58.1	40.2	47.5	30	**22.6**	48.2	28.9	55	52.1	0	27.7
Shalimar B Block	91.8	53.7	55.7	95.6	81.8	**52.8**	74.1	60.4	85.8	74.4	54.8	68
Wazirpur PH3	82.2	76	68.3	77.8	74.1	**20.6**	54.2	61.5	77	1.6	63.6	48.4
Inder Enclave	73.8	76.4	59.8	72.8	51.8	**27.4**	48.2	55.3	72	68.6	57.1	59.5
Laxmi Vihar	77.6	83.3	73	70.9	68.8	**28.2**	52.4	56.3	75.7	69.8	56.8	61.8
Prem Nagar 3	55.8	68.7	65.5	63.3	64.1	**31.3**	36.7	42.6	39	55.2	29.9	41.7

Prem Nagar 2	55.8	68.3	65.5	63.3	64.1	**31.3**	36.7	42.6	39	55.2	29.9	41.3
Total	902.3	915.8	678.5	920.3	798.3	**383.5**	572.2	609.4	807.2	591.2	587	621.6
Average	64.45	65.41	48.46	65.73	57.02	**27.39**	40.87	43.5	57.69	42.2	41.92	44.4

In North West Delhi, the department which scored least is the Communicable Disease Department. In UPHC Kirari, there is no provision of Communicable disease Services, Non-Communicable disease and outreach Services. However in UPHC Pitampura, the provision of Communicable disease, Non-Communicable disease, Dressing Room & Emergency, and Outreach Services is not there. In the UPHC Ranikhera there is no provision of outreach services. In the UPHC Sawada Ghevra, there is no provision of laboratory Services. In case of the UPHC Shalimar B Block, score in the Communicable disease department is 52.8 which is greater than other UPHCs also in the General Clinic Department it scores the highest amongst all.

Following are the tables showing the scores of the 8 Major Areas of Concern of the Concerned Departments

New Delhi (**Table 4.6) (<50%)**

NAME OF THE FACILITIES	SERVICE PROVISION	PATIENTS RIGHTS	INPUTS	SUPPORT SERVICES	CLINICAL SERVICES	INFECTION CONTROL	QUALITY MANAGEMENT	OUTCOME
UPHC Basant Gaon	35.4	77.8	61.9	10.7	21.4	0	0	16.7
UPHC Delhi High court	0	0	0	0	0	0	0	0
Mahipalpur	34.1	33.3	50	17.9	43.8	42.9	0	0
Mayapuri	0	0	0	0	0	0	0	0
Rajokri	70.7	88.9	92.9	64.3	86.6	100	30	66.7
Shahbad Mohammadpur	74.4	94.4	66.7	46.4	60.7	71.4	25	8.3
Percentage (%)	67	50	33	83	67	67	100	83

In New Delhi, the Department which scored less is the Outreach Services Department. Under this Department, 100%(6 out of 6) of facilities scored less than 50 in Quality Management followed by 83% in Outcome and Support Services. While 67% of facilities scored less than 50 in Infection Control, Clinical services, and Service Provision. Of all the UPHCs analysed, 50% of facilities scored less than 50 in patient Rights and 33% in Inputs. In UPHC Basant Gaon and UPHC Delhi High Court all the areas of concern have scored less than 50 and they have no provision of the outreach Services.

Central Delhi (Table 4.7)

NAME OF THE FACILITIES	SERVICE PROVISION	PATIENTS RIGHTS	INPUTS	SUPPORT SERVICES	CLINICAL SERVICES	INFECTION CONTROL	QUALITY MANAGEMENT	OUTCOME
Gali Guliyan	0	0	50	50	50	50	50	50
Gali samosan	10.71	37.5	17.3	20.58	0	6.45	3.57	0
Motia Khan	0	0	0	0	0	0	0	0
Paharganj	0	0	0	0	0	0	0	0
Pulbangash	0	0	0	0	0	0	0	0
Regar Pura	60.7	50	48.2	47.1	53.8	74.3	7.6	13.6
Sarai Rohilla	78.6	81.3	80.8	70.6	67.3	82.3	7.1	68.2
Suiwalan	35.7	50	34.6	35.3	15.4	50	0	9.1
Wazirabad	67.9	68.8	44.2	52.9	46.2	48.4	17.9	40.9
Jagatpur	64.3	87.5	71.2	61.8	53.8	59.7	28.6	31.8
Nathupura	28.6	0	25	20.6	11.5	25.8	7.1	22.7
Samta Vihar	42.9	43.8	17.3	32.4	46.2	35.5	3.6	0
Percentage (%)	67	58	75	67	67	58	92	83

In Central Delhi, the Department which scored less is the Laboratory Department. Under this Department, 92% (11 out 0f 12) of facilities scored less than 50 in Quality Management followed by 83% in Outcome. While 75 % of facilities scored less than 50 in Clinical services, and Inputs . Of all the UPHCs analysed, 67% of facilities scored less than 50 in Clinical Services, Support Services and Service Provision and 58% in Patient Rights followed by Infection Control.In UPHCs Motia Khan, Paharganj and Pulbangash all the areas of concern have scored less than 50 and they have no provision of the laboratory services.

East Delhi (Table 4.7)

NAME OF THE FACILITIES	SERVICE PROVISION	PATIENTS RIGHTS	INPUTS	SUPPORT SERVICES	CLINICAL SERVICES	INFECTION CONTROL	QUALITY MANAGEMENT	OUTCOME
Chander Nagar	37.5	37.5	61.9	58.3	63.6	47.9	0	0
Geeta Colony	25	25	47.6	66.7	52.3	70.8	16.7	37.5
Jagatpuri	0	0	0	0	0	0	0	0
Mayur Vihar Phase 3	25	62.5	54.8	25	22.7	85.4	0	21.4
UPHC Rajveer Colony	0	0	0	0	0	0	0	0
Mayur Vihar Phase 1	0	0	0	0	0	0	0	0
New Lahore Shastri Nagar	31.3	75	85.7	100	61.4	97.9	33.3	28.6
DGD Shashi Garden	31.3	50	69	41.7	59.1	50	0	37.5
Percentage (%)	100	62	50	50	50	50	100	100

In East Delhi, the Department which scored less is the Dressing Room and Emergency . Under this Department, 100% (8 out of 8) of facilities scored less than 50 in Quality Management, Outcome, and Service Provision followed by 62% in Patient Rights Of all the UPHCs analysed, 50% of facilities scored less than 50 in Infection Control, Support Services, Inputs and Clinical Services . In UPHCs Jagatpuri, Rajveer Colony and Mayur Vihar Phase 1 all the areas of concern have scored 0 and they have no provision of the Dressing Room and Emergency

South Delhi
(Table 4.8)

NAME OF THE FACILITIES	SERVICE PROVISION	PATIENTS RIGHTS	INPUTS	SUPPORT SERVICES	CLINICAL SERVICES	INFECTION CONTROL	QUALITY MANAGEMENT	OUTCOME
DGD Sangam Vihar K2	75	45.58	51.96	65.42	41.66	66.66	4.54	45
UPHC Aya Nagar	70	26.5	42.2	63.3	41.7	55.6	3.4	0
Percentage (%)		100	50		100		100	100

In South Delhi District the department which scored least is the General Administration department. Under this department, 100% (2 out of 2) facilities have scored less than 50 in Quality Management, Outcome, Clinical services and Patient Services followed by 50% in inputs. While the facilities scored more than 50 in Service Provision, Support Services and Infection Control.

Northwest Delhi (Table 4.9)

NAME OF THE FACILITIES	SERVICE PROVISION	PATIENTS RIGHTS	INPUTS	SUPPORT SERVICES	CLINICAL SERVICES	INFECTION CONTROL	QUALITY MANAGEMENT	OUTCOME
DGD Jaidev Park	38.6	57.1	18.2	10.7	38.3	77.3	16.7	25
Jaunti	52.3	64.3	31.8	46.4	57.4	36	0	43.8
Keshav Puram B4	40.9	50	18.2	32.1	25.5	63.6	0	18.8
Kirari	0	0	0	0	0	0	0	0
Pitampura	0	0	0	0	0	0	0	0
Majra Dabas	13.6	71.4	40.9	0	5.3	50	41.7	50
Rani Khera	31.8	57.1	27.3	17.9	36.2	22.7	33.3	37.5
Sawada Ghevra	31.8	7.1	36.4	0	14.9	27.3	50	50
Shalimar B Block	31.8	64.3	27.3	57.1	46.8	100	58.3	93.8
Wazirpur PH3	29.6	71.4	9	10.7	4.2	81.8	16.6	0
Inder Enclave	45.5	64.3	50	14.3	5.3	72.7	25	6.3
Laxmi Vihar	52.3	64.3	40.9	14.3	5.3	81.8	25	0
Prem Nagar 3	50	71.4	31.8	10.7	17	72.7	41.7	0
Prem Nagar 2	50	71.4	31.8	10.7	17	72.7	41.7	0
Percentage (%)	79	21	93	93	93	36	86	79

In North West Delhi, the department which scored less is the Communicable Disease Department. Under this department 93% of facilities have scored less than 50 in Inputs, Support Services, Clinical Services followed by 86% in Quality Management and 79% in outcome and Service Provision. Of all the UPHCs analysed 36% of facilities have scored less than 50 in Infection Control followed by 21% in Patient rights. In UPHCs Kirari and Pitampura, the score is zero since they have no provision of Communicable Disease Services.

Table 4.10

Percentage of Performance -District wise									
DISTRICTS	**DEPARTMENTS**	**SERVICE PROVISION**	**PATIENTS RIGHTS**	**INPUTS**	**SUPPORT SERVICES**	**CLINICAL SERVICES**	**INFECTION CONTROL**	**QUALITY MANAGEMENT**	**OUTCOME**
New Delhi	Outreach Services	67	50	33	83	67	67	100	83
Central Delhi	Laboratory	67	58	75	67	67	58	92	83
East Delhi	Dressing Room & Emergency	100	62.5	50	50	50	50	100	100
South Delhi	General Administration		100	50		100		100	100
North West Delhi	Communicable Disease	79	21	93	93	93	36	86	79

As per the above table, 80% and above facilities of all the districts show low performance in Quality Management and Outcome and more than 50% of all facilities in Central Delhi, East Delhi show score less than 50 in all area of concerns. In south Delhi, almost all facilities scoreless in Patient Rights, Clinical services, Quality Management and Outcome. However, the facilities of South Delhi score more than 50 in Service Provision, Support Services and Infection control.

CHAPTER 5

Discussion: The Tables given, above shows the relation between the five different districts of Delhi i.e. New Delhi, Central Delhi, East Delhi, South Delhi and North west Delhi and their low performing UPHCs. From the analysis we found that New Delhi District has 100% of the facilities that have scored less than 50% followed by 83% in Outcome and Support services.

- **New Delhi**- The major gaps which the study found out were:

  Counselling for family planning during outreach sessions/home visits is not done. Also inadequate outreach activities mandated in National Health Programmes such as counselling for practices of vector control and protection, screening and referral of symptomatic cases, referral and guidance for HIV testing and availing ART etc. **In Delhi High court** there is no provision of Outreach services at the facility was available, as told by the CMO. Postnatal Visit and counseling for Newborn Care is not done properly.In UPHC Mayapuri and no specific outreach services were available. There is non-availability of Point of Care Diagnostic Services. Follow up of confirmed cases for ensuring adherence to DOT was not done . Referral and follow up services for leprosy cases was not done. There is no provision of services under National Programme for prevention and control of Blindness. Facilities does not provide services under Mental Health Programme .There is no outreach services for screening and referral of Symptomatic disease. Also no referral and follow up services for leprosy and common mental illness.ASHA is not skilled for preparing Malaria Slide

- **Central Delhi-** In the District Central Delhi, 92% (11 out of 12) of facilities scored less than 50 in Quality Management followed by 83% in Outcome. While 75 % of facilities scored less than 50 in Clinical services, and Inputs . Of all the UPHCs analysed, 67% of facilities scored less than 50 in Infection Control, Support Services and Service Provision and 58% in Patient Rights. The major gaps which the study found out were

All lab services are not available during OPD hrs. There is non-availability of Laboratory test for RTI/STI, Essential tests for ANC, Clinical Pathology,Routine Hemetology test. Most of the facilities have no separate room constructed for the Laboratory and non - availability of Lab Technician and the Lab equipments, Lab services are not functional at the facilities. In Paharganj non functional laboratory at the point of assessment. **In Pulbangash** there is non-functional laboratory at the point of assessment. Diagnostic services are inadequate (test for platelets count , RBC's , WBC's, bleeding and clotting time , HIV/AIDS rapid diagnostic kits , VDRL test for syphills). Also there is no safe infrastructure available in the facility. Under this district Laboratory did not have system to trace the primary sample from requisition form also Laboratory did not have system to provide the reports within defined time intervals. Lab aprons/coats were not available

Non- availability of rapid diagnostic tests. Laboratory does not provides specific test for local health problems/ diseases e.g. Dengue, swine flu etc. Test service for diagnosis of malaria was not available. Non-availability of Microscopy Tests, Water Quality test. The facilities does not ensures fire safety measures including fire fighting equipment. Laboratory services were only provide on three days. The facility does not provide Maternal health Services.

Laboratory does not provide specific test for local health problems/ diseases e.g. Dengue, swine flu etc.

- **East Delhi** – In East Delhi District, 100% (8 out of 8) of facilities scored less than 50 in Quality Management, Outcome, and Service Provision followed by 62% in Patient Rights Of all the UPHCs analysed, 50% of facilities scored less than 50 in Infection Control, Support Services, Inputs and Clinical Services. The major gaps which the study found out were:

  The facilities does not provide Primary Management of trauma & bone injuries, Primary Management & stabilization of Poisoning / Snake Bite cases, and Primary treatment for Dog Bite cases. There is non-availability of Medico legal Services, as per state's guidelines, wheel chair or stretcher for easy access, Non-availability of screen & curtains in Dressing room, Medico legal Services .Patient was not informed about treatment plan & Consent was not taken for all invasive procedure / where ever applicable. There was no dressing & emergency room. Incision & Drainage, Stitching Services were not available at the facility. Staff was not trained for BLS/CPR, Primary Management & stabilization of life threatening conditions like snake poisoning. Medico Legal cases (MLC) were not recorded at the facility. There is no availability of medico legal guidelines, splints and fixtures

- **South Delhi-** Under this department, 100% (2 out of 2) facilities have scored less than 50 in Quality Management, Outcome, Clinical services and Patient Services followed by 50% in inputs. The major gaps which the study found out were

There is no registration for Medico Legal Cases in the facilities. Also no direction to UPHC is displayed from the Access road. There is no provision of reporting the Birth and Death to Registrar. Also there is non-availability of Citizen Charter.

- **North West Delhi-** Under this District 93% of facilities have scored less than 50 in Inputs, Support Services, Clinical Services followed by 86% in Quality Management and 79% in outcome and Service Provision. The major gaps which the study found out were

  Non-availability of DOTS Centre in the facilities. Also there is non-availability of HIV treatment, only counseling is provided and no follow-up of patients receiving ART treatment is done .Non-availability of drugs under NVBDCP. No provision for diagnosis & treatment for local prevalent vector born diseases like Lymphatic Filarisis, Japanese Encephalitis, Kala Azar etc .OPD Services are not available for 6 hours in a day.

No preventive measures are taken for Malaria control. Case detection & early diagnosis of TB of records were not available during the visits. Case detection & early diagnosis of TB of records were not available during the visits. Communicable services are not available. There is non- availability of communicable disease services. Also there is non-availability of Microscopy/Rapid diagnostic kit for diagnosis of malaria, only smear. No Management & Chemoprophylaxis of Malarial cases. No diagnosis & treatment for local prevalent vector borne diseases. Non-availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.Non-provision of services under early detection of HIV and leprosy. Non-availability of functional DOT Centre.Non- availability of services, monitoring and reporting under RNTCP. Non-availability of services under NVBDCP. Also non-availability of

services, monitoring and reporting under National Leprosy Eradication Program.The facility does not follow services under National Vector Borne Disease Control Programme as per guidelines at its best. There were no weekly reporting of epidemic prone diseases.

CHAPTER 6

Conclusion

This study is about the analysis of the gaps among the low performing UPHCs of five different districts in New Delhi. From this study the major area was identified on which the low performing facilities need to improve further so as to achieve full Quality certification under NQAS in near future. Although the districts and their facilities vary between the departments when it comes to the their overall scores however the main reason and the loophole behind such low scoring in their departments is the Quality Management area. As we can well visualize from the tables and the discussion part that all the facilities of all the districts don't perform the quality management services. Because of this lacunae within their facility their departments are not able to perform the way it should perform. Also one of the major concern is the implementation part, where most of the facilities don't undergo any change when it comes to their improvement in Quality Management area. Their scores are below 60% and they should take the steps forward towards improvement under Quality Management as soon as possible. And also there are certain facilities whose score on the area of concern Quality Management is less but on other areas of concern they are performing well.

Quality is a continuous process, and so it is very essential that the service providers should understand over time and realize why their respective facilities are not performing well. They need to focus mainly on the aspect of Quality and how it can be enhanced so as to close down the gaps.

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