

SUMMER INTERNSHIP REPORT

at

NATIONAL HEALTH MISSION,

UT CHANDIGARH



(April 23rd to June 21st, 2024)

A Report

By

ANKITA

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

2023-2025



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW
DELHI**

Acknowledgement

I would like to express my sincere gratitude to National Health Mission, UT, Chandigarh. This project would not have been feasible without the cooperation of NHM, UT, Chandigarh and IIHMR, Delhi.

I extend my heartfelt thanks and appreciation to **Dr. Suman Singh**, Director Health & Family Welfare cum MD, NHM, UT Chandigarh, for giving me this opportunity to undergo my summer internship at NHM, UT, Chandigarh.

I am grateful to **Dr. Charru Singla**, Nodal Officer, NHM, UT Chandigarh, for her continuous guidance and constant support. Her indebted support helped me to understand my project and to complete the assigned tasks on time.

I'm highly thankful to **Dr. Pankaj Talreja**, my mentor at IIHMR Delhi, for providing me with essential knowledge and help which helped me to complete my project work.

I would like to express my gratitude towards **Dr. Anju Bhatia**, Consultant SPMU, NHM, UT Chandigarh, for her kind cooperation and encouragement.

I wish to acknowledge the support provided by **Dr. Harleen Rohewal & Dr. Satyam Tyagi** Medical Officer I/C, AAM EWS Maloya & AAM NRC Dhanas. My special thanks and appreciation to all the staff at NHM, UT Chandigarh, AAM EWS Maloya & AAM NRC Dhanas for providing me with all the assistance during my internship.

Yours Sincerely,

Ankita

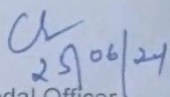
STATE HEALTH SOCIETY
(National Health Mission)
U.T., CHANDIGARH

No. NHM-UT/Estt./2024/ 3192

Dated Chd the 25/06/2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Ankita D/o Sh. Sant Kumar, 1st year student of International Institute of Health Management Research, New Delhi has successfully completed her Internship Training from 23.04.2024 to 21.06.2024 in National Health Mission-U.T, Chandigarh. During this period, her performance was found to be Excellent.


25/06/24
Nodal Officer
for Mission Director
National Health Mission, U.T,
4th Floor, Administrative Block,
GMSH-16, Chandigarh

Nodal Officer
State Health Society
National Health Mission
U.T., Chandigarh

Certificate of Approval

The Summer Internship Project of Titled **“Gap Analysis and Action Plan for AAM EWS Maloya using Departmental, NQAS & IPHS ODK Checklists”** at **National Health Mission, UT Chandigarh** 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 report only for the purpose it is submitted.



Dr. Pankaj Talreja

Associate Professor

IIHMR, Delhi

Certificate of Approval

The Summer Internship Project of Titled **“Gap Analysis and Action Plan for AAM NRC Dhanas using Departmental, NQAS & IPHS ODK Checklists”** at **National Health Mission, UT Chandigarh** 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 report only for the purpose it is submitted.



Dr. Pankaj Talreja

Associate Professor

IHMR, Delhi

FEEDBACK FORM (Organization Supervisor)

Name of the Student: Ms. Ankita

Summer Internship Institution: National Health Mission, U.T., Chandigarh

Area of Summer Internship: Public Health

Attendance: 23.04.2024 to 21.06.2024

Objectives met: Understood the working of Ayushman Arogya Mandir (AAM) and importance of promotive and preventive health care services alongwith the role of digitalization in health care of community.

Deliverables: Project Report submitted

Strengths: Well behaved, Dedicated, Punctual and passion for her work

Suggestions for Improvement: To improve knowledge regarding National Health Programmes

Ch
25/06/24

Signature of the Officer-in-Charge (Internship)
Dr. Charru Singla
Nodal Officer-NHM,
U.T., Chandigarh

Nodal Officer
State Health Society
National Health Mission
U.T., Chandigarh

Date: 25.06.2024

Place: Chandigarh

ABBREVIATIONS

NHM	National Health Mission
NUHM	National Urban Health Mission
NRHM	National Rural Health Mission
SPMU	State Program Management Unit
AAM	Ayushman Aarogya Mandir
UPHC	Urban Primary Health Centre
NQAS	National Quality Assurance Standards
NQAP	National Quality Assurance Program
IPHS	Indian Public Health Standards
NHSRC	National Health System Resource Centre
NIPI	National Iron Plus Initiative
DOTS	Directly Observed Therapy Short Course
NCDs	Non-Communicable Diseases
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent
HMIS	Health Management Information System
HWC	Health and Wellness Centre
E-VIN	Electronic Vaccine Intelligence Network
U-WIN	Universal Immunization Scheme
IDSP	Integrated Disease Surveillance Program
NVBDCP	National Vector Borne Disease Control Program
NLEP	National Leprosy Eradication Program
NPCB	National Program for Control of Blindness
RNTCP	Revised National TB Control Program
NPPCD	National Program for Prevention and Control of Deafness
NCDs	Non-Communicable Diseases
NIDDCP	National Iodine Deficiency Disorders Control Program
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha and Homeopathy
EWS	Economic Weaker Section
MO	Medical Officer

LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwifery
MPHW	Multi-Purpose Health Worker
JAS	Jan Aarogya Samiti
ABHA	Ayushman Bharat Health Account
IEC	Information, Education & Communication
ANC	Antenatal Coverage
HRPs	High Risk Pregnancies
JSY	Janani Suraksha Yojana
RCT	Root Canal Treatment
STDs	Sexual Transmitted Diseases
DEO	Data Entry Operator
SOPs	Standard operating Procedures
AEFI	Adverse Events Following Immunization
ARSH	Adolescent Reproductive Sexual Health
MVA	Manual Vacuum Aspiration
MHP	Mental Health Program
MLCs	Medico-legal Cases
MAS	Mahila Aarogya Samiti
KPIs	Key Performance Indicators
MTP	Medical Termination of Pregnancy
FEFO	First Expire, First Out

TABLE OF CONTENTS

S. No.	Content	Page No.
1.	Acknowledgement	2
2.	Certificate of Approval	3-4
3.	Acronyms/ Abbreviations	5-6
4.	Executive Summary	9
5.	Section A - Observational Learnings	10-16
5.1	Introduction	
5.2	Methods	
5.3	Findings & Conclusive learning	
6.	Section B - About Project Organization (Part I)	17-21
6.1	Area Details	
6.2	AAM Details	
6.3	Aim & Objectives	
6.4	AAM Analysis	
7.	Observations	22-36
7.1	Best Practices followed	
7.2	Focus Areas	
7.3	Checklist	
7.4	Gaps & Action Plan	
7.5	Recommendations	
8.	About NQAS	36-38
9.	NQAS Assessment of AAM EWS Maloya	38-59
9.1	Scorecard (derived from checklist)	
9.2	Gaps & Action Plan	
9.3	Recommendations	
10.	IPHS 2024 (NHSRC) Checklist	60
11.	Assessment Report	60-67
12.	Gallery	68-70
13.	Conclusion	71-72
14.	Section C - About Project Organization (Part II)	73-77

14.1	Area Details	
14.2	AAM Details	
14.3	Aim & Objectives	
14.4	AAM Analysis	
15.	Observations	77-89
15.1	Best Practices followed	
15.2	Focus Areas	
15.3	Checklist	
15.4	Gaps & Action Plan	
15.5	Recommendations	
16.	About NQAS	89-91
17.	NQAS Assessment of AAM NRC Dhanas	91-120
17.1	Scorecard (derived from checklist)	
17.2	Gaps & Action Plan	
17.3	Recommendations	
18.	IPHS 2024 (NHSRC) Checklist	121
19.	Assessment Report	121-128
20.	Gallery	129-131
21.	Conclusion	132-133
22.	Reference	134

EXECUTIVE SUMMARY

My MBA in Hospital and Health Management curriculum includes **two-month internship**, and I got opportunity to undergo my internship at NHM, U.T. Chandigarh. My mentor was **Dr. Charru Singla**, Nodal Officer, NHM, UT Chandigarh.

As an internship project, I was assigned to do the gap analysis and to prepare an action plan for AAM using Departmental, NQAS & IPHS ODK checklists.

There are 29 Allopathic AAMs in UT Chandigarh, out of which I was given **Gap Analysis and Action Plan for AAM EWS Maloya & AAM NRC Dhanas** as my internship project from 23.04.2024 to 21.06.2024.

In my first phase of report, I have covered the gap analysis and prepared action plan for AAM EWS Maloya from 23.04.2024 to 23.05.2024 & I have covered AAM NRC Dhanas from 24.05.2024 to 21.06.2024 in the second phase of report.

5. OBSERVATIONAL LEARNINGS

5.1 Introduction

5.1.1 National Health Mission

The Prime Minister founded the National Health Mission on April 12, 2005, to provide rural people, particularly vulnerable groups, with accessible, affordable, and high-quality health care.

The union cabinet approved the commencement of the **National Urban Health Mission (NUHM)** as an extension project of the global National Health Mission (NHM), which also includes the **National Mission of Rural Health (NRHM)**.

The NRHM was designed to help the mission achieve its goals, which include a fully operational and community accountable public health system, human resource management, community participation, decentralization, rigorous standards-based monitoring and assessment, health convergence and related village-level programs, innovation and flexible funding and interventions to improve health indicators.

The Core Programmatic parts of NHM are Health System Establishment, Reproductive Health, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases (NCDs).

The continuation of National Health Mission with effect from April 1, 2017, to March 31, 2020, was approved by the cabinet at its meeting on March 21-26, 2018.

5.1.2 Goals of National Health Mission

The goal is to make sure that the indicators listed below are met:

- Reduce MMR to 1/1000 live births.
- Reduce IMR to 25/1000 live births.
- Reduce TFR to 2.1.

- Prevention and reduction of anemia in women aged 15–49 years.
- Prevent and reduce mortality & morbidity from communicable, non-communicable, injuries and emerging diseases.
- Reduce household out-of-pocket expenditure on total health care expenditure.
- Reduce annual incidence and mortality from Tuberculosis by half.
- Reduce prevalence of Leprosy to be <1/10000 population and incidence to zero in all districts.
- Annual Malaria Incidence to be <1/1000.
- Less than 1% Microfilaria prevalence in all districts.
- Kala-azar Elimination by 2015, & <1 case per 10000 populations in all blocks.

5.1.3 National Health Mission UT Chandigarh

5.1.3.1 Vision

- Attainment of Universal Access to Equitable, Affordable and Quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.
- Safeguard the health of poor, vulnerable and disadvantaged and move towards a right based approach to health through entitlement and service guarantees.
- Strengthen public health systems as a basis for universal access and social protection against the rising costs of healthcare.
- Build environment of trust between people and providers of health services.
- Empower community to become active participants in the process of attainment of highest possible levels of health.
- Institutionalize transparency and accountability in all processes and mechanisms of diseases.
- Improve efficiency to optimize use of available resources.

5.1.3.2 Mission

- To strengthen the health of our community by providing accessible, compassionate quality healthcare through a team of committed and value-based professionals.

5.1.3.3 Values

- Trust, Optimism, Compassion, Respect, Teamwork

5.1.4 Ayushman Aarogya Mandirs under NHM, UT Chandigarh

S. No.	Ayushman Aarogya Mandirs (AAMs)
1.	Ayushman Aarogya Mandir Dadu Majra, Chandigarh
2.	Ayushman Aarogya Mandir Maulijagan, Chandigarh
3.	Ayushman Aarogya Mandir Sector 8, Chandigarh
4.	Ayushman Aarogya Mandir Sector 11, Chandigarh
5.	Ayushman Aarogya Mandir Sector 19, Chandigarh
6.	Ayushman Aarogya Mandir Sector 23, Chandigarh
7.	Ayushman Aarogya Mandir Sector 26, Chandigarh
8.	Ayushman Aarogya Mandir Sector 33, Chandigarh
9.	Ayushman Aarogya Mandir Sector 35, Chandigarh
10.	Ayushman Aarogya Mandir Sector 40, Chandigarh
11.	Ayushman Aarogya Mandir Sector 42, Chandigarh
12.	Ayushman Aarogya Mandir Sector 38, Chandigarh
13.	Ayushman Aarogya Mandir Sector 20, Chandigarh
14.	Ayushman Aarogya Mandir Sector 49, Chandigarh
15.	Ayushman Aarogya Mandir Sector 50, Chandigarh
16.	Ayushman Aarogya Mandir Modern Complex Manimajra, Chandigarh
17.	Ayushman Aarogya Mandir Industrial Area, Phase 1, Chandigarh
18.	Ayushman Aarogya Mandir Kaimbwala, Chandigarh
19.	Ayushman Aarogya Mandir Ramdarbar, Chandigarh
20.	Ayushman Aarogya Mandir Hallomajra, Chandigarh
21.	Ayushman Aarogya Mandir Kajheri, Chandigarh
22.	Ayushman Aarogya Mandir Maloya, Chandigarh
23.	Ayushman Aarogya Mandir Sarangpur, Chandigarh
24.	Ayushman Aarogya Mandir Milk Colony, Dhanas, Chandigarh
25.	Ayushman Aarogya Mandir NRC Dhanas, Chandigarh
26.	Ayushman Aarogya Mandir Behlana
27.	Ayushman Aarogya Mandir Mauli Village, Chandigarh
28.	Ayushman Aarogya Mandir Daria, Chandigarh
29.	Ayushman Aarogya Mandir EWS Maloya Chandigarh

5.2 METHODS

5.2.1 About Departmental Checklist:

The checklist consists of checkpoints determined by the department of NHM Chandigarh with reference to 12 expanded range of services. It also gives a check in regards of service delivery with appropriate working and timely updation of portals.

5.2.1.1 Area of Focus:

- ABHA IDs Generation
- Seeding of ABHA IDs
- NCD Enrollment & Screening (>30 yrs. of age)
- Teleconsultation Services
- Wellness Activities performed each day
- Jan Aarogya Samiti (JAS)

Departmental [Checklist](#)

5.2.2 About NQAS Checklist:

- The Ministry of Health & Family Welfare launched National Quality Assurance Program (NQAP) in 2013 with the aim of recognizing the good performing health facilities.
- Certification is provided against National Quality assurance Standards (NQAS) on meeting pre-determined criteria.
- These Standards have been grouped within eight Areas of Concern.
- These standards are checked in each department of health facility through department specific Checkpoints.
- All checkpoints for a department are collated, and together they form assessment tool called 'Checklist'.
- Scored/filled in the checklists would generate Scorecards.

5.2.2.1 Area of Concern:

A. Service Provision

B. Patient Rights

C. Inputs

D. Support Service

E. Clinical Care

F. Infection Control

G. Quality Management

H. Outcome

5.2.2.2 Scoring Method:

S.No.	Criteria	Full Compliance (2)	Partial Compliance (1)	Non-Compliance (0)
1.	Checkpoint	All requirements are met.	Half of the requirements are met.	None of the requirements are met.
2.	Means of Verification	100%	50-99%	Less than 50%
3.	Intent	Fully met	Partially met	Do not meet

[NQAS](#) Checklist

5.2.3 About IPHS Checklist:

The IPHS guidelines act as main driver for continuous improvement in quality and serve as benchmark for assessing the functional status of health facilities.

5.2.3.1 Area of Focus:

- Governance
- Services
- Infrastructure
- Human Resources
- Drugs
- Diagnostic

[IPHS](#) Checklist

5.3 FINDINGS & CONCLUSIVE LEARNINGS

5.3.1 Best Practices:

- Quality oriented **Antenatal Services** with proper screening & counselling for family planning.
- Proper coverage of **Post-natal care & Immunization**.
- **Installation of Outdoor Media** for display of National Programs related IEC activities, Health Promotion & Awareness activities.
- **Holistic Health Approach-** Integrating Homeopathy, Yoga & other traditional practices with modern medical treatments.
- **Community Engagement-** Regular health camps & awareness programs that foster a proactive health culture.

5.3.2 Major Gaps:

- Unavailability of some essential **drugs & diagnostic** services at AAM.
- No **patient feedback system** to gather insights & improve service delivery.
- Shortage of **human resources** as per patient load and services provided at facility.
- **Elderly care** was incomplete without availability of rehabilitative & physiotherapy services.
- Prolonged **waiting periods** for patients for OPD as well as pharmacy services.
- Inadequate accessibility features for **disabled patients** such as ramps and appropriately equipped restrooms.
- No **internal quality assurance** team was available.

5.3.3 Recommendations:

- Introduce performance metrics and regular evaluations for staff to ensure accountability and adherence to established protocols.
- Develop patient feedback mechanisms, such as surveys and suggestion boxes and ensure timely responses and actions based on the feedback received.

- Recruitment of additional medical professionals including nursing & support staff to reduce patient wait times & improve service delivery.
- Implement a queue management system with token numbers.
- Implement necessary modifications to improve accessibility for disabled patients ensuring compliance with relevant accessibility standards.
- Implementation of regular training programs to keep the staff updated with working of portals & ABHA seeding.
- Establish a dedicated quality control team to regularly monitor & evaluate healthcare services.
- There should be a process to revise Standard Operating Procedures.
- A regular employee satisfaction survey should be carried out.

5.3.4 My Contribution:

- Under the mentorship of Medical Officer, volunteered to support health camps & awareness programs in the facility.
- Provide supportive supervision & worked with staff to encourage community participation in health initiatives, fostering a culture of proactive management.
- Created ABHA IDs along with special focus on NCD Screenings, to provide holistic healthcare.

5.3.5 Learnings:

I got a detailed framework of working of an Ayushman Aarogya Mandir. I learnt the working of portals, analysis of reports to find out the gaps and prepared individual action plans targeting the gaps. Also, I worked on some initiatives with cooperation of staff to improve the access of expanded range of services to people.

6. ABOUT PROJECT ORGANIZATION (PART I)

EWS Maloya is an urban slum colony in Zone 2, in Union Territory of Chandigarh, India.

6.1 AREA DETAILS:



NIN No.: 1122166588

Location: AAM EWS Maloya – District Chandigarh, Zone 2, Chandigarh, 160025, India

Latitude: 30.758561°

Longitude: 76.717055°

6.2 AAM Details:

Population	35342
No. of Houses	4950
Households	6215
No. of Eligible Couples	5070
Target Couples	3620
No. of Pregnant Women	449
No. of Children	2722
Children 0-1 years	420
Children 1-5 years	2302

6.3 AIM & OBJECTIVES:

This report summarizes the findings(gaps) & recommendations for AAM EWS Maloya on analysis of its services from 23.04.2024 to 23.05.2024 with respect to following checklists:

- Departmental Checklist
- NQAS Checklist
- IPHS Checklist

AIM:

To assess the health centre's adherence to best practices, efficiency & quality of care provided.

OBJECTIVE:

- To identify current gaps in healthcare services provided at EWS Maloya.

- To make recommendations based on analysis of gaps in service delivery.
- To design action plan to rectify these gaps.

6.4 AAM ANALYSIS:

6.4.1 HR Availability:

S. No.	Name	Position
1.	Dr. Harleen Rohewal	Medical Officer
2.	Dr. Sarabjeet Singh	MO (Dental)
3.	Dr. Nancy	MO (Dental)
4.	Dr. Gurpreet Kaur	MO (AYUSH)
5.	Mr. Jagdeep Kumar	Pharmacist
6.	Mrs. Gian Devi	LHV
7.	Mrs. Renu Kumari	Lab Tech.
8.	Mrs. Kusum Lata	ANM
9.	Mrs. Amandeep Kaur	ANM (on maternity leave)
10.	Mrs. Sanjana Kumari	ANM
11.	Mr. Karnail Singh	MPHW
12.	Mr. Sukhwant Singh	MPHW
13.	Mr. Virenderpal Singh	SB
14.	Mr. Sandeep Singh	SB
15.	Mr. Sandeep	SB
16.	Mr. Aakash Mourya	SB
17.	Mrs. Amit Kumar	Yoga Therapist
18.	Mr. Ranjhana Verma	DOTS Provider
19.	Mrs. Anita	Ward Attendant
20.	Mr. Satpal	Housekeeping
21.	Mr. Mahinder Singh	Housekeeping

6.4.2 Services Available:

OPD Services (General, Dental & AYUSH), Family Planning, Reproductive & Child Healthcare, Newborn & Infant Healthcare, Immunization, NIPI, NCD Screening, Malaria Screening, Tele consultancy, Wellness activities, Field Visits & Outreach programs, Health Mela, JAS Meetings, Drug delivery, Lab Services & Emergency

Services	Month of April	Month of May (Till 23.05.2024)
OPD		
Medicine	1771	1550
Dental	550	346
AYUSH	82	68
Reproductive & Child Health		
Newly Registered Females	37	20
Newly Registered Neonates	24	20
Immunisation	251	308
NIPI	84	89
Lab Services (free & essential diagnostic services)	541	505
Drug Delivery (free & essential medicines)	2304	1964
Tele consultancy	25	43
Malaria Screening	137	97
NCD Screening	67	138
Field visit (Mon, Thurs, Fri)	13	11
Outreach programs	1 (19.04.2024)	1 (16.05.2024)
Health Mela	1 (13.04.2024)	1 (11.05.2024)
JAS Meeting	1 (27.04.2024)	Due for this month
Wellness Activities (Yoga)	196	144
Emergency Treatment	1	3

6.4.3 PORTALS IN WORKING:

Portals	April	May (Till 23.05.2024)
HMIS	Submitted	-
HWC	Daily reporting	Daily reporting
RCH	Newly registered PW = 37 Newly registered EC = 24	Newly registered PW = 20 Newly registered EC = 20
NCD	67	138
U-WIN	220	275
E-Sanjeevani	25	43
E-Hospital	2304	1964
Anmol App	Not working	Not working
Nikshay*(managed at Hub Dadumajra)	Not managed at AAM	Not managed at AAM
IDSP	S form = 30 P form = 43	S form = 25 P form = 50
E-WIN	Working	Working
ABHA IDs	74	90

7. OBSERVATIONS:

7.1 BEST PRACTICES FOLLOWED:

- Timely submission of HMIS report.
- Installation of Digi Screen for display of National Programs related IEC activities, Health Promotion & Awareness activities.
- Proper documentation of records of OPD, ANC, family planning, immunization, NIPI, E-WIN & HRP.
- Consistent accurate entries in portals (HMIS, HWC, NCD, U-WIN, E-WIN, E-Sanjeevani, E-Hospital).
- Quality oriented antenatal services with proper screening & counselling for family planning.
- JSY registers are properly maintained.
- Proper coverage of post-natal care & immunization.
- Staff's coordinated teamwork & interpersonal rapport building with patients.
- Adequate seating space for waiting patients.
- Private consultation room for counselling (family planning, STDs) & physical examination.
- Grounds around the health center are clean and filled with greenery.
- Regular outreach programs are conducted.
- Door-to-door surveys for health promotion, early detection & prevention of diseases.



- Malaria Screening with daily field visits.



- Daily yoga sessions to take care of overall health & wellness of patients.



- Mental Health Clinic on every 1st & 3rd Wednesday to provide psychiatric services by specialist at the centre.



- Regular follow up for TB patients.



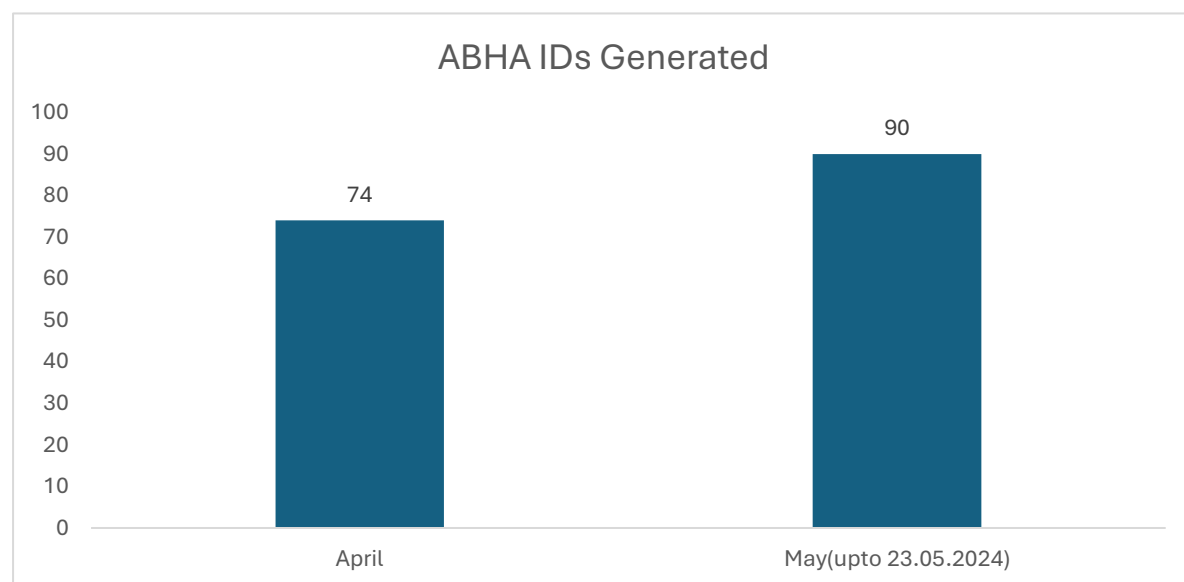
- Well-maintained Dental clinic with services including scaling, filling, extraction & RCT of tooth with availability of digital X-ray.



7.2 AREA OF FOCUS:

- ABHA IDs Generation
- Seeding of ABHA IDs
- NCD Enrollment & Screening (>30 yrs. of age)
- Teleconsultation Services
- Wellness Activities performed each day
- Jan Aarogya Samiti (JAS)

▪ ABHA IDs Generation



STATUS:

ABHA IDs created are still low in number due to listed challenges but over the month, the no. has improved.

CHALLENGES:

- Patients (specially females) don't have mobile phones.
- Mobile nos. are not registered with Aadhar Card as OTP is needed for ABHA registration.
- Patients frequently change their mobile numbers in this area.

MY CONTRIBUTION:

35 ABHA IDs have been created.

▪ **SEEDING OF ABHA IDs**

STATUS:

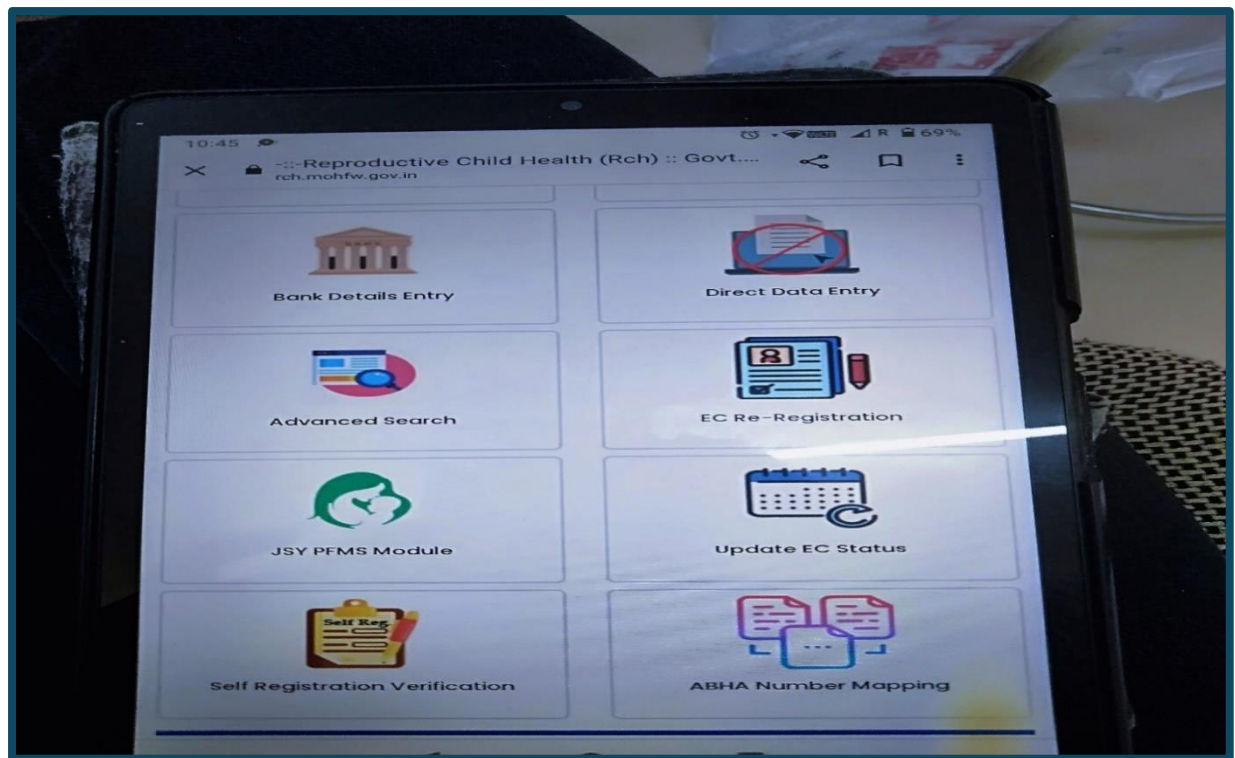
Seeding is done with RCH portal but not with NCD & E-Hospital portal.

CHALLENGES:

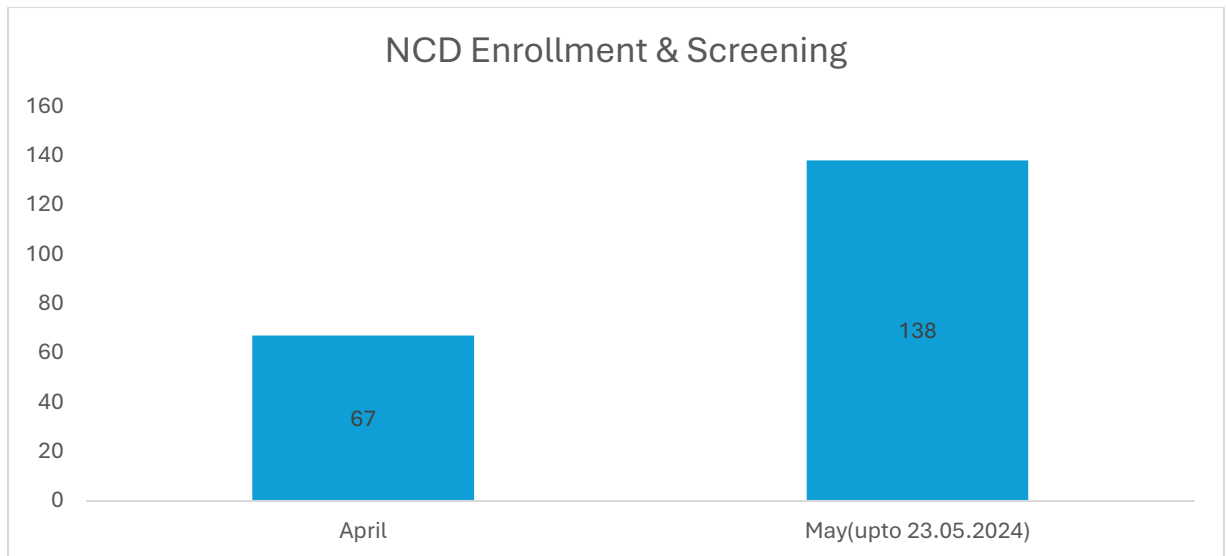
- DEO is not available at AAM. Pharmacist is handling dual services of pharmacy as well as E-Hospital due to that seeding is not manageable due to overload of work.
- Seeding via NCD Portal is done at the level of MO where data entered for NCD screening by ANMs updates on the next day when patient is not available.
- Also, ANMs are not well versed with seeding of ABHA IDs at RCH portal.

MY CONTRIBUTION:

- Supportive supervision to ANMs in ABHA ID Mapping on RCH portal.
- Linking of ABHA IDs with RCH Portal.



- NCD Enrollment & Screening (>30 yrs. Of Age)



STATUS:

NCD screenings have improved over the month because of effective initiatives and measures taken at AAM.

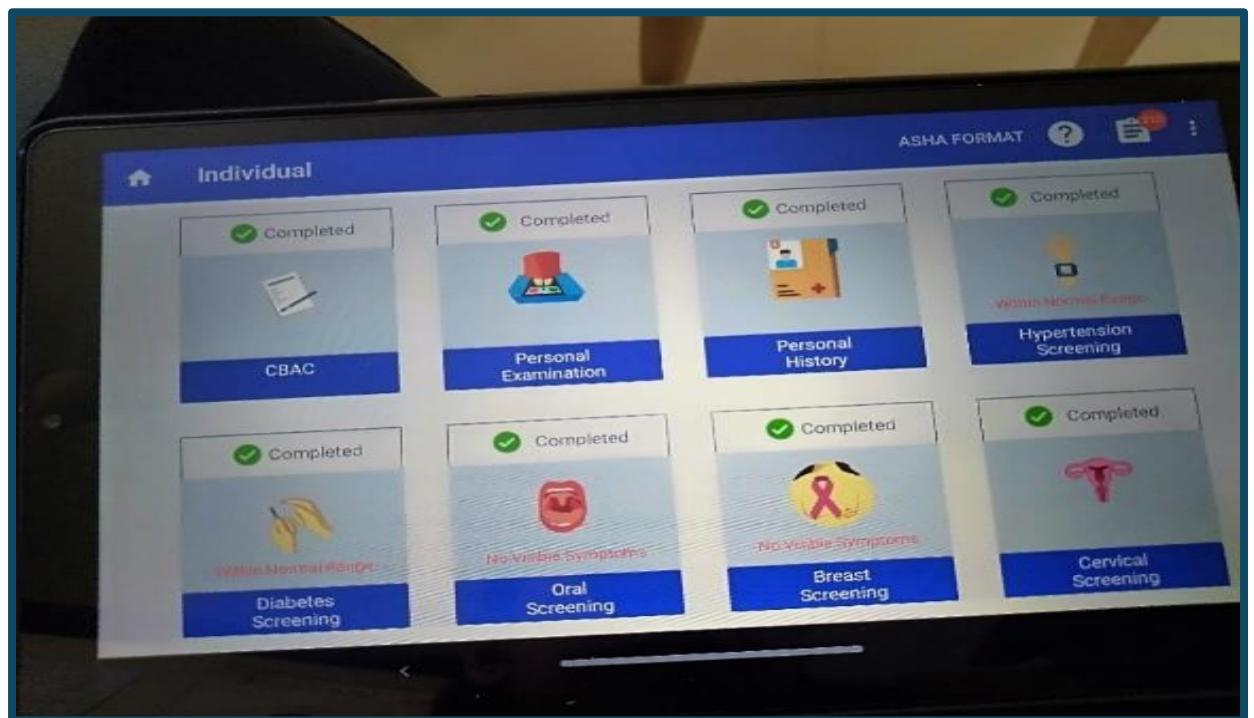
CHALLENGES:

- NCD online enrollments were pending since Dec 2023 due to shortage of staff.
- RBS testing was not available.

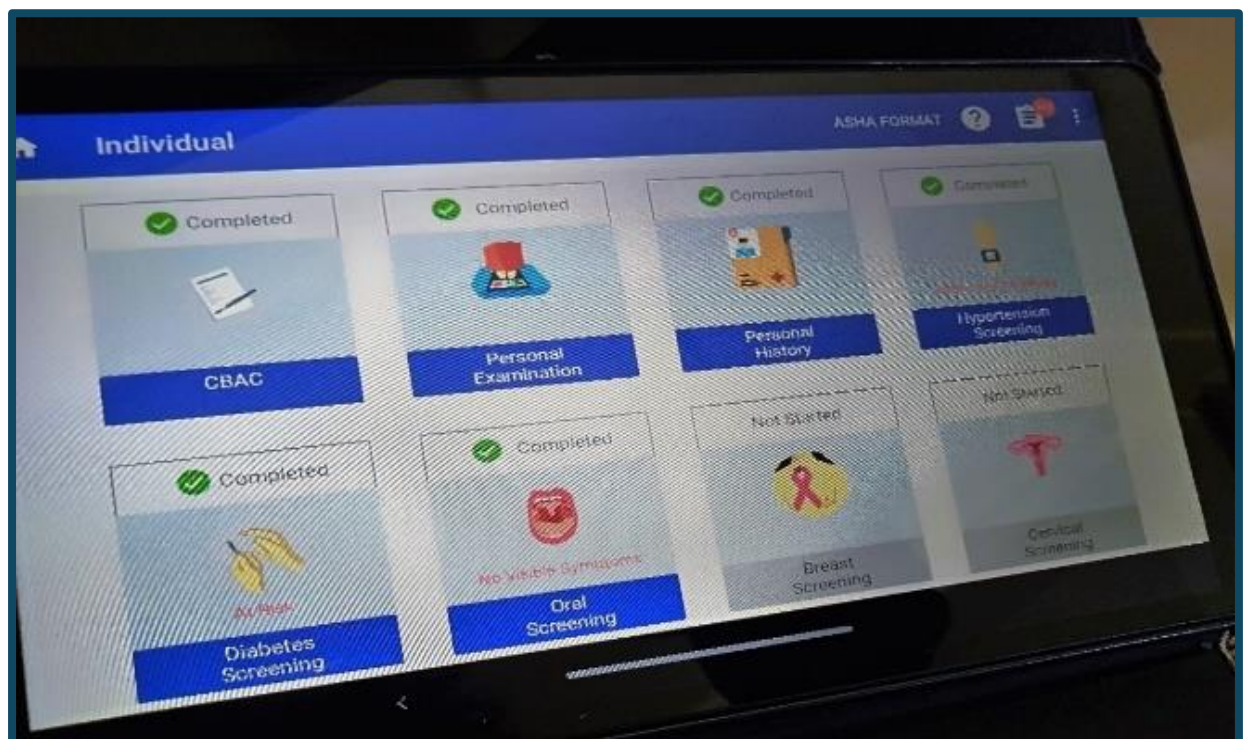
CONTRIBUTION:

- Digitization of whole lagged data records of NCD Screening from Dec 2023 to May 2024 with the assistance of ANMs. (About 100+ patients records were digitized by me.)
- Under the guidance of MO, organized NCD camp on every Monday in the community. Till 23.05.2024, three camps have been organized. (30+ NCD screenings have been conducted by me.)

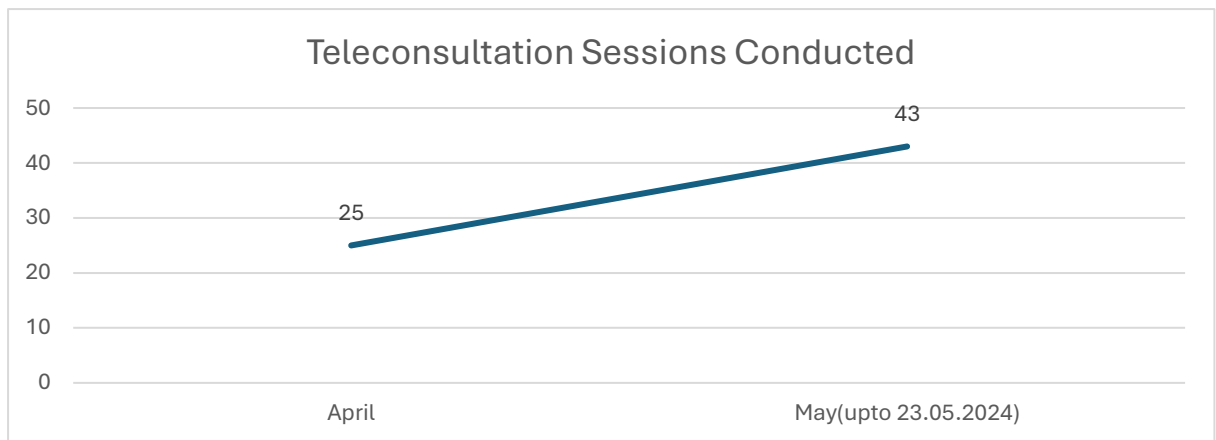
NCD Screening for Female



NCD Screening for Male



▪ **Teleconsultation Services**



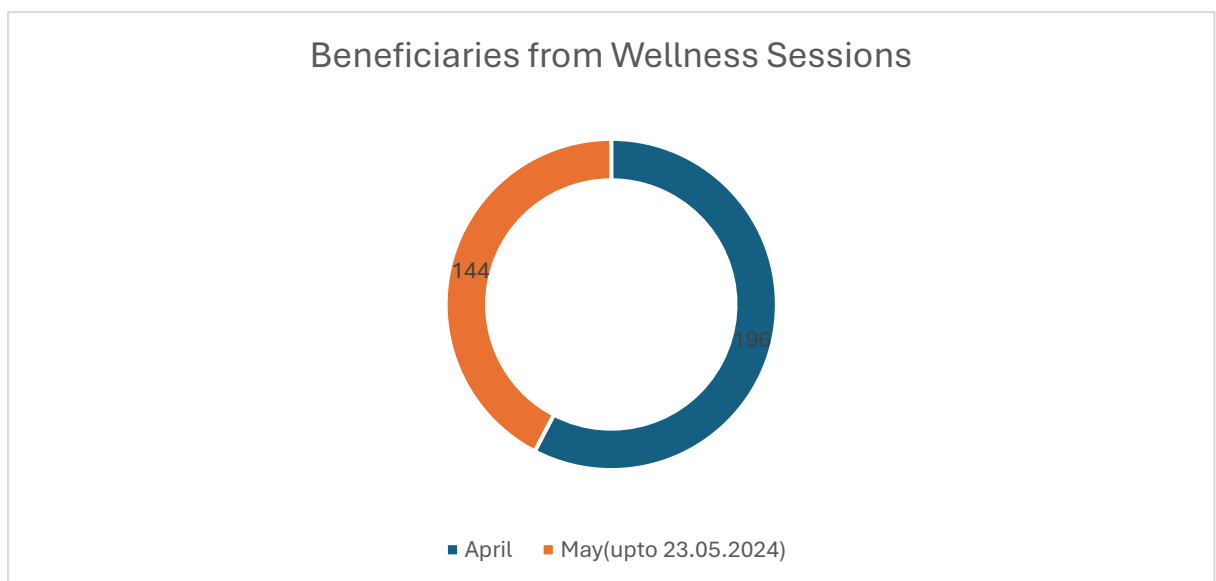
STATUS:

Teleconsultation sessions have improved as technical issues were resolved.

CHALLENGES:

Long waiting hours for Specialist consultation.

▪ **Wellness Activities performed each day**



STATUS:

Sessions are performed on daily basis, but beneficiaries' numbers have remained the same.

CHALLENGES:

Patients were not aware about the importance of wellness activities and were not attending the sessions on regular basis.

MY CONTRIBUTION:

- Conducted an awareness program at the facility during OPD hours to make people aware about wellness sessions and how it is beneficial for physical and mental well-being.
- Scheduled a meditation session for patients as well as staff to bring them a step closer to wellness.

▪ **Jan Aarogya Samiti (JAS)**

JAS COMMITTEE MEMBERS:

Chairperson	Councilor	Ms. Nirmala Devi
Co-chairperson		Mr. Dilawar
		Dr. Sarabjeet
Secretary	MO I/C of UPHC	Dr. Harleen Rohewal
Members	MO (AYUSH)	Dr. Gurpreet
	MO (Dental)	Dr. Nancy
	Pharmacist	Mr. Jagdeep
	LHV	Mrs. Gian Devi
	ANMs	Mrs. Kusum Lata
		Mrs. Sanjana
		Mrs. Aman
	AWS	Mrs. Usha
	AWW	Mrs. Sadhna
	MPHW	Mr. Karnail Singh
		Mr. Sukhwant Singh
	LT	Mrs. Renu
	TB DOT Provider	Mrs. Ranjhana
	Teacher Health Incharge	Mrs. Sonia

Issues discussed in the meeting:

- Requirement of furniture for Homeopathy room (one almirah & table) to keep registers & documents. Also, a separate almirah is needed to keep medicines safe.
- Requirement of Cusco's Speculum for ANMs. At present, only one is present. If it is used up, the next patient must wait for the instrument to get autoclaved.
- Tools for gardening to increase green color & Maali for planting trees.
- Dressing Room
 - Chittle's forceps- This is required to take out sterile gauze for dressing or checking of patients.
 - Forceps & Scissors- To remove stitches. Many post-natal females come to remove LSCS stitches. At present, surgical blade is being used to cut.

CONCLUSION:

Gaps (Area of Focus)	Action Plan Taken	Responsibility
Low no. of ABHA IDs generated	MPHW (Malaria workers) assigned to coordinate with ANMs for ABHA IDs generation	ANMs & Malaria Workers
Seeding not done in portals	Supervised & worked with ANMs to link ABHA IDs to RCH portal	ANMs, Pharmacist
NCD Screening data on NCD portal	Digitization of NCD records Organized NCD camps in community on every Monday	ANMs, MO & supportive staff
Negligible increase in wellness beneficiaries	Awareness session conducted in OPD Organized meditation session for staff as well as patients	Yoga instructor & support staff

7.3 Departmental Checklist for GAP Analysis of AAM EWS Maloya from 23.04.2024 to 23.05.2024:

Checklist for AAM

Name of Facility: - AYUSHMAN AAROGYA MANDIR EWS MALOYA

S.No.	Check Point	Yes/No	Remarks
1.	Branding completed as per norms	No	6 citizen charter icons are there but renaming of AAM is still pending
2.	Toilet facility Toilets for staff- separate for male and female Toilets for patients- separate for male and female	Yes Yes	
3.	Any Renovation/Repair required	No	
4.	Medicines available HWCs- 172 for UPHC-HWCs UHCs- 105 for UHCs	123 available	List of unavailable drugs is attached with report.
5.	Diagnostics available HWCs- 63 for UPHC- HWCs UHCs- 14 for UHCs	26 available	List of available tests is attached with report.
6.	Internet Connectivity	Yes	
7.	Average Teleconsultation sessions conducted per month	40-45	
8.	Next gen E Hospital started/not started	Yes Started	

9.	Biometric attendance available	No	
10.	Wellness activities performed each day	Yes	
11.	ABHA Id generation of each patient every day	Yes	
12.	ABHA Id linked to Aadhar Card	Yes	
13.	Seeding of ABHA Id	Yes	
14.	Expanded Range of Services (7+5)	Yes	
15.	Emergency Area including Oxygen and Emergency equipment	Yes	
16.	Facilities for Patients Drinking Water – RO Water/ Water Cooler Waiting Area	Yes Yes	
17.	NCD: Population 30+ Average how many people are enrolled per month Average how many screened for NCDs per month	Eligible Population = 10218 Screening Target = 37% of 10218 = 3780 135-140 135-140	
18.	IT- Portals Updation HMIS HWC RCH NCD U-WIN E-Sanjeevani E-hospital	Yes Yes Yes Yes Yes Yes Yes	

	Anmol App	No	
	Nikshay Portal	No	
	IDSP Portal	Yes	
	E-WIN	Yes	
19.	One JAS meeting per month/ JAS Register maintained	Yes	
20.	Utilization of untied funds	Yes	
21.	Health Mela conducted every month	Yes	
22.	Condemnation Material Status	-	
23.	Visitor Register	Yes	
24.	If any equipment- Lying unused/ repair required?	No	

7.4 Other GAPS (Challenges) Observed:

- No separate ARSH (Adolescent Reproductive Sexual Health) clinic.
- Technical issues in ANMOL App.
- No homecare procedure for elderly care.
- Unavailability of some essential drugs & diagnostic services at AAM.
- Patients receive their results the following day as LT is not available in AAM for Malaria slide results.
- Because of high footfall and updation of data on portals, ANM field visits are very few.
- Diagnostic test for TB is not available at AAM.
- No extra incentives to ANMs for JSY & NCD Screening.
- No patient feedback system to gather insights & improve service delivery.

7.5 RECOMMENDATIONS:

- Recruitment of additional medical professionals including nursing & support staff to reduce patient wait times & improve service delivery.
- Implementation of regular training programs to keep the staff updated with working of portals & ABHA seeding.

- Organize community health education program to raise awareness about common diseases and healthy practices.
- Ensure that all services under the Ayushman Bharat Scheme are fully implemented & accessible.
- Establish a dedicated quality control team to regularly monitor & evaluate healthcare services.
- Regular review of patient complaints by MO I/C and suggestions to enhance the overall patient experience.
- Collaboration with non-governmental organisations & private healthcare providers to supplement services & introduce innovative healthcare solutions.

8. NATIONAL QUALITY ASSURANCE STANDARDS:

The Ministry of Health & Family Welfare launched National Quality Assurance Program (NQAP) in 2013 with the aim of recognizing the good performing health facilities as well as improving credibility of public hospitals in community. The National Quality Assurance System of public health facilities should be evidence based, sustainable, have low implementation costs and meet the special needs of health facilities. Certification is provided against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria. Certified facilities are also provided financial incentives as recognition for their good work.

8.1 Components of Quality Measurement System:

The main components of Quality Measurement system are **Quality Standards**. These standards have been defined for various level facilities. The Standards have been grouped within eight **Areas of Concern**. Each standard further has specific measurable elements. These standards and measurable elements are checked in each department of health facility through department specific **Checkpoints**. All checkpoints for a department are collated, and together they form assessment tool called '**Checklist**'. Scored/filled in the checklists would generate **Scorecards**.

8.2 Area of Concern:

The 8 areas of Concern in a health facility are given below:

- I. Service Provision
- J. Patient Rights
- K. Inputs
- L. Support Service
- M. Clinical Care
- N. Infection Control
- O. Quality Management
- P. Outcome



8.3 Scoring:

Table 1: Scoring of measurable elements is done on the basis of following scoring card.

S.No.	Criteria	Full Compliance (2)	Partial Compliance (1)	Non-Compliance (0)
1.	Checkpoint	All requirements are met.	Half of the requirements are met.	None of the requirement are met.
2.	Means of Verification	100%	50-99%	Less than 50%
3.	Intent	Fully met	Partially met	Do not meet

Table 2: NQAS Certification criteria for PHC/UPHC

S.No.	Criteria	Aggregate score (%) of PHC/UPHC
1.	Aggregate score of the health facility	$\geq 70\%$
2.	Score of each department of the health facility	NA
3.	Segregated score in each Area of Concern	$\geq 60\%$
4.	Score of Standard	Standard A2, Standard B4 and standard F6 is $\geq 60\%$
5.	Individual Standard wise Score	$\geq 50\%$
6.	Patient Satisfaction Score	60% or Score of 3.0 on Likert Scale

9. NQAS ASSESSMENT OF AAM EWS MALOYA

Aim:

To get the external NQAS certification of AAM EWS Maloya, NHM, U.T. Chandigarh done.

Objectives:

- To identify current gaps at AAM EWS Maloya.
- To make recommendations to rectify such gaps before the external NQAS assessment.

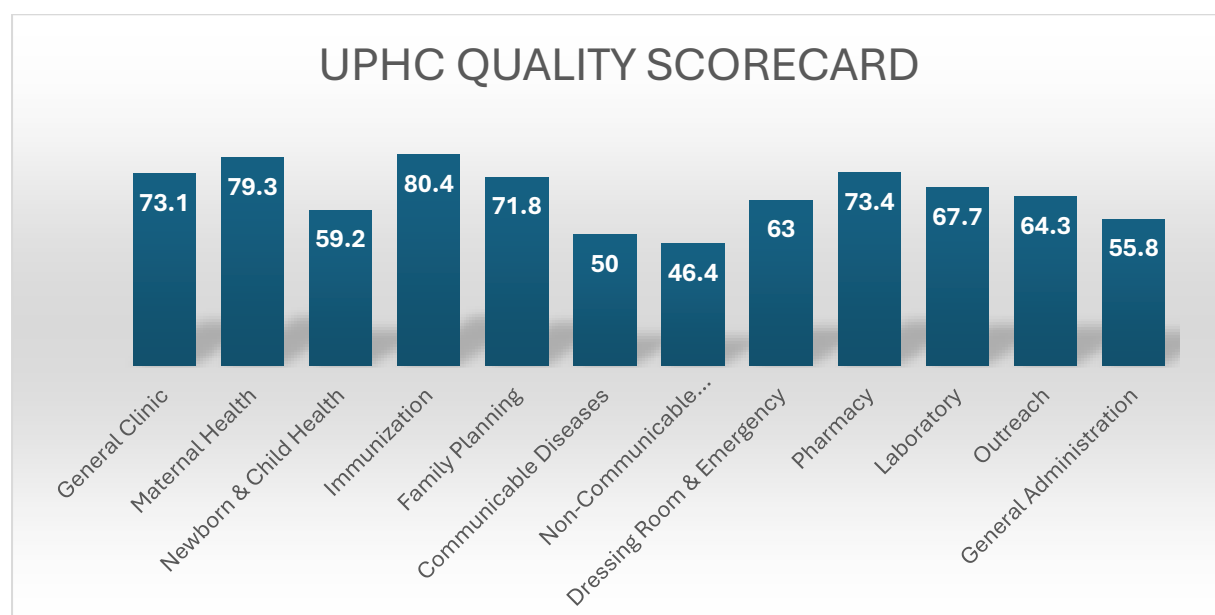
Health Services provided at AAM EWS Maloya are:

- General clinic
- Maternity Health
- Newborn and Child Health
- Immunization
- Family planning
- Communicable disease
- Non communicable diseases
- Dressing and emergency
- Pharmacy
- Laboratory
- Outreach
- General Administration

9.1 SCORECARD:

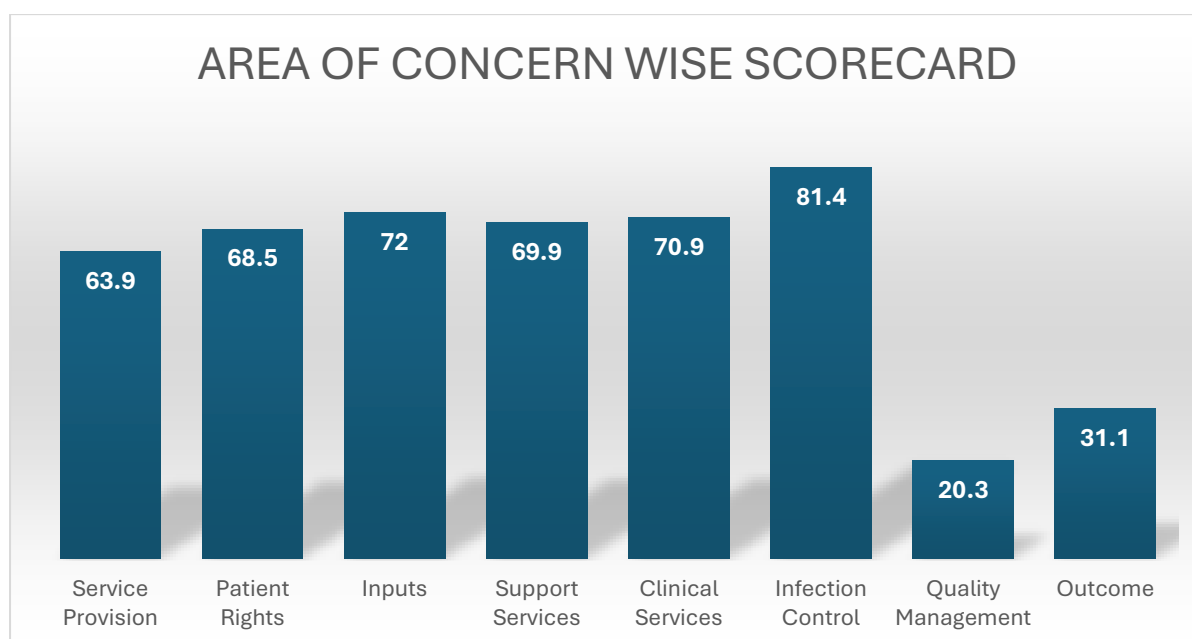
9.1.1 UPHC Quality Scorecard

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	Newborn & Child Health
63.0	73.1	79.3	59.2
Immunization	UPHC Score		Family Planning
80.4			71.8
Communicable Disease	64.4		Non-Communicable Disease
50.0			46.4
Outreach	Pharmacy	Laboratory	General Administration
64.3	73.4	67.7	55.8



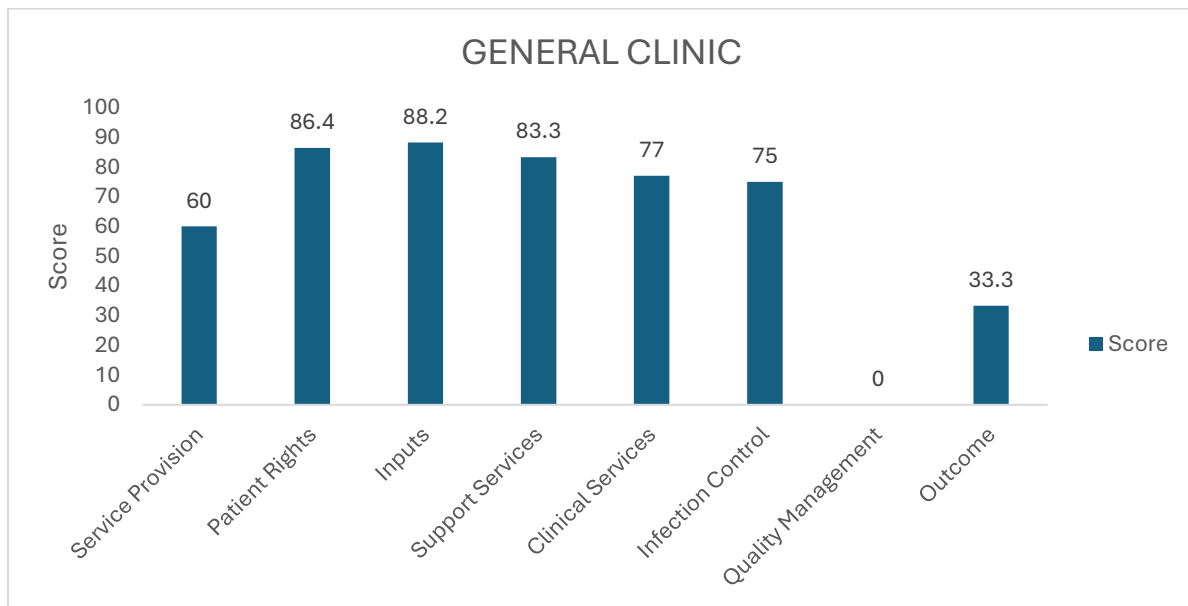
9.1.2 Area of Concern wise Scorecard

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
63.9%	68.5%	72.0%	69.9%
HOSPITAL SCORE 64.4%			
Clinical Services	Infection Control	Quality Management	Outcome
70.9%	81.4%	20.3%	31.1%



9.1.3 Department Wise Scorecard

1. General Clinic

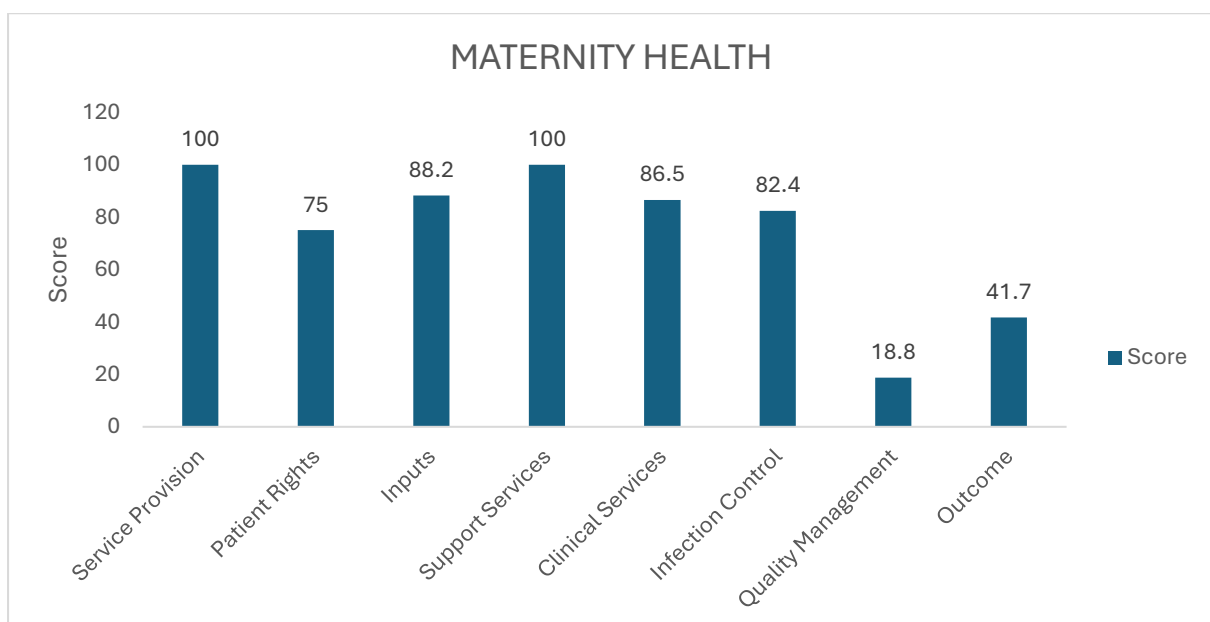


GAPS & ACTION PLAN:

- Std A2(ME A2.5)
 - **Gap:** No separate ARSH clinic facility was available.
 - **Action Plan:** Designate a specific area within AAM for the ARSH clinic and fix one day per week for ARSH services.
- Std B1(ME B1.8)
 - **Gap:** Overcrowding & Queue formation on busy OPD days & long waiting hours for patients.
 - **Action Plan:**
 - Utilize medical interns and supportive staff to assist with non-critical tasks.
 - Implement phone-based appointment system to schedule patient visits and manage flow.
- Std F1(ME F1.1)
 - **Gap:** Hand wash facility was not available at the point of use.
 - **Action Plan:**

- Set up multiple hand wash stations with soap and water in key areas.
 - Display posters and signage promoting hand hygiene practices throughout the facility.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not displayed at the point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.
- Std H1(ME H1.3)
 - **Gap:** Records were not properly maintained.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.

2. Maternity Health



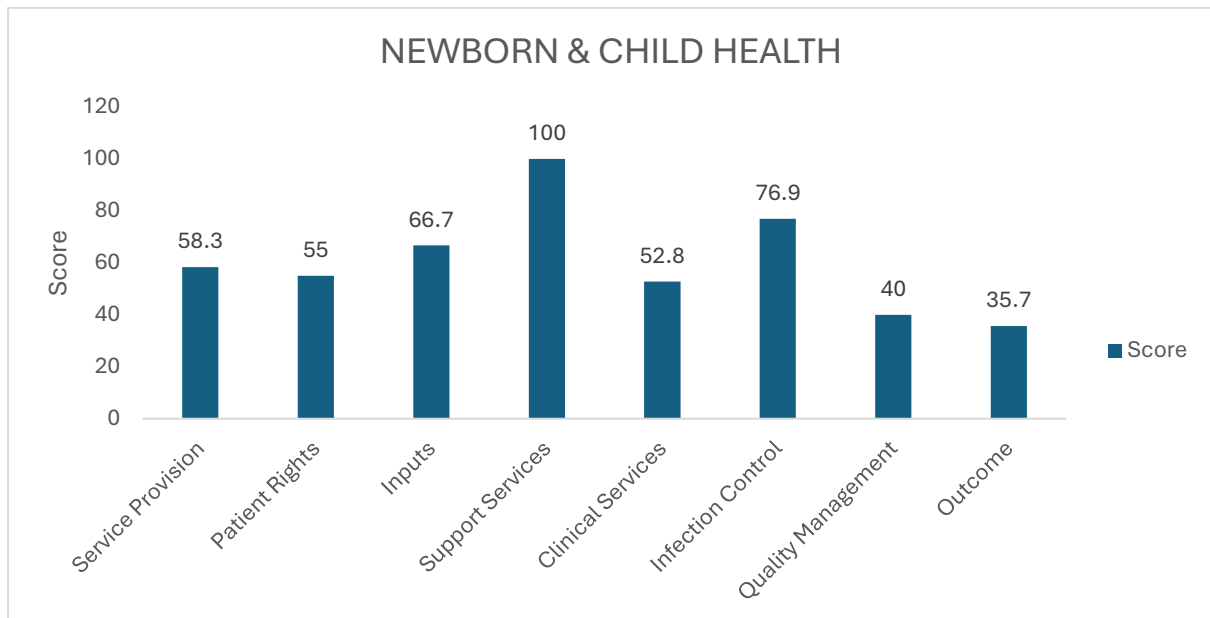
GAPS & ACTION PLAN:

- Std B1(ME B1.2)

- **Gap:** Essential information including Ambulance no., service timings were not displayed.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
- Std B3(ME B3.3)
 - **Gap:** Unavailability of few drugs and diagnostics due to which patients were required to purchase from outside sources.
 - **Action Plan:**
 - Maintain a buffer stock of critical drugs and diagnostic materials to prevent shortages.
 - Provide alternatives for out-of-stock drugs and inform patients about the alternatives available.
- Std C2(ME C2.2)
 - **Gap:** Lack of adequate staff for handling facility services.
 - **Action Plan:**
 - Train non-medical staff to handle administrative tasks to free up medical staff from that.
 - Engage community volunteers to assist with non-medical tasks.
- Std F1(ME F1.1)
 - **Gap:** Unavailability of wash basin at point of use.
 - **Action Plan:**
 - Set up multiple hand wash stations with soap and water in key areas.
 - Display posters and signage promoting hand hygiene practices throughout the facility.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not available at the point of use.
 - **Action Plan:**

- Schedule regular reviews of all SOPs at least annually or as needed.
- Provide easy access to SOPs through printed manuals & digital platforms.

3. Newborn & Child Health

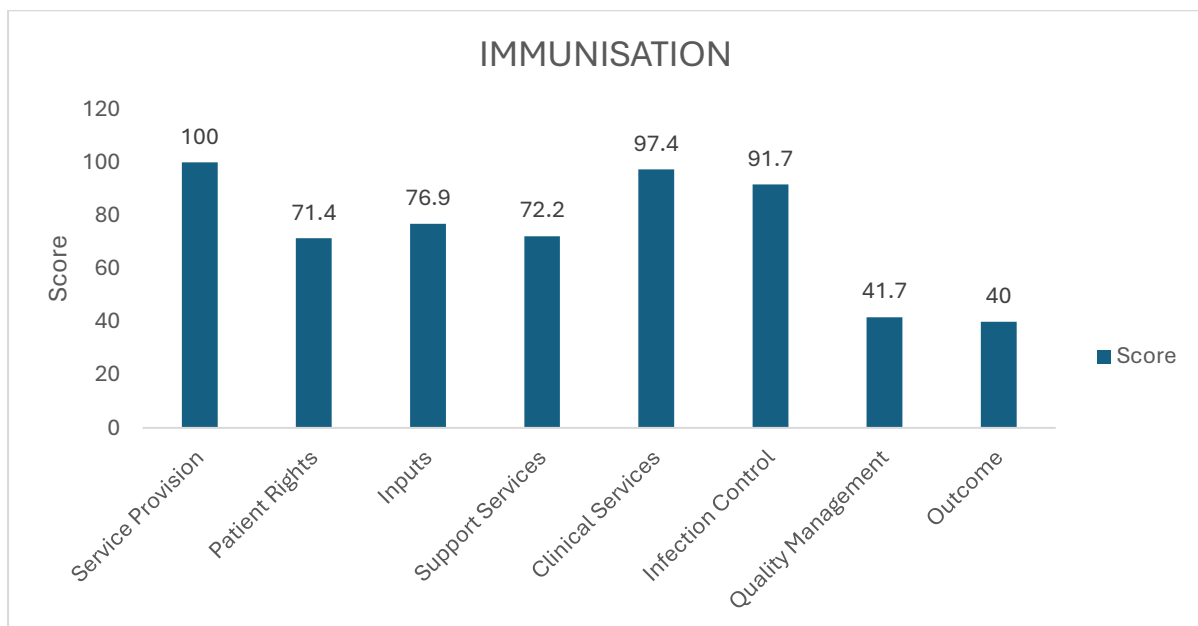


GAPS & ACTION PLAN:

- Std A2(ME A2.4)
 - **Gap:** Records were not maintained.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.
- Std B1(ME B1.2)
 - **Gap:** Essential information for patients is not displayed.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
- Std C3(ME C3.1)
 - **Gap:** Some drugs needed were not present.

- **Action Plan:**
 - Maintain a buffer stock of critical drugs and diagnostic materials to prevent shortages.
 - Provide alternatives for out-of-stock drugs and inform patients about the alternatives available.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were absent.
 - **Action Plan:**
 - Schedule regular reviews of all SOPs at least annually or as needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

4. Immunization

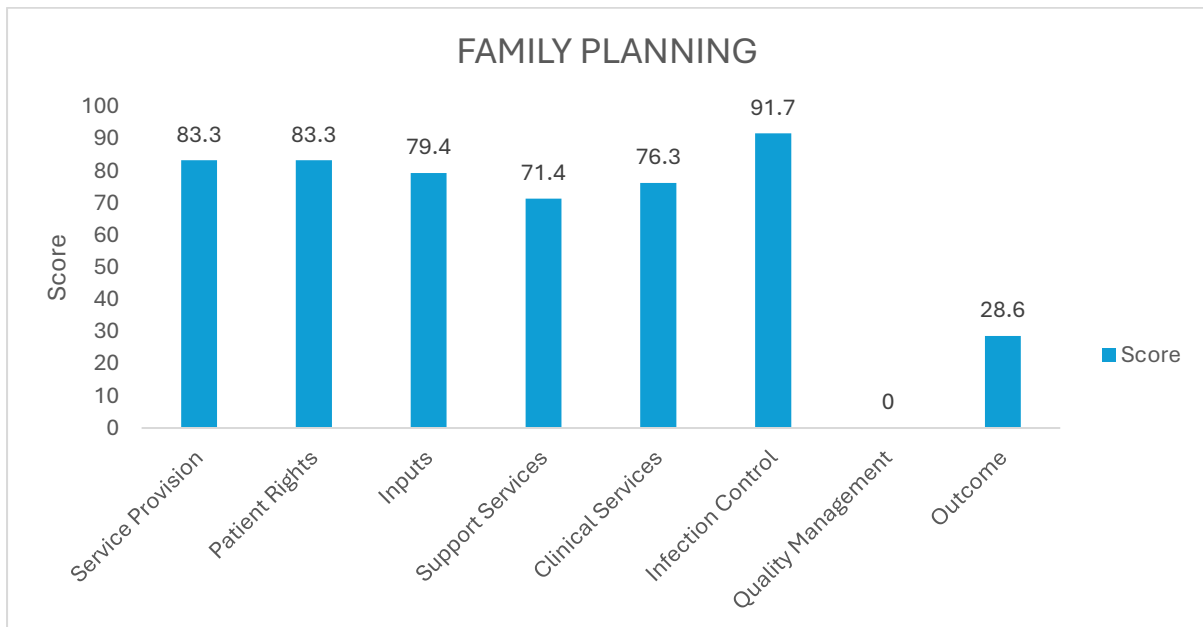


GAPS & ACTION PLAN:

- Std B1(ME B1.2)
 - **Gap:** Service timings were not displayed at the point of use.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.

- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not available at the point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

5. Family Planning



GAPS & ACTION PLAN:

- Std B1(ME B1.7)
 - **Gap:** Written consent procedure was absent for family planning. Only oral consent is taken.
 - **Action Plan:**
 - Create standardised written consent forms for various medical services.
 - Translate forms into local languages spoken by patients to ensure comprehension.

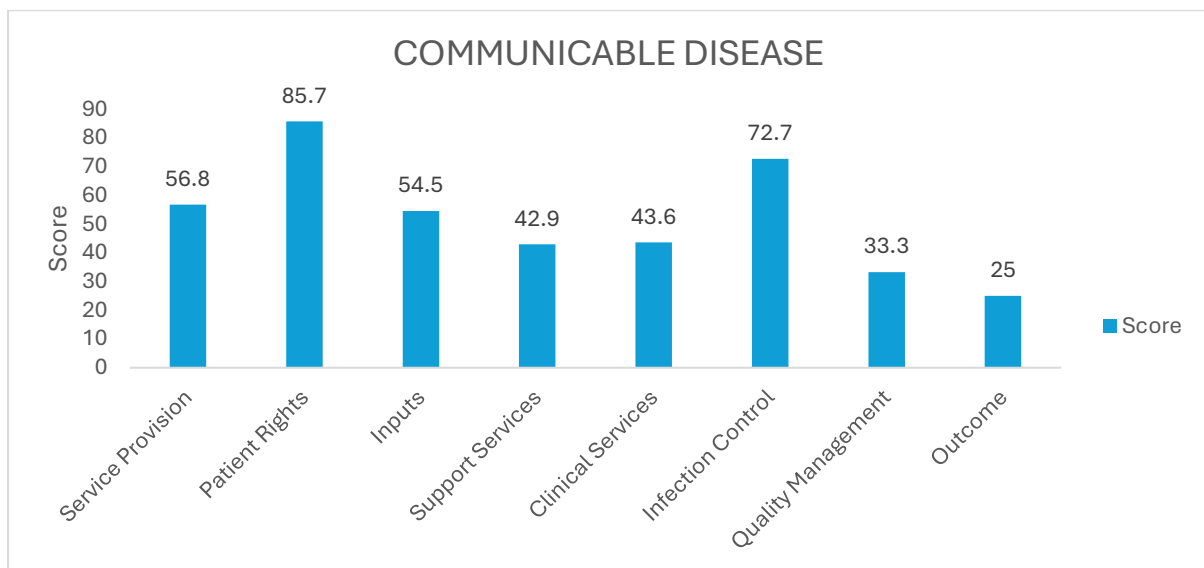
- Std D2(ME D2.4)
 - **Gap:** Some consumables for patients were out of stock.
 - **Action Plan:**
 - Maintain a buffer stock of critical consumables to cover periods of unexpected demand or supply chain disruptions.
 - Conduct regular reviews of inventory & procurement processes to identify & address any inefficiencies.

- Std F1(ME F1.1)
 - **Gap:** Hand wash facility was not there at the point of use.
 - **Action Plan:**
 - Set up multiple hand wash stations with soap and water in key areas.
 - Display posters and signage promoting hand hygiene practices throughout the facility.

- Std G2(ME G2.1)
 - **Gap:** No patient satisfaction survey at periodic intervals.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.

- Std H1(ME H1.2-1.3)
 - **Gap:** Key performance indicators were not properly maintained.
 - **Action Plan:**
 - Train staff on the importance of KPIs & how to accurately collect & report data.
 - Assign responsibility to specific team members for monitoring & updating KPIs.

6. Communicable Diseases

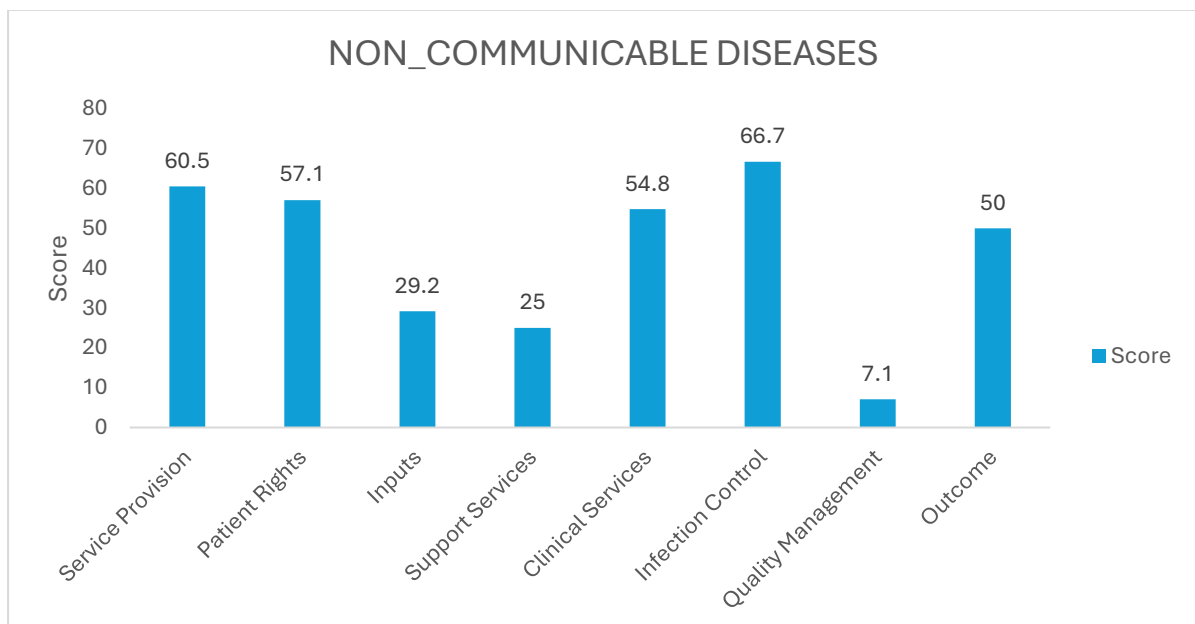


GAPS & ACTION PLAN:

- Std A4(ME A4.2)
 - **Gap:** Diagnostic test services for TB were not available at facility.
 - **Action Plan:**
 - Explore possibilities for shared services or mobile diagnostic units.
 - Implement new diagnostic services in phases based on patient demand and clinical importance.
- Std B1(ME B1.4)
 - **Gap:** IEC material was inadequate, did not cover all essential information for patients.
 - **Action Plan:**
 - Develop comprehensive IEC materials covering key health areas, preventive measures and treatment options.
 - Use digital screens for rotating health messages and updates.
- Std C3(ME C3.1)
 - **Gap:** Drugs were not available for leprosy and some vector borne diseases.
 - **Action Plan:** Maintain a buffer stock of drugs to prevent shortages & provide alternatives for out-of-stock drugs.

- Std D5(ME D5.1)
 - **Gap:** Reporting was not done for MF (Malaria form) 4,5 & 16.
 - **Action Plan:** Implement a streamlined system for collecting and submitting malaria reports under guidance of MO.
- Std E9(ME E9.1)
 - **Gap:** Protocols for managing malaria disease under NVBDCP were not strictly followed.
 - **Action Plan:** Assign responsibility to senior staff members for overseeing protocol adherence and addressing any deviations.

7. Non-Communicable Diseases

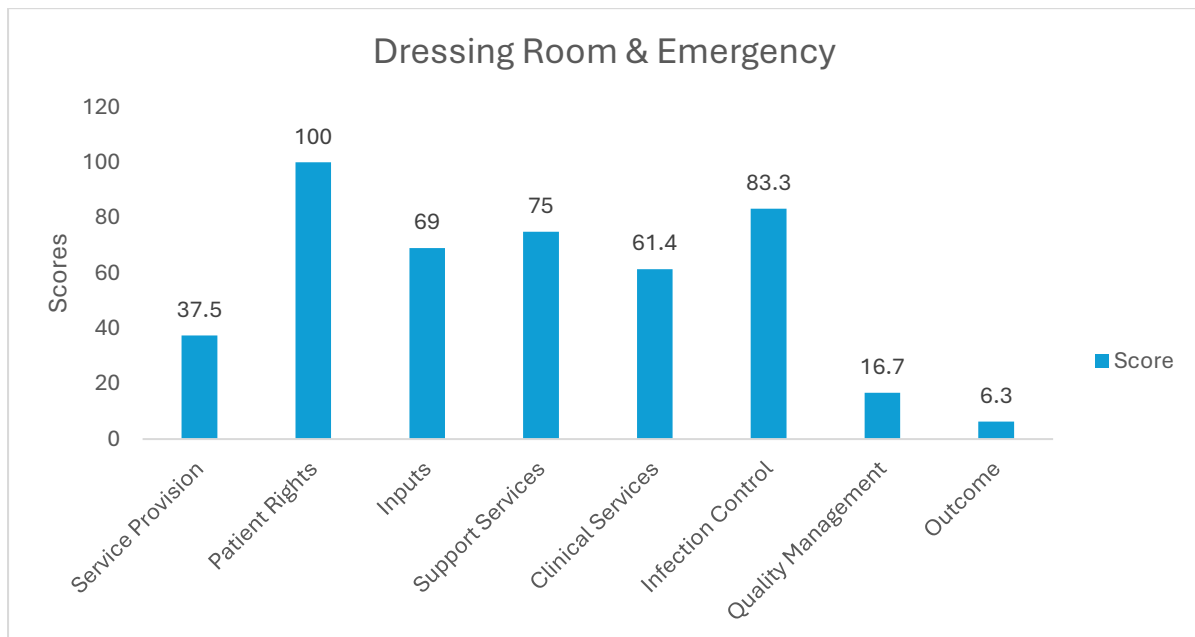


GAPS & ACTION PLAN:

- Std A4(ME A4.7)
 - **Gap:** No fixed days for Geriatric services.
 - **Action Plan:** Schedule a day per week for geriatric services separately along with other services.
- Std B1(ME B1.4)
 - **Gap:** Unavailability of IEC material for blindness and deafness awareness program.

- **Action Plan:**
 - Develop comprehensive IEC materials covering key health areas, preventive measures and treatment options.
 - Use digital screens for rotating health messages and updates.
- Std D5(ME D5.5)
 - **Gap:** Reports and records were not maintained for NBCP, MHP & NDCP.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.
- Std E9(ME E9.5)
 - **Gap:** Protocols were not displayed for common Eye Diseases.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.
- Std E9(ME E9.13)
 - **Gap:** No active engagement with Tobacco Cessation facilities for referral.
 - **Action Plan:** Set up linkages with nearby Tobacco cessation facilities for referral.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were absent at point of use.
 - **Action Plan:**
 - Schedule regular reviews of all SOPs at least annually or as needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

8. Dressing Room & Emergency



GAPS & ACTION PLAN:

- Std A1(ME A1.2)
 - **Gap:** No management facility was available for bone injuries.
 - **Action Plan:**
 - Procure essential equipment for bone injury management including X-ray machines, casting material & splints etc.
 - Train existing staff on basic orthopaedic care.
- Std F1(ME F1.1)
 - **Gap:** Wash basin was not available at the point of use.
 - **Action Plan:**
 - Set up multiple hand wash stations with soap and water in key areas.
 - Display posters and signage promoting hand hygiene practices throughout the facility.
- Std H1(ME H1.1)
 - **Gap:** Anti-Rabies vaccine was not available at facility.
 - **Action Plan:** Ensure availability & proper administration of anti-rabies vaccines.

9. Pharmacy



GAPS & ACTION PLAN:

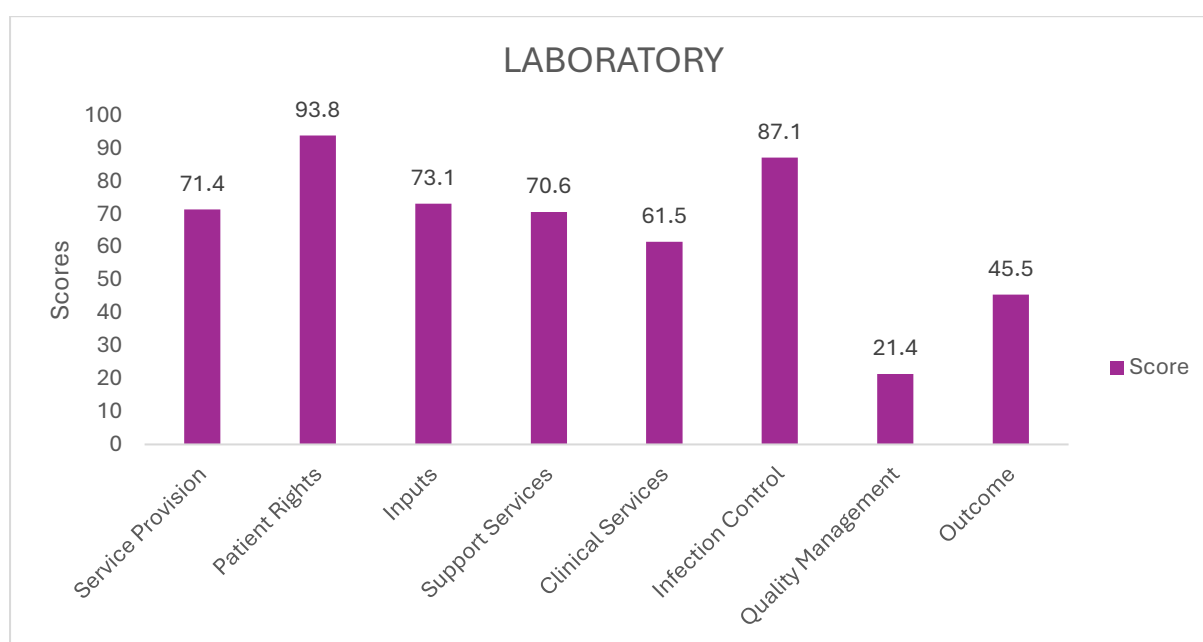
- Std B1(ME B1.2)
 - **Gap:** Available drugs were not displayed for patients.
 - **Action Plan:**
 - Create printed list of available drugs & update them weekly.
 - Place these lists at prominent locations within the pharmacy and waiting areas.
- Std B2(ME B2.1)
 - **Gap:** No separate counter for male, female, old age & disabled.
 - **Action Plan:**
 - Designate separate counters for male, female, disabled and old aged.
 - Implement a queue management system with token numbers for each counter to maintain order & reduce wait times.
- Std B3(ME B3.3)
 - **Gap:** Patients were required to purchase some medicines from outside source.
 - **Action Plan:** Provide alternatives for out-of-stock drugs & inform patients about alternatives available.

- Std C1(ME C1.1)
 - **Gap:** Inadequate space for drug dispensing area.
 - **Action Plan:**
 - Develop a phased plan to expand the dispensing area.
 - Explore options to reorganizing the current layout to maximize the available space.

- Std C3(ME C3.1)
 - **Gap:** Antidotes, antiepileptics & anthelmintics were not available at facility.
 - **Action Plan:** Regularly review and adjust buffer stock levels based on usage data & seasonal trends.

- Std D2(ME D2.6)
 - **Gap:** Patients were not well informed about use of given medicines.
 - **Action Plan:** Train pharmacist on effective communication strategies to ensure they provide clear and comprehensive information about medications.

10. Laboratory



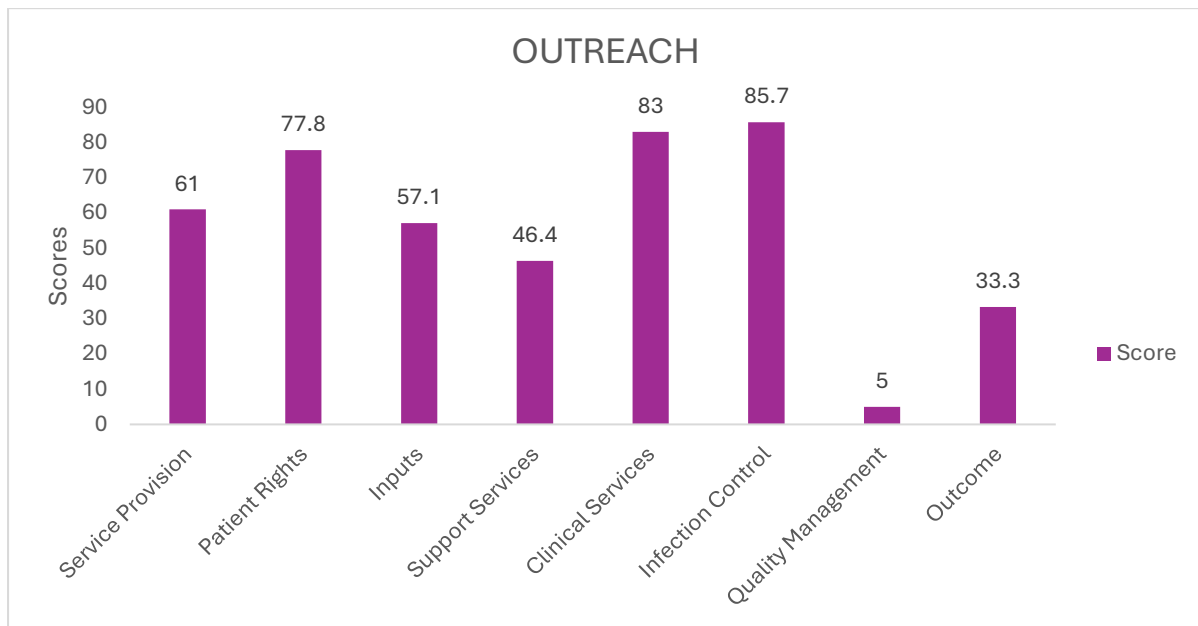
GAPS & ACTION PLAN:

- Std A5(ME A5.2)
 - **Gap:** Tests were not available for local health problems like dengue, swine flu.
 - **Action Plan:**
 - Procure necessary equipment & supplies to conduct these tests.
 - Work closely with local health authorities to stay updated on emerging health issues & required tests.

- Std C1(ME C1.7)
 - **Gap:** Fire extinguisher was not available in lab.
 - **Action Plan:**
 - Procure appropriate fire extinguishers & install at accessible & visible locations in laboratory.
 - Conduct regular fire drills to ensure staff are prepared to respond effectively in case of fire.

- Std G1(ME G1.5)
 - **Gap:** Periodic internal quality assurance was absent.
 - **Action Plan:**
 - Establish an internal QA team.
 - Assign roles & responsibilities within team to cover various aspects of laboratory QA.

11. Outreach

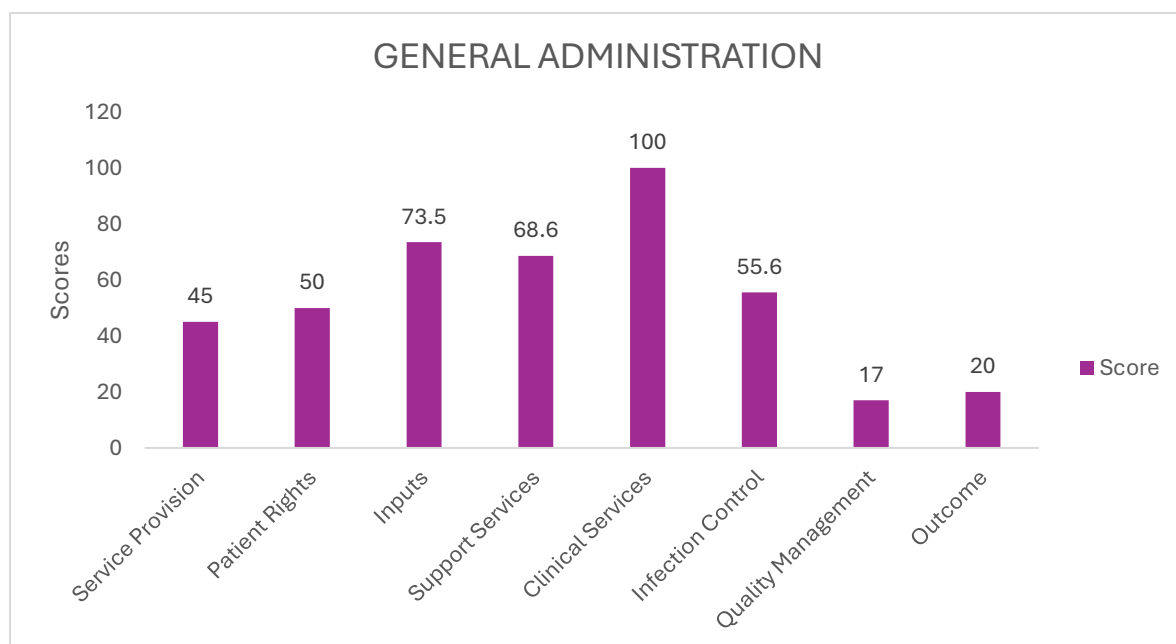


GAPS & ACTION PLAN:

- Std A2(ME A2.5)
 - **Gap:** Adolescent Health Services were not provided separately.
 - **Action Plan:** Schedule a day per week for adolescent services, counselling sessions & awareness programs.
- Std A4(ME A4.3-4.4)
 - **Gap:** Regular follow-up for referral cases was absent.
 - **Action Plan:** Assign responsibilities within staff for regular follow up of referral cases.
- Std B1(ME B1.6)
 - **Gap:** No established Grievance Redressal System for patients was there.
 - **Action Plan:** Establish a grievance committee responsible for reviewing & resolving complaints.
- Std D3(ME D3.)
 - **Gap:** There was no MAS (Mahila Arogya Samiti) was formed in the area.
 - **Action Plan:**

- Conduct community meetings to inform women about concept & benefits of Mahila Aarogya Samitis.
 - Encourage active participation and leadership from local women.
- Std G1(ME G1.1-1.5)
 - **Gap:** Quality Assurance Program was not established at the facility.
 - **Action Plan:**
 - Establish an internal QA team.
 - Assign roles & responsibilities within team to cover various aspects of laboratory QA.
- Std G2(ME G2.1-2.2)
 - **Gap:** Patient and Employee Satisfaction Surveys were not held.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.

12. General Administration



GAPS & ACTION PLAN:

- Std B1(ME B1.2)
 - **Gap:** Services & entitlements were not displayed at the facility.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
 - Place clear and informative signage throughout the facility to guide patients to different services and facilities.
- Std B1(ME B1.8)
 - **Gap:** Disable friendly toilets were not available.
 - **Action Plan:** Procure funding and materials necessary for construction of accessible toilets with wide doors, grab bars, non-slip flooring, accessible sinks & emergency call buttons.
- Std C1(ME C1.7)
 - **Gap:** Fire exit signs were not displayed at exit and evacuation points.
 - **Action Plan:**
 - Install fire exit signs at all designated exit points, stairwells & along evacuation routes.
 - Train staff on the fire evacuation plan, including the importance of fire exit signs and their locations.
- Std G2(ME G2.1)
 - **Gap:** Patient Satisfaction Surveys were not held at periodic intervals.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.
- Std G3(ME G3.1-3.4)
 - **Gap:** Protocols & SOPs were not displayed at point of use.
 - **Action Plan:**

- Schedule regular reviews of all SOPs at least annually or as needed.
- Provide easy access to SOPs through printed manuals.

9.2. MAJOR GAPS OBSERVED:

FROM STAFF INTERVIEW:

- Shortage of human resources as per patient load and services provided at facility.
- Limited opportunities for personal growth.
- Employee Satisfaction Survey was not conducted on a regular basis.

FROM PATIENT INTERVIEW:

- IEC approaches were inadequate to sensitize and inform patients & visitors.
- Queue formation was there at Pharmacy counter.
- Patients were required to purchase some consumables and medicines from outside sources.

THROUGH OBSERVATION:

- Disabled friendly toilets were not available.
- KPI (Key Performance Indicators) were not appropriately analysed.
- No work instructions were displayed at the workplace.

9.3 RECOMMENDATIONS:

- AAM shall make sure that the equipments are calibrated on regular basis.
- There should be a process to revise Standard Operating Procedures.
- ANMs should be prepared to respond to emergencies.
- At the AAM, support workers should perform frequent fire exercises.
- A regular employee satisfaction survey should be carried out.
- Facility staff should adhere to their respective dress code.
- Backup power supply should be available at AAM.
- Health education & information should be offered in the waiting room via booklets, leaflets & brochures.
- Staff should be instructed on how to keep & maintain records.
- NHM's quality department should hold sessions to raise awareness of the National Quality Policy.

9.4 LIST OF NOT APPLICABLE STANDARDS:

There are certain criteria which are not applicable in AAMs of UT Chandigarh & customisation of NQAS Checklist is required for the following standards:

- General Clinic
 - Std A1(ME A1.4): OPD services are available for at least 8 hours in a day.
 - Std D4(ME D4.8): The facility has a defined protocol for the issue of medical certificates.
- Immunisation
 - Std D5(ME D5.11): Formats for First Information report & Preliminary Investigation Report are available at the facility.
- Family Planning
 - Std A2(ME A2.1): Safe abortion services.
 - Std D4(ME D4.7): Compliance to MTP act for abortion procedures.
 - Std E7(ME E7.5): Facility provides abortion services for 1st trimester.
- Pharmacy
 - Std D2(ME D2.1): Facility has an established procedure for local purchase of drugs in emergency.
- Laboratory
 - Std D5(ME D5.9): Check form L & W are filled for information required as per reporting format.
- Outreach
 - Std D2(ME D2.4): There is a system of periodic replenishment of drugs and consumables in ASHA kits.
 - Std D3(ME D3.3): The facility has established procedure for supporting and monitoring activities of community health work- ASHA.
- General Administration
 - Std A3(ME A3.3): The facility provides medico-legal and administrative services.
 - Std C2(ME C2.1): Availability of part time medical officer.
 - Std C2(ME C2.2): Availability of staff nurses.
 - Std C2(ME C2.3): Availability of Public Health Manager.
 - Std D3(ME D3.1): The facility has established procedures for management of activities of Rogi Kalyan Samiti.

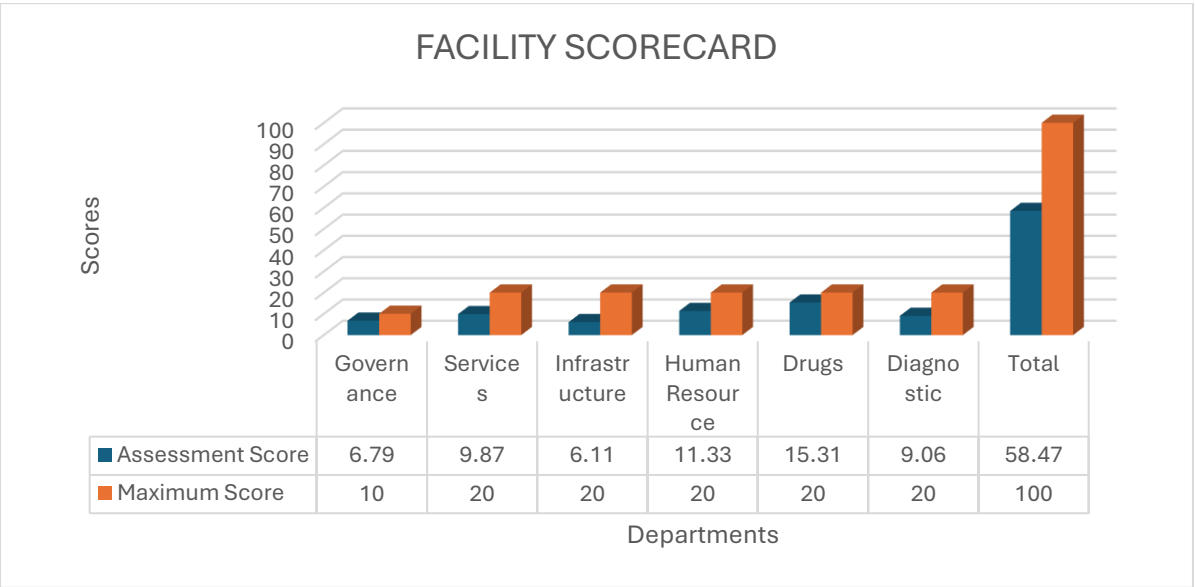
10. IPHS 2024 (NHSRC) CHECKLIST

10.1 About Facility:

State	Chandigarh
District	Chandigarh
Block	Chandigarh
NIN	1122166588
Facility Name	AAM EWS Maloya
Facility Title	PHC
Facility Subtitle	UPHC
Functional Beds	0

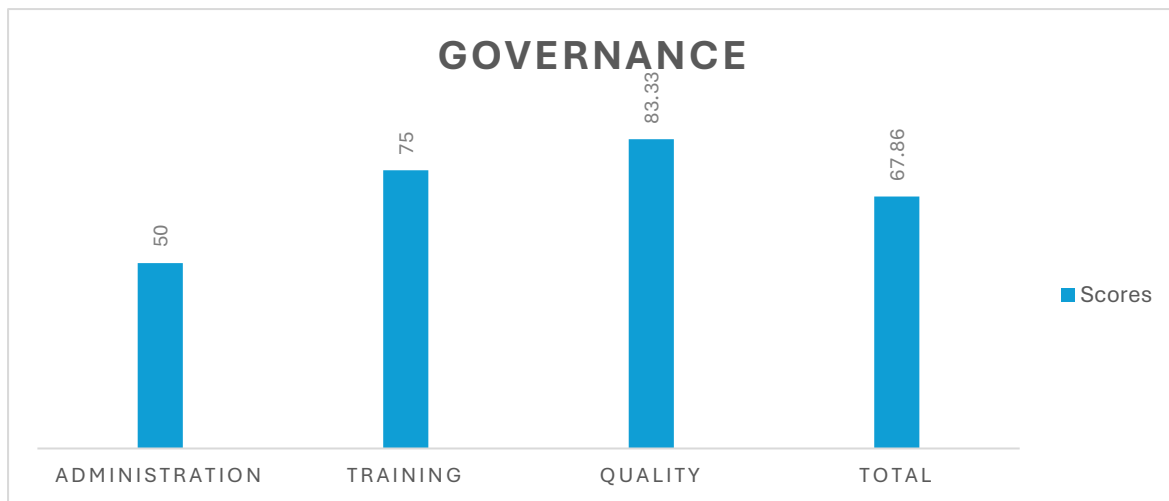
11. ASSESSMENT REPORT:

11.1 Facility Scorecard



11.2 Department wise Scorecard

1. GOVERNANCE



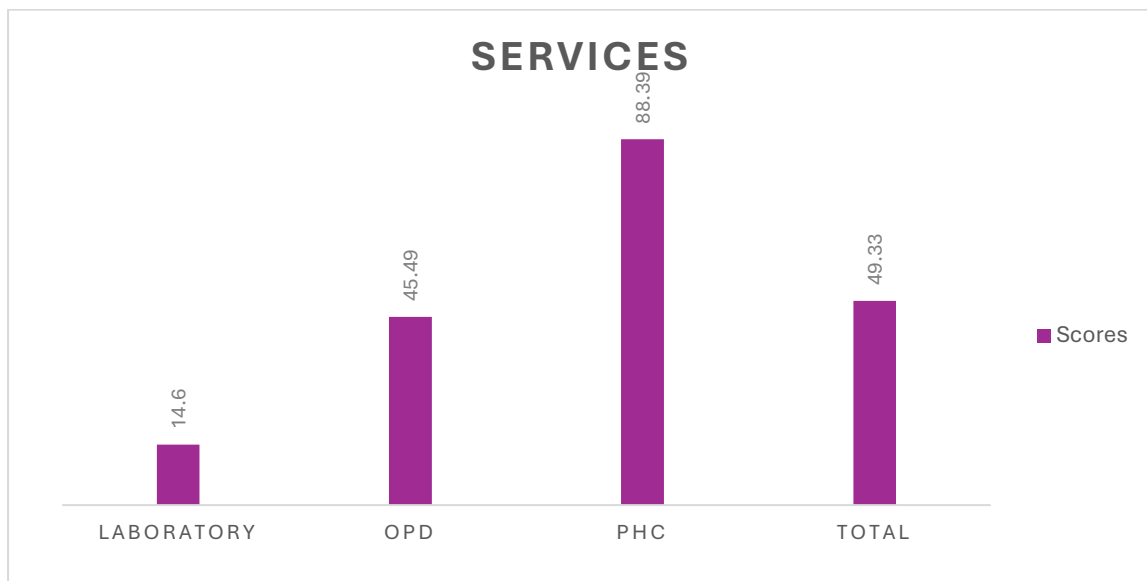
GAPS:

- 'Mera Aspatal' was not in use for quality assurance.
- Variability in quality of care provided due to a lack of standardised protocols across different departments.

ACTION PLAN:

- Establish clear policies & SOPs for all services.
- Implement a framework for regularly monitoring and evaluation of performance.
- Implement feedback mechanism to continuously improve service quality.

2. SERVICES



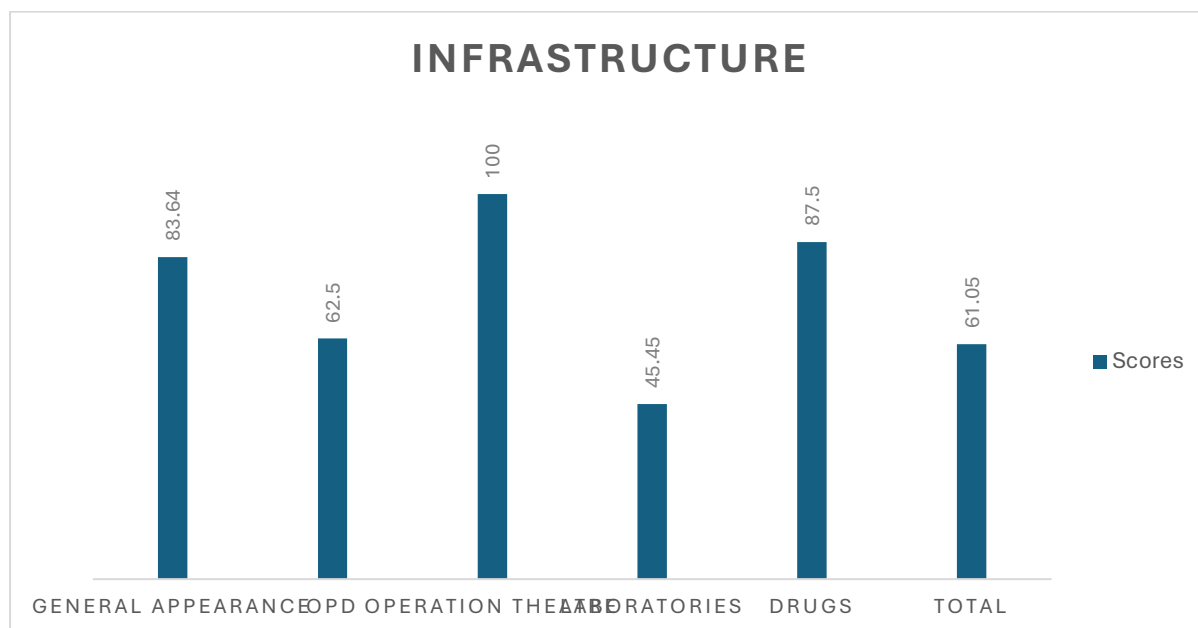
GAPS:

- No separate registration counter for women, elders & differently abled in OPD.
- Inadequate IEC material for prevention & control of deafness service.
- Lack of patient education on disease prevention, management & healthy lifestyle choices.

ACTION PLAN:

- Designate separate counters for male, female, old aged and disabled.
- Implement a queue management system with token numbers.
- Use digital screens for rotating health messages and updates.
- Employ community health workers to engage with the local population & support outreach programs.

3. INFRASTRUCTURE



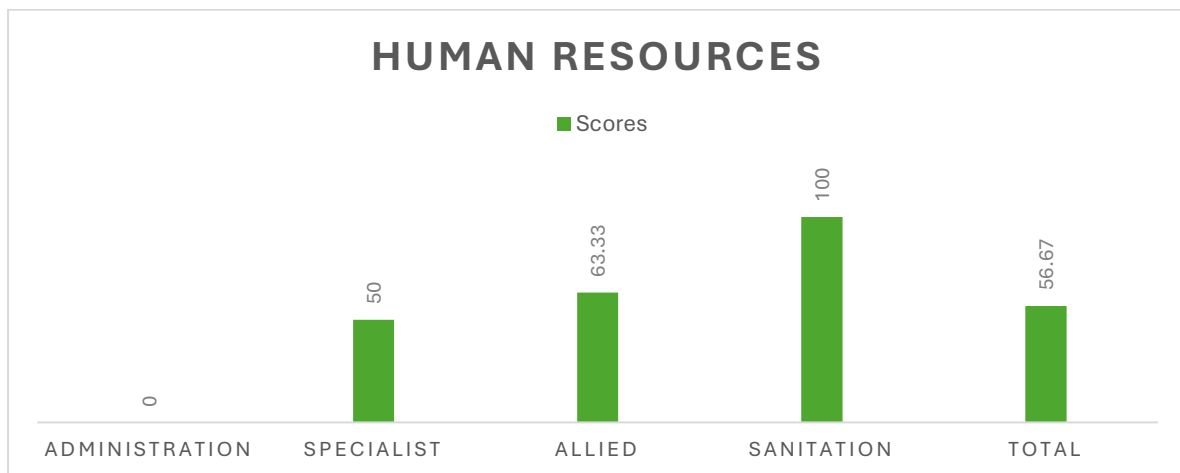
GAPS:

- Absence of hospital layout at the entrance.
- Rainwater Harvesting was not in use.
- Disaster Management Plan was not available.
- Separate registration counter was not available for OPD card registrations.

ACTION PLAN:

- Establish a regular maintenance schedule & allocate resource.
- Implement necessary modifications such as hospital layout & disaster management plan to improve accessibility with ensuring compliance.
- Separate zones for different services to maintain patient privacy & reduce cross-infection risks.

4. HUMAN RESOURCES



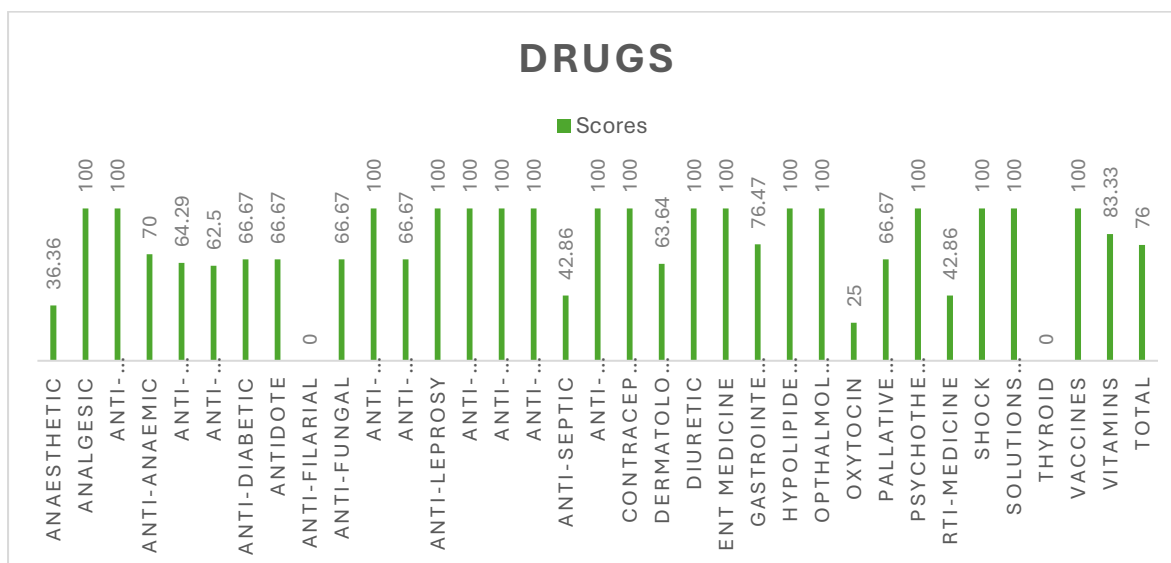
GAPS:

- No HR for DEO services.
- Public Health Manager was not present at AAM.

ACTION PLAN:

- Ensure adequate staff levels for doctors, nurses and support staff.
- Foster better communication & coordination between diff services through regular interdisciplinary meetings and shared patient management systems.
- Introduce performance metrics and regular evaluations for staff to ensure accountability and adherence to established protocols.
- Implement regular training & development programs to keep the staff updated.
- Establish a robust referral network with higher level hospitals for specialized care.

5. DRUGS



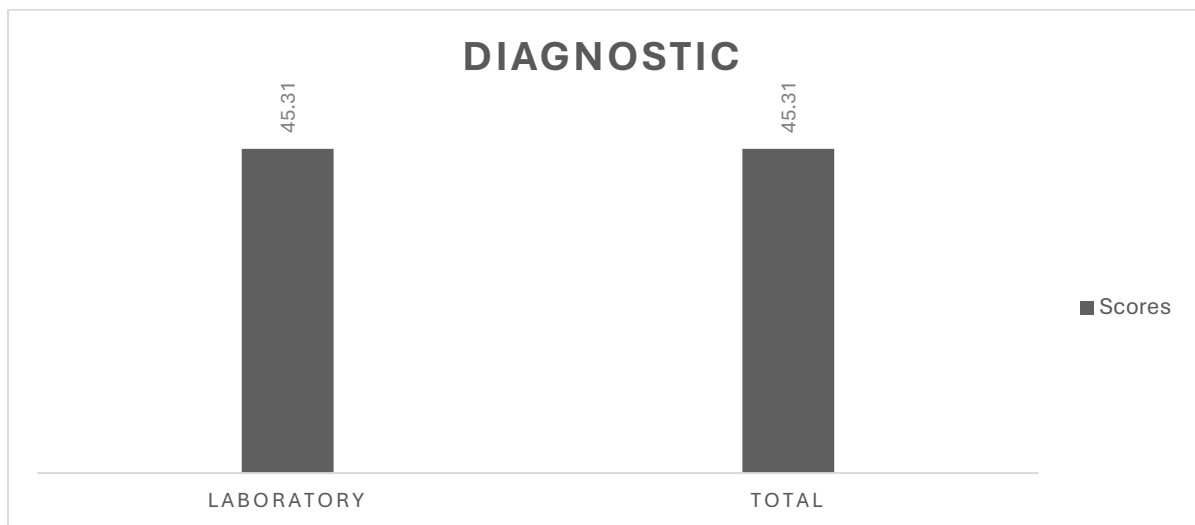
GAPS:

- No separate counter for women, elderly & differently abled for medicines.
- Inadequate space for drug dispensing area.
- About ¼ of the medicines as per available list were not available.

ACTION PLAN:

- Designate separate counters for male, female, old aged and disabled.
- Secure necessary approvals & funding for the expansion project.
- Explore options for reorganizing the current layout to maximize the available space.
- Inform patients about alternatives & ensure substitutes are clinically appropriate.

6. DIAGNOSTIC



GAPS:

- About 50% of the available tests for AAM were not done.
- Only 25% equipments needed for testing were out of the available list.

ACTION PLAN:

- Conduct a thorough needs assessment to identify specific diagnostic services that are currently unavailable but essentially required.
- Prioritize services based on patient demand & clinical importance.
- Explore possibilities for shared services or mobile diagnostic units.

11.3 RECOMMENDATIONS:

- Separate zones for different services to maintain patient privacy & reduce cross-infection risks.
- Stock a comprehensive list of essential drugs as per national guidelines.
- Use digital tools to track drug usage and predict future needs.
- Ensure drugs are stored under appropriate conditions.
- Implement a FEFO (first expire, first out) policy to reduce wastage.
- Employ community health workers to engage with the local population & support outreach programmes.
- Ensure adequate staffing levels for doctors, nurses, lab technicians, pharmacists & support staff.
- Create a supportive work environment with opportunities for career progression.
- Establish clear policies & SOPs for all services.
- Implement a framework for regular monitoring and evaluation of performance.
- Establish a robust referral network with higher level hospitals for specialized care.
- Implement feedback mechanisms to continuously improve service quality.

11.4 LIST OF NOT APPLICABLE CRITERIAS:

Customisation of ODK Checklist is required for the following criteria's:

- Availability of Effluent Treatment Plan (ETP).
- Availability of Staff Nurse.
- Availability of Public Health Manager.
- Monitoring by Rogi Kalyan Samitis.
- MTP Act: Availability of form C
- PcPNDT Act
- MTP services

12. GALLERY



Ante-natal Care at AAM EWS Maloya





Outreach Program in EWS Maloya



Awareness Session on National Dengue Day



National Dengue Day (16/5/24)



Inauguration of Modern Immunisation Centre

13. CONCLUSION:

AAM EWS Maloya demonstrates a commendable commitment to improve public health through its patient-centric best practices.

BEST PRACTICES:

- **Holistic Health Approach-** Integrating Homeopathy, Yoga & other traditional practices with modern medical treatments.
- **Community Engagement-** Regular health camps & awareness programs that foster a proactive health culture.
- **Patient-Centric Services-** Emphasis on patient education & personalized care plans.

However, despite these strengths, certain gaps have been identified that require attention to further enhance service delivery & patient outcomes.

MAJOR GAPS:

- **Staffing Shortages-** Insufficient no. of trained healthcare professionals to meet the growing demand for services.
- **Data Management-** Lack of a robust health information system for efficient patient data tracking & analysis.
- **Quality Assurance & Feedback System-** No internal quality assurance system is present. Need a robust service delivery & feedback system for improved performance.
- **Infrastructure Limitations-** Need for more advanced medical equipment and technology along with drugs and diagnostics availability to cater to a broad range of health issues.

RECOMMENDATIONS:

- **Infrastructure Enhancement-** Investment in medical technology & expansion of facilities to accommodate more patients & diverse treatments.
- **Human Resource Development-** Recruitment drives and training programs to address staffing shortages and improve the skill sets of existing staff.
- **Health Information System-** Implementation of an integrated electronic health record (EHR) system for better data management & patient care coordination.

MY CONTRIBUTION:

- Under the mentorship of Medical Officer, volunteered to support health camps & awareness programs in the facility.
- Provide supportive supervision & worked with staff to encourage community participation in health initiatives, fostering a culture of proactive management.
- Created ABHA IDs along with special focus on NCD Screenings, to provide holistic healthcare.

In conclusion, while AAM EWS Maloya has made commendable strides in public health, strategic efforts to bridge existing gaps & implement targeted recommendations will be essential for sustaining and enhancing its impact on the community's health & wellbeing.

14. ABOUT PROJECT ORGANIZATION (PART II)

NRC Dhanas is an urban slum colony in Zone 1, in Union Territory of Chandigarh, India.

14.1 AREA DETAILS:



NIN No.: 1348644186

Location: AAM NRC Dhanas – District Chandigarh, Zone 1, Chandigarh, 160014, India

Latitude: 30.772693°

Longitude: 76.749387°

14.2 AAM Details:

Population	59982
No. of Houses	2112
Households	8448
No. of Eligible Couples	10197
Target Couples	8475
No. of Pregnant Women	705
No. of Children	3532
Children 0-1 years	723
Children 1-5 years	2809

14.3 AIM & OBJECTIVES:

This report summarizes the findings(gaps) & recommendations for AAM NRC Dhanas on analysis of its departments and services from 24.05.2024 to 21.06.2024 with respect to following three checklists:

- Departmental Checklist
- NQAS Checklist
- IPHS Checklist

AIM:

To assess the health centre's adherence to best practices, efficiency & quality of care provided.

OBJECTIVE:

- To identify current gaps in healthcare services provided at NRC Dhanas.
- To make recommendations based on analysis of gaps in service delivery.
- To design action plan to rectify these gaps.

14.4 AAM ANALYSIS:

14.4.1 HR Availability:

S. No.	Name	Position
1.	Dr. Satyam Tyagi	Medical Officer
2.	Dr. Parveen Malik	MO (AYUSH)
3.	Mr. Praveer Rattan	Pharmacist
4.	Mrs. Sushma	LHV
5.	Mrs. Parvati Joshi	ANM
6.	Mrs. Kulvir Kaur	ANM
7.	Mrs. Onkar Jeet Kaur	ANM
8.	Mrs. Varinder Kaur	ANM
9.	Mrs. Sukhjeet Kaur	ANM
10.	Mrs. Arvinder Kaur	ANM
11.	Mrs. Manjeet Kaur	ANM
12.	Mr. Davinder Kumar	MPHW
13.	Mr. Sukhwant Singh	SB
14.	Mr. Harvinder Singh	SB
15.	Mr. Ashwani Kumar	SB
16.	Mr. Rajiv Bhatt	SB
17.	Mr. Joginder Singh	SB
18.	Mrs. Meena	Lab Tech.
17.	Mr. Navneet	Yoga Therapist
18.	Mr. Deepak Kumar	TB Health Visitor
19.	Mrs. Poonam	DOT Provider
20.	Mrs. Nidhi Verma	DEO
21.	Mr. Ajay	Multi-Tasking Staff
22.	Mr. Suraj Bhan	Housekeeping

14.4.2 Services Available:

OPD Services (General, Dental & AYUSH), Family Planning, Reproductive & Child Healthcare, Newborn & Infant Healthcare, Immunization, NIPI, NCD Screening, Malaria Screening, TB Screening, Tele consultancy, Wellness activities, Field Visits & Outreach programs, Health Mela, JAS Meetings, Drug delivery, Lab Services & Emergency

Services	From 24.05.2024 to 21.06.2024
OPD <ul style="list-style-type: none">• Medicine• AYUSH	2484 350
Reproductive & Child Health <ul style="list-style-type: none">• Newly Registered Females• Newly Registered Neonates	62 58
Immunisation	241
NIPI	91
Lab Services (free & essential diagnostic services)	384
Drug Delivery (free & essential medicines)	2834
Tele consultancy	85
Malaria Screening	55
NCD Screening	125
TB Screening	19
Field visit (Mon, Thurs, Fri)	11
Outreach programs (every 3 rd Thursday)	1(20.06.2024)
Health Mela (last Friday of every month)	1(27.05.2024)
JAS Meeting	1(28.05.2024)
Wellness Activities (Yoga)	218
Emergency Treatment	5

Portals	From 24.05.2024 to 21.06.2024
HMIS	Submitted
HWC	Daily reporting
RCH	Newly registered PW = 62 Newly registered EC = 83
NCD	125
U-WIN	241
E-Sanjeevani	85
E-Hospital	2834
Anmol App	Not working
Nikshay	19
IDSP	S form = 30 P form = 135
E-WIN	Working
ABHA IDs	280

15. OBSERVATIONS:

15.1 BEST PRACTICES FOLLOWED:

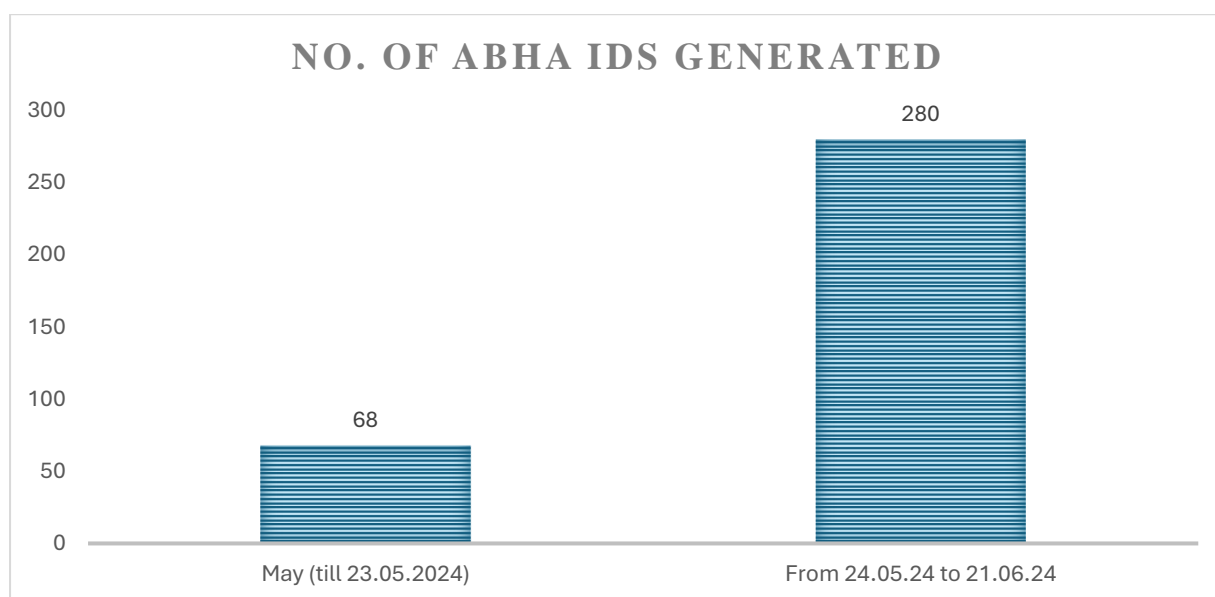
- Well established Hub & Spoke system in application for laboratory facilities.
- Regular TB Screening as well as follow up of patients at the facility.
- HMIS report was submitted on time on a regular basis.
- Installation of Digi Screen for display of National Programs related IEC activities, Health Promotion & Awareness activities.
- Records for OPD, ANC, family planning, immunization, NIPI, E-WIN & HRP were updated regularly.
- Consistent accurate entries in portals (HMIS, HWC, NCD, U-WIN, E-WIN, E-Sanjeevani, E-Hospital).
- Quality oriented antenatal services with proper screening & counselling for family planning.
- JSY register was properly maintained.
- Proper coverage of post-natal care & immunization.
- Regular outreach programs.

- Regular field visits with door-to-door surveys for early detection & prevention of diseases to obtain healthcare.
- Adequate screening for malaria at the centre with daily field visits.
- Roster created for staff for well distribution of daily duties and tasks.
- Pradhan Mantri Matru Vandana Camps were held twice a month to make the females aware about various government schemes to promote their welfare.

15.2 AREA OF FOCUS:

- ABHA IDs Generation
- Seeding of ABHA IDs
- NCD Enrollment & Screening (>30 yrs. of age)
- Wellness Activities performed each day
- Jan Aarogya Samiti (JAS)

■ ABHA IDs Generation



STATUS:

ABHA IDs created were low in number due to listed challenges but over the month, the no. has improved with efforts and initiatives of staff under guidance of MO.

CHALLENGES:

- Very poor network connectivity at the facility.

- Patients (specially females) don't have their own mobile phones.
- Mobile nos. are not registered with Aadhar Card as OTP sent on number is needed for ABHA registration.
- Patients frequently change their mobile numbers in this area.

INITIATIVE & CONTRIBUTION:

- Held camps for ABHA IDs generation in bulk of full families. ABHA IDs were created during field visits on spot.
- Also, Increased the no. of ABHA IDs with assistance and support of Anganwadi workers.
- Assisted and support ANMs in their work & 45+ ABHA IDs have been created by me.

▪ SEEDING OF ABHA IDs

STATUS:

Seeding has initiated at RCH as well as E-Hospital portal.

CHALLENGES:

- Poor network connectivity at the facility was a major issue.
- High patient load in the morning due to large no. of OPD registrations.
- Seeding via NCD Portal was done at the level of MO where data entered for NCD screening by ANMs updates on the next day when patient was not available.
- Also, ANMs are not well versed with seeding of ABHA IDs at RCH portal.

MY CONTRIBUTION:

- Provide supportive supervision to ANMs in ABHA ID Mapping on RCH portal.
- Worked with them in linking ABHA IDs to RCH Portal.

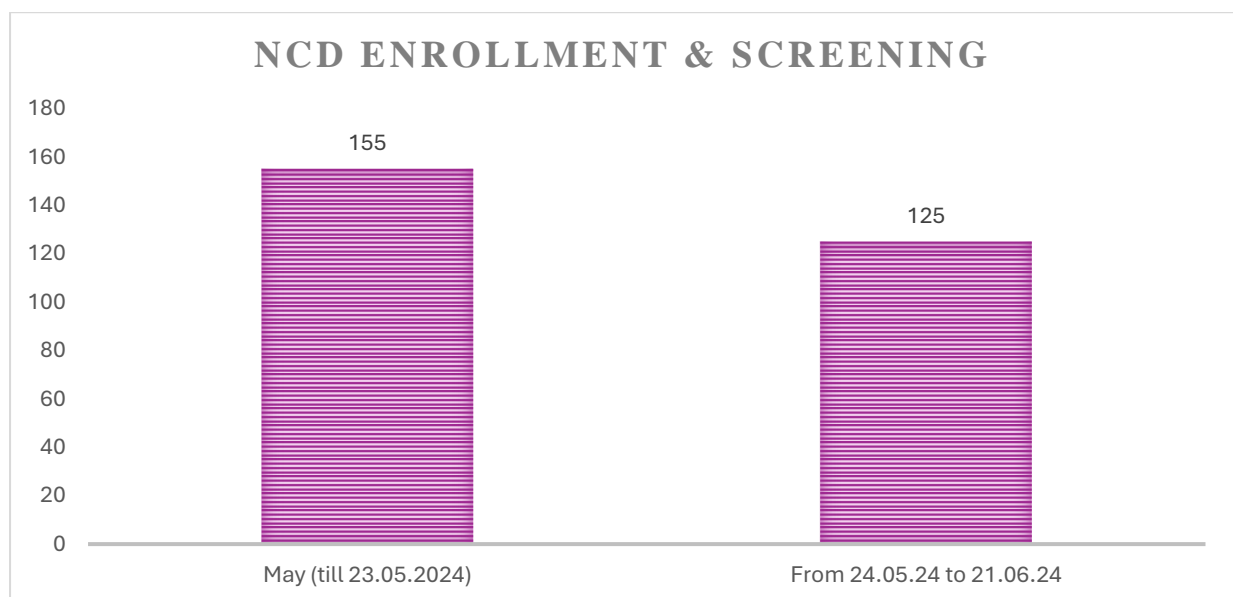
ABHA Number linkage with RCH ID
Back

ABHA Number Data	91-2770-8482-8254	Sapna Gaud
Score		✓ 100%
Result	MAT	

ABHA Number has been successfully linked with RCH ID.

BACK TO SEARCH
PRINT ABHA CARD

▪ **NCD Enrollment & Screening (>30 yrs. Of Age)**



STATUS:

NCD screenings has reduced marginally in AAM over the period.

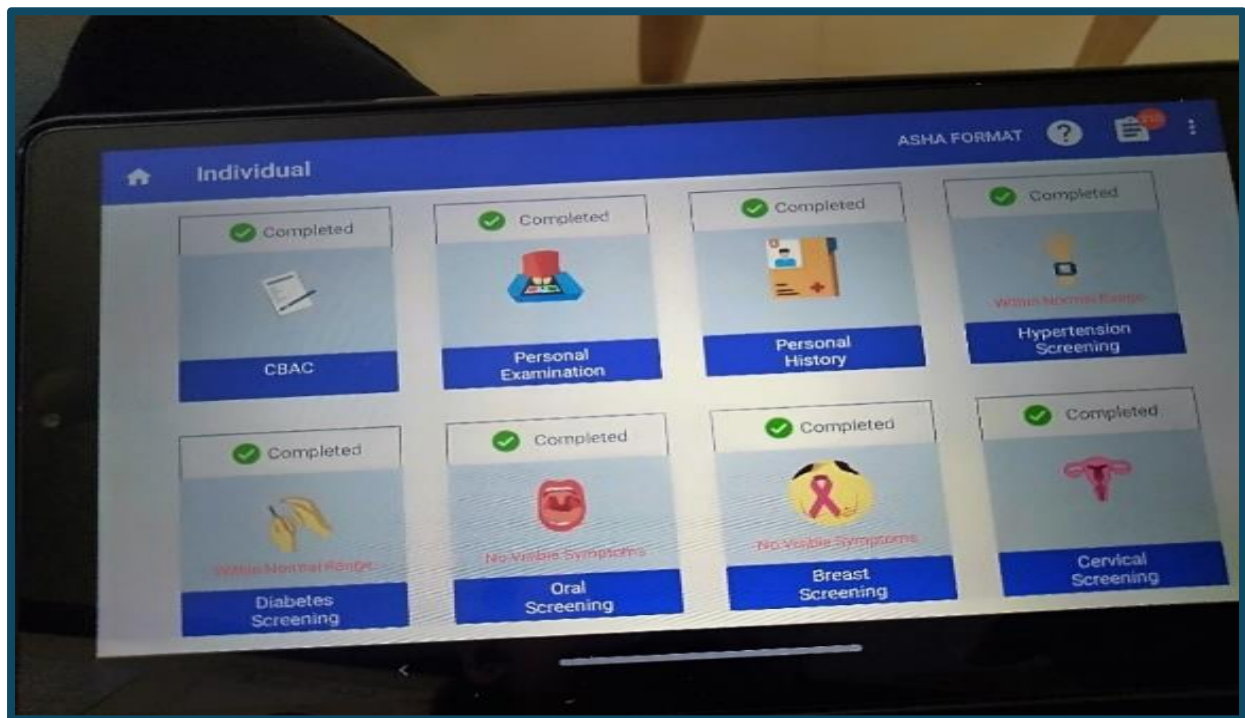
CHALLENGES:

- Digitization of data is challenging due to very poor network connectivity.
- Delay in results of RBS test.

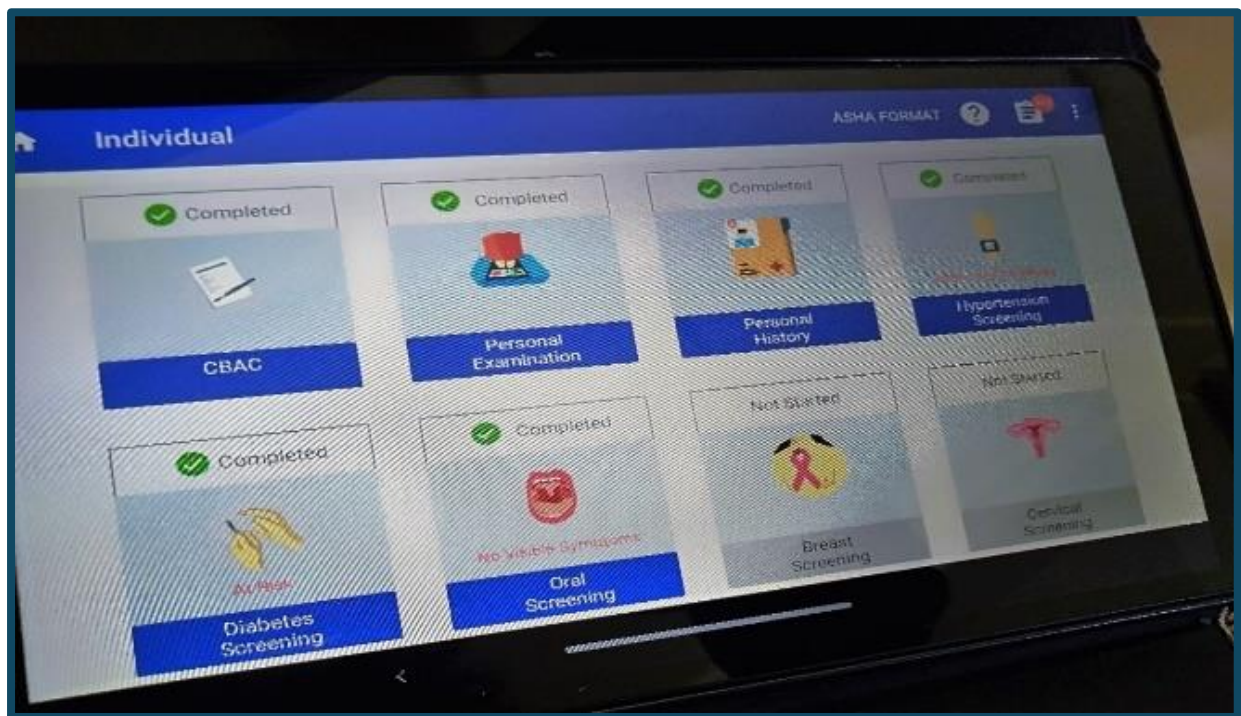
CONTRIBUTION:

- One staff member (out of ANM) was assigned NCD screenings on daily basis to boost holistic healthcare of people.
- Contributed in NCD screenings with ANMs (40+ NCD screenings have been done by me.)

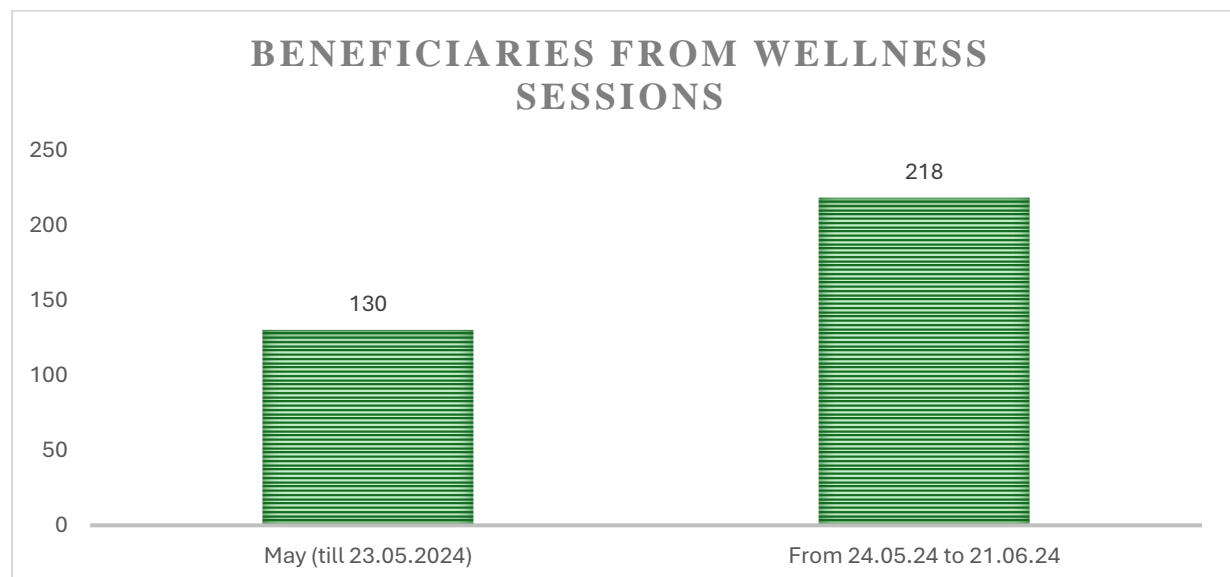
NCD Screening for Female



NCD Screening for Male



▪ Wellness Activities performed each day



STATUS:

Sessions are performed on daily basis, and beneficiaries no. are increasing but not sustained for longer period.

CHALLENGES:

- Limited space was available at facility.
- Patients were not aware about the importance of wellness in health.
- Also, patients were not attending the sessions on regular basis.

INITIATIVE:

- Conducted an awareness program at the facility during OPD hours to aware more and more people.
- Divided the patients in group and held multiple sessions to cover all patients.

▪ **Jan Aarogya Samiti (JAS)**

JAS COMMITTEE MEMBERS:

Chairperson	Councilor	Mr. Ram Chandra
Secretary	MO I/C of UPHC	Dr. Satyam Tyagi
Members	MO (AYUSH)	Dr. Parveen Malik
	Pharmacist	Mr. Pravir Rattan
	LHV	Mrs. Sushma Kumari
	ANMs	Mrs. Kulvir Kaur
		Mrs. Arvinder
		Mrs. Sukhpreet Kaur
	MPHW	Mr. Devender
		Mr. Sukhwant Singh
	LT	Mrs. Meena
	Teacher Health Incharge	Mrs. Ravinder Kaur

Issues discussed in the meeting:

- The electrical power switch of malaria room become faulty and need to be changed which may cost Rs. 600(approx..) including labor.
- The curtain rod in MO's office broke down and need to change including rims which may cost Rs. 1200(approx..) including installation.
- The toilet seat of ANM's room broke down and must be repaired which may cost Rs. 1300(approx..) including labor charges of plumber.

CONCLUSION:

Gaps (Area of Focus)	Action Plan	Responsibility
Low no. of ABHA IDs generated	<ul style="list-style-type: none">• On spot ABHA IDs creation of full families in field visits	ANM
Seeding was not regular in portals	<ul style="list-style-type: none">• Regularized seeding with collective seeding of patients' IDs on fixed days• DEO also started seeding of ABHA Ids during OPD registration	ANMs, DEO
Negligible increase in wellness beneficiaries	<ul style="list-style-type: none">• Awareness session in OPD• Multiple sessions in sequence with different group of patients to manage issue of limited space.	Yoga teacher & supportive staff

15.3 Departmental Checklist for GAP Analysis of AAM NRC Dhanas from 24.05.2024 to 21.06.2024:

Checklist for AAM

Name of Facility: - AYUSHMAN AAROGYA MANDIR NRC DHANAS

S.No.	Check Point	Yes/No	Remarks
1.	Branding completed as per norms	No	6 citizen charter icons are there but renaming of AAM is still pending
2.	Toilet facility Toilets for staff- separate for male and female Toilets for patients- separate for male and female	Yes Yes	
3.	Any Renovation/Repair required	Yes	BP Apparatus, Foetal Doppler
4.	Medicines available HWCs- 172 for UPHC HWCs UHWCs- 105 for UHWCs	110 available	List of Unavailable drugs is attached with report.
5.	Diagnostics available HWCs- 63 for UPHC- HWCs UHWCs- 14 for UHWCs	35 available	List of Available tests is attached with report.
6.	Internet Connectivity	Yes	Very poor connectivity
7.	Average Teleconsultation sessions conducted per month	80-85	
8.	Next gen E Hospital started/not started	Yes	

		Started	
9.	Biometric attendance available	Yes	
10.	Wellness activities performed each day	Yes	
11.	ABHA Id generation of each patient every day	Yes	
12.	ABHA Id linked to Aadhar Card	Yes	
13.	Seeding of ABHA Id	Yes	
14.	Expanded Range of Services (7+5)	Yes	
15.	Emergency Area including Oxygen and Emergency equipment	Yes	
16.	Facilities for Patients Drinking Water – RO Water/ Water Cooler Waiting Area	No Yes	Drinking water is not available Waiting Area is insufficient as per patient load.
17.	NCD: Population 30+ Average how many people are enrolled per month Average how many screened for NCDs per month	Eligible Population = 22193 Screening Target = 37% of 22193 = 8212 125-130 125-130	
18.	IT- Portals Updation HMIS HWC RCH NCD	Yes Yes Yes Yes	

	U-WIN	Yes	
	E-Sanjeevani	Yes	
	E-hospital	Yes	
	Anmol App	No	
	Nikshay Portal	Yes	
	IDSP Portal	Yes	
	E-WIN	Yes	
19.	One JAS meeting per month/ JAS Register maintained	Yes	Listed in report
20.	Utilization of untied funds	Yes	
21.	Health Mela conducted every month	Yes	
22.	Condemnation Material Status	Yes	Iron Bench Chairs (2), Vaccine Carriers (13), Water Cooler
23.	Visitor Register	Yes	
24.	If any equipment- Lying unused/ repair required?	Yes	Repair required- BP apparatus, Foetal Doppler

15.4 Other GAPS (Challenges) Observed:

- Existing infrastructure is insufficient to accommodate the growing number of patients, leading to overcrowding & long wait times.
- The facility suffers from poor maintenance issues such as broken furniture, condemn material & inadequate sanitation affecting the overall environment.
- Inadequate accessibility features for disabled patients such as ramps and appropriately equipped restrooms.
- Lack of cooperation and poor cooperation among staff of different departments hampering integrated and holistic patient care.
- Seating and space for waiting patients was inadequate as per patient load and service availability.
- No separate ARSH (Adolescent Reproductive Sexual Health) clinic.
- The ANMOL App has technical problems.
- No senior care at home protocol.
- Unavailability of some essential drugs & diagnostic services at AAM.
- Lack of a patient feedback system to collect data and enhance service performance.
- Network connectivity was very poor at the facility restricted the smooth functioning of portals.

15.5 RECOMMENDATIONS:

- Source and install adequate fire alarms and extinguishers throughout the facility.
- Conduct fire safety training for all staff to ensure they know how to use fire extinguishers and respond during emergencies.
- Establish a rigorous cleaning schedule ensuring that all areas are cleaned and disinfected multiple times a day.
- Recruitment of additional medical professionals including nursing & support staff to reduce patient wait times & improve service delivery.
- Implementation of regular training programs to keep the staff updated with working of portals & ABHA seeding.
- Regularly launch community health education programs to raise awareness about common diseases and healthy practices.

- Ensure that all services under the Ayushman Bharat Scheme are fully implemented & accessible.
- Establish a dedicated quality control team to regularly monitor & evaluate healthcare services.
- Regular review & act on patient complaints and suggestions to enhance the overall patient experience.
- Collaboration with non-governmental organisations & private healthcare providers to supplement services & introduce innovative healthcare solutions.

16. NATIONAL QUALITY ASSURANCE STANDARDS:

The Ministry of Health & Family Welfare launched National Quality Assurance Program (NQAP) in 2013 with the aim of recognizing the good performing health facilities as well as improving credibility of public hospitals in community. The National Quality Assurance System of public health facilities should be evidence based, sustainable, have low implementation costs and meet the special needs of health facilities. Certification is provided against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria. Certified facilities are also provided financial incentives as recognition for their good work.

16.1 Components of Quality Measurement System:

The main components of Quality Measurement system are **Quality Standards**. These standards have been defined for various level facilities. The Standards have been grouped within eight **Areas of Concern**. Each standard further has specific measurable elements. These standards and measurable elements are checked in each department of health facility through department specific **Checkpoints**. All checkpoints for a department are collated, and together they form assessment tool called '**Checklist**'. Scored/filled in the checklists would generate **Scorecards**.

16.2 Area of Concern:

The 8 areas of Concern in a health facility are given below:

- Q. Service Provision
- R. Patient Rights
- S. Inputs
- T. Support Service
- U. Clinical Care
- V. Infection Control
- W. Quality Management
- X. Outcome



16.3 Scoring:

Table 1: Scoring of measurable elements is done on the basis of following scoring card.

S.No.	Criteria	Full Compliance (2)	Partial Compliance (1)	Non-Compliance (0)
1.	Checkpoint	All requirements are met.	Half of the requirements are met.	None of the requirement are met.
2.	Means of Verification	100%	50-99%	Less than 50%
3.	Intent	Fully met	Partially met	Do not meet

Table 2: NQAS Certification criteria for PHC/UPHC

S.No.	Criteria	Aggregate score (%) of PHC/UPHC
1.	Aggregate score of the health facility	$\geq 70\%$
2.	Score of each department of the health facility	NA
3.	Segregated score in each Area of Concern	$\geq 60\%$
4.	Score of Standard	Standard A2, Standard B4 and standard F6 is $\geq 60\%$
5.	Individual Standard wise Score	$\geq 50\%$
6.	Patient Satisfaction Score	60% or Score of 3.0 on Likert Scale

17. NQAS ASSESSMENT OF AAM NRC Dhanas

Aim:

To get the external NQAS certification of AAM NRC Dhanas, NHM, U.T. Chandigarh done.

Objectives:

- To identify current gaps in all departments of AAM NRC Dhanas.
- To make recommendations to rectify such gaps before the external NQAS assessment.

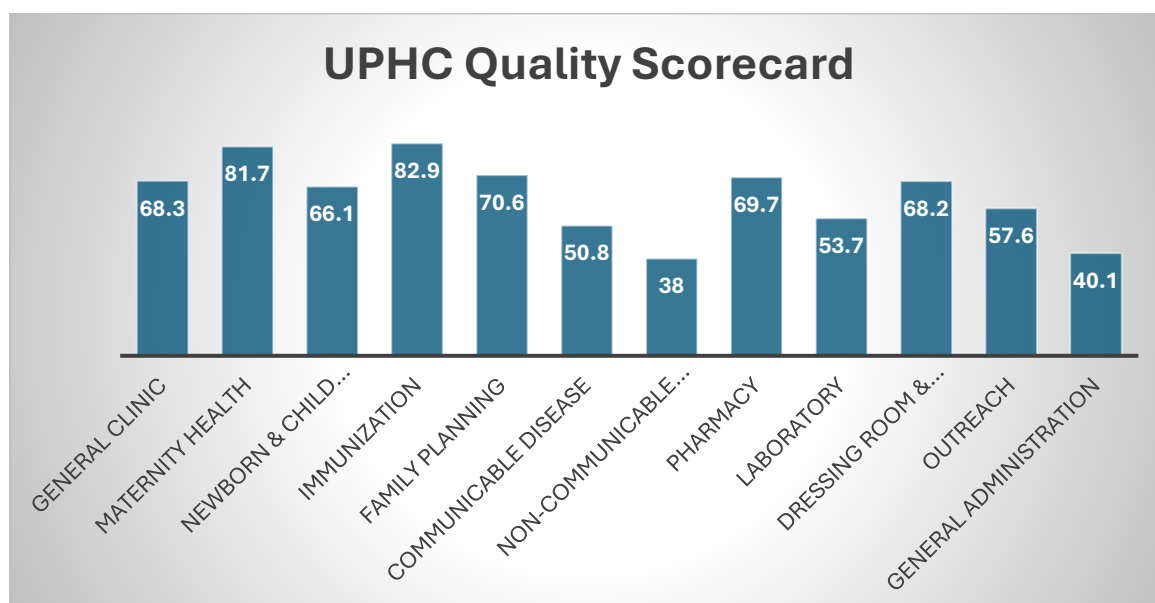
Health Services in AAM NRC Dhanas are:

- General clinic
- Maternity Health
- Newborn and Child Health
- Immunization
- Family planning
- Communicable disease
- Non communicable diseases
- Dressing and emergency
- Pharmacy
- Laboratory
- Outreach
- General Administration

17.1 SCORECARD:

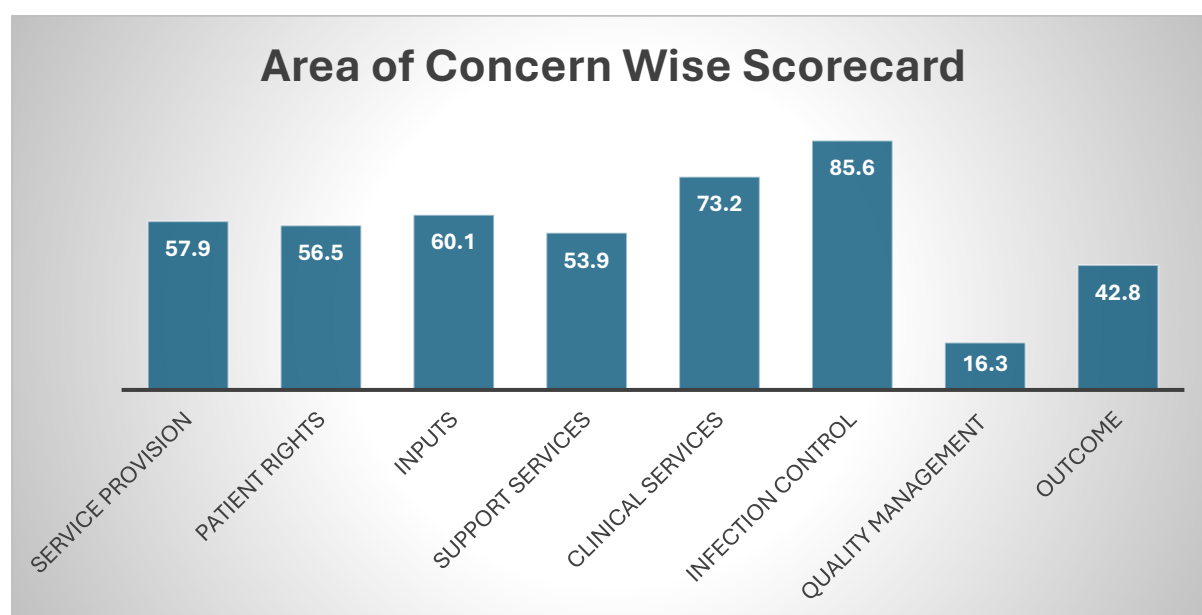
17.1.1 UPHC Quality Scorecard

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	Newborn & Child Health
68.2	68.3	81.7	66.1
Immunization	UPHC Score		Family Planning
82.9			70.6
Communicable Disease	59.4		Non-Communicable Disease
50.8			38.0
Outreach	Pharmacy	Laboratory	General Administration
57.6	69.7	53.7	40.1



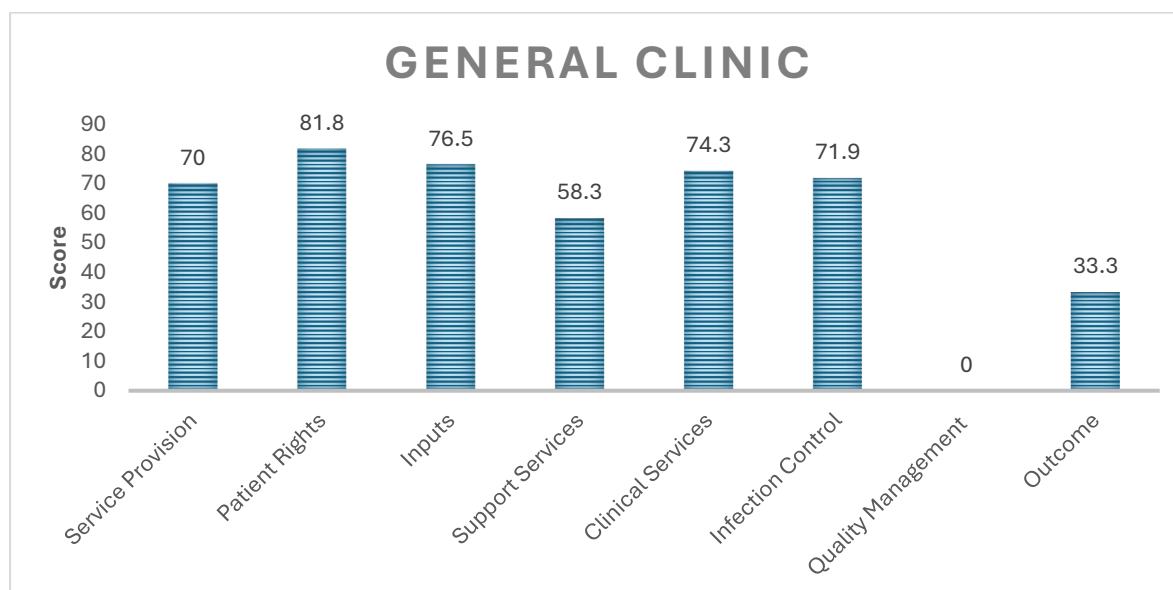
17.1.2 Area of Concern wise Scorecard

AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
57.9%	56.5%	60.1%	53.9%
AAM NRC DHANAS SCORE 59.4%			
Clinical Services	Infection Control	Quality Management	Outcome
73.2%	85.6%	16.3%	42.8%



17.1.3 Department Wise Scorecard

I. General Clinic



Best Practices:

- The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles.
- Unique identification number is given to each patient during process of registration.
- Hand washing facilities are provided at point of use.
- The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas.

Gaps & Action Plan:

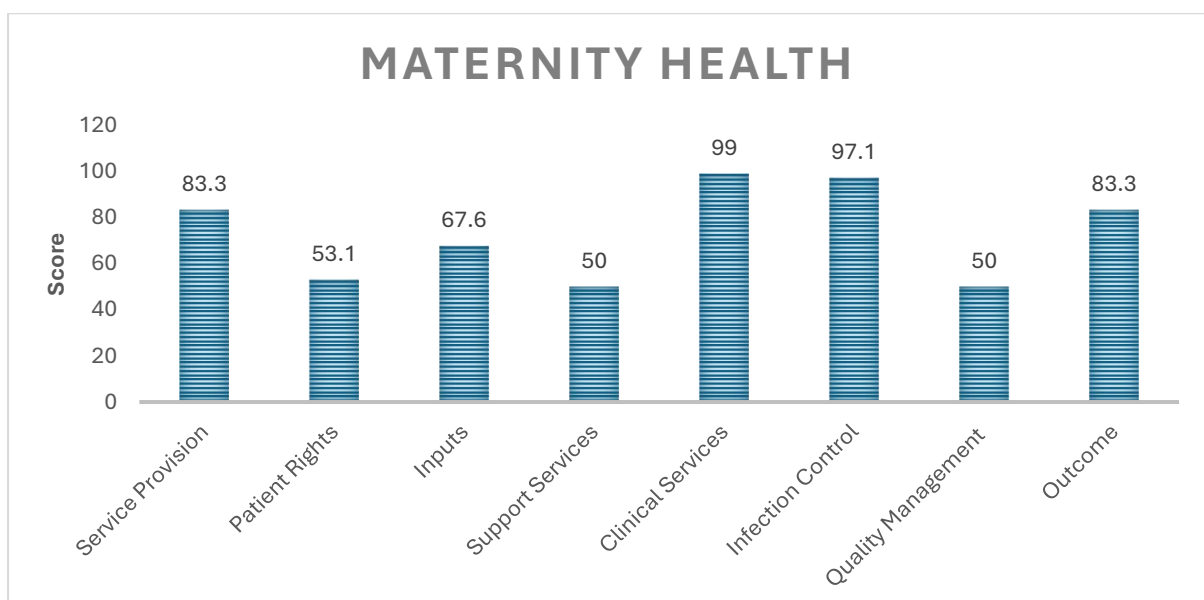
- Std A2(ME A2.5)
 - **Gap:** No separate ARSH clinic was there.
 - **Action Plan:** Designate a specific area within AAM for the ARSH clinic and fix one day per week for ARSH services.
- Std B1(ME B1.8)
 - **Gap:** Overcrowding & Queue formation on busy OPD days & long waiting hours for patients.
 - **Action Plan:**

- Utilize medical interns and supportive staff to assist with non-critical tasks.
 - Implement phone-based appointment system to schedule patient visits and manage flow.
- Std B2(ME B2.1)
 - **Gap:** Female attendant was not available at the facility.
 - **Action Plan:** Take assistance of female staff (ANMs) for female checkups.
- Std C1(ME C1.2)
 - **Gap:** Waiting area was insufficient for patients in the facility.
 - **Action Plan:**
 - Explore options for reorganizing the current layout to maximize the available space.
 - Add more seating, ensuring it is comfortable and accessible.
- Std C1(ME C1.2)
 - **Gap:** Clean drinking water facility was not there at facility.
 - **Action Plan:**
 - Propose to the higher centre for installation of water purifiers or filtration systems in the facility.
 - Ensure regular maintenance and servicing of these systems.
- Std D1(ME D1.3)
 - **Gap:** Cleanliness was not adequately maintained at facility.
 - **Action Plan:**
 - Conduct regular cleanliness inspections and audits at the facility.
 - Encourage staff and patients to report cleanliness issues promptly.
- Std D1(ME D1.5)
 - **Gap:** Condemned material was present at facility.
 - **Action Plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.

- Std G1(ME G1.5)
 - **Gap:** Periodic internal quality assurance was not held.
 - **Action Plan:**
 - Establish an internal QA team.
 - Assign roles & responsibilities within team to cover various aspects of performance analysis.

- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not displayed.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

II. Maternity Health



Best Practices:

- Identification and management of High Risk and Danger signs during pregnancy.
- Services are provided in manner that are sensitive to gender.

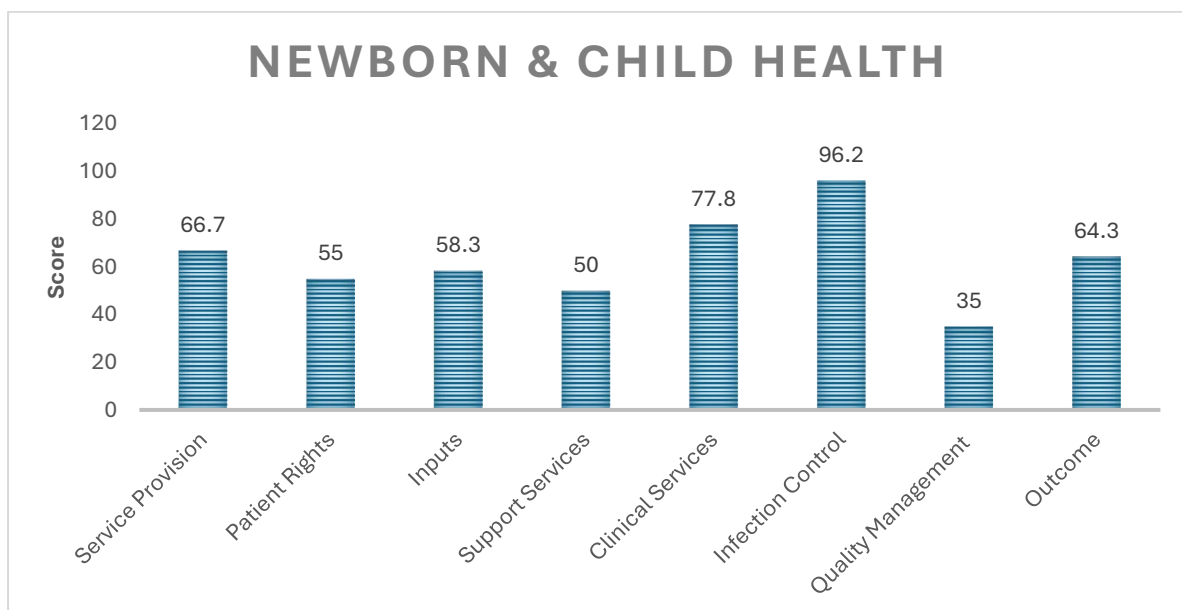
- Adequate visual privacy is provided at every point of care.

Gaps & Action Plan:

- Std B1(ME B1.2)
 - **Gap:** Timings & days for ANC services were not displayed.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
- Std B1(ME B1.4)
 - **Gap:** Unavailability of booklets etc. for health education & information in the waiting area.
 - **Action plan:**
 - Document the procurement of new booklets for health education.
 - Gather feedback from patients and staff regarding the availability and usefulness of the booklets.
- Std B1(ME B1.8)
 - **Gap:** Queue formation and overcrowding was there in ANC clinic.
 - **Action Plan:**
 - Utilize medical interns and supportive staff to assist with non-critical tasks.
 - Use token system to manage the queue formation.
- Std B3(ME B3.3)
 - **Gap:** Unavailability of few drugs and diagnostics due to which patients were required to purchase from outside sources.
 - **Action Plan:**
 - Maintain a buffer stock of critical drugs and diagnostic materials to prevent shortages.
 - Provide alternatives for out-of-stock drugs and inform patients about the alternatives available.
- Std C1(ME C1.1)

- **Gap:** Space for consultation & examination was inadequate.
 - **Action Plan:** Explore options for reorganizing the current layout to maximize the available space.
- Std D1(ME D1.3)
 - **Gap:** Hygienic conditions were inadequate at the facility.
 - **Action Plan:**
 - Conduct regular cleanliness inspections and audits at the facility.
 - Encourage staff and patients to report cleanliness issues promptly.
 - Std D1(ME D1.5)
 - **Gap:** Condemned material was present in facility.
 - **Action Plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.

III. Newborn & Child Health



Best Practices:

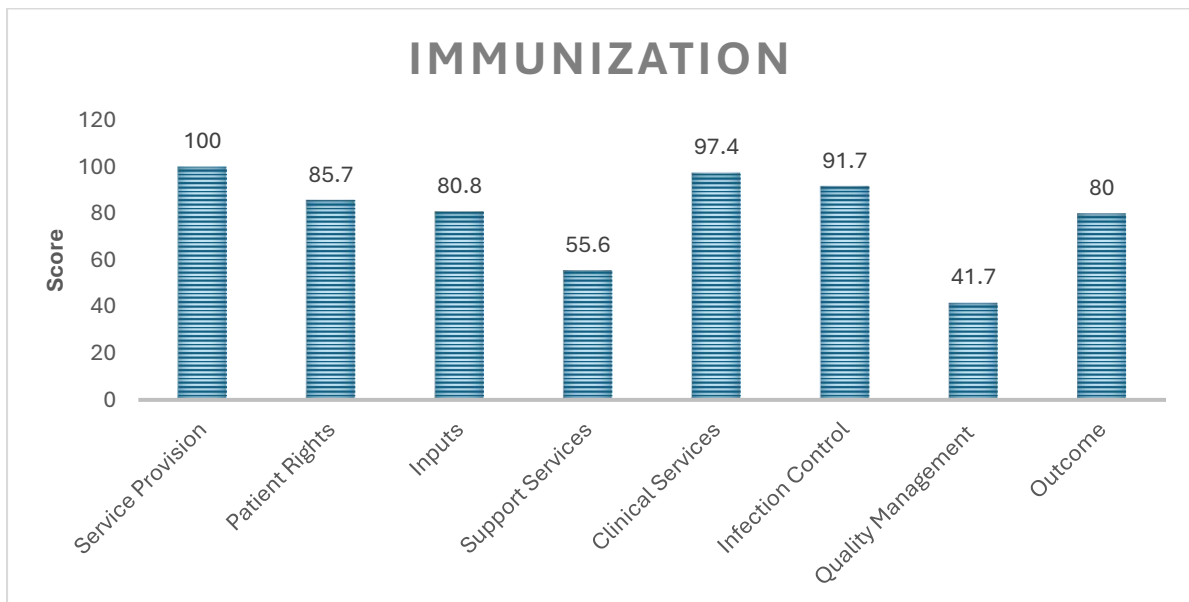
- The facility has adequate medical officers as per service provision and workload.
- Availability of equipment & instruments for examination & monitoring of patients.
- Screening of children coming to OPDs as per guidelines.
- Management of Moderate Dehydration as per clinical protocol.

Gaps & Action Plan:

- Std B1(ME B1.2)
 - **Gap:** Essential information for patients is not displayed.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
- Std B1(ME B1.4)
 - **Gap:** Unavailability of booklets etc. for health education & information in the waiting area.
 - **Action Plan:**
 - Document the procurement of new booklets for health education.
 - Gather feedback from patients and staff regarding the availability and usefulness of the booklets.
- Std C3(ME C3.1)
 - **Gap:** Some drugs and equipments needed were not present.
 - **Action Plan:**
 - Maintain a buffer stock of critical drugs and diagnostic materials to prevent shortages.
 - Provide alternatives for out-of-stock drugs and inform patients about the alternatives available.
- Std D1(D1.5)
 - **Gap:** Condemned material was present in facility.
 - **Action plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were absent from display at the point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.

- Provide easy access to SOPs through printed manuals & digital platforms.
- Std H2(ME H2.2)
 - **Gap:** Periodic analysis of performance was missing.
 - **Action Plan:**
 - Establish an internal QA team.
 - Assign roles & responsibilities within team to cover various aspects of performance analysis.

IV. Immunization



Best Practices:

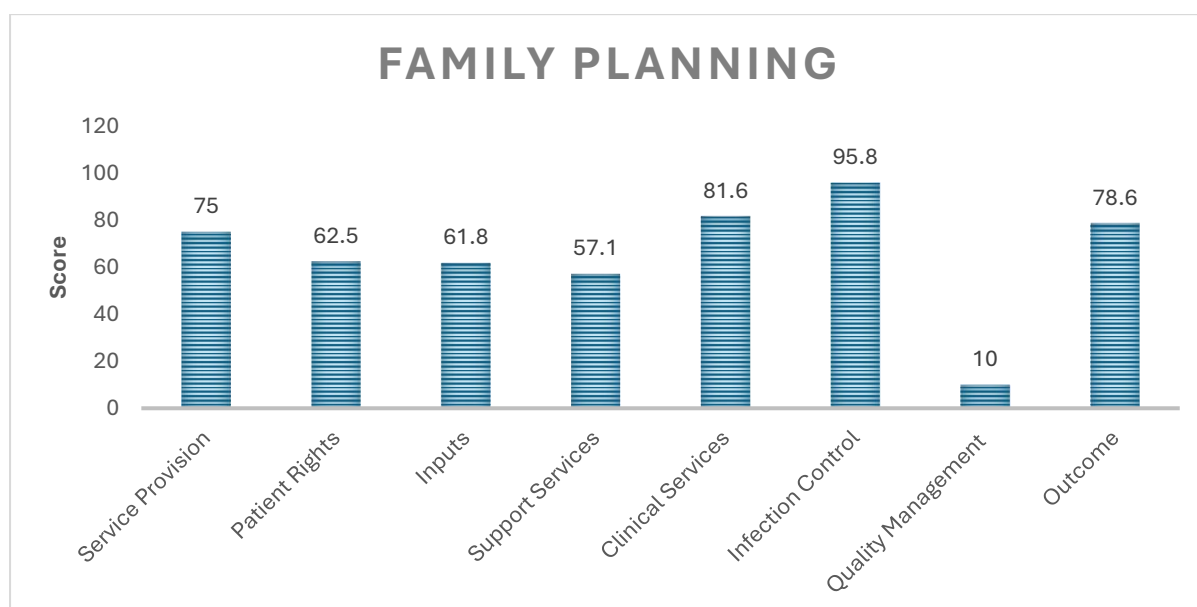
- The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes.
- Immunization area does not have temporary connections and loosely hanging wires.
- Emergency Drug Tray is maintained at Immunization Room.

Gaps & Action Plan:

- Std B1(ME B1.2)
 - **Gap:** Service timings were not displayed at the point of use.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.

- Ensure materials are easy to read and available in local language.
- Std C1(ME C1.2)
 - **Gap:** Unavailability of clean drinking water at the facility.
 - **Action Plan:**
 - Propose to the higher centre for installation of water purifiers or filtration systems in the facility.
 - Ensure regular maintenance and servicing of these systems.
- Std G1(ME G1.5)
 - **Gap:** Lack of periodic internal quality assurance at the facility.
 - **Action Plan:**
 - Establish an internal QA team.
 - Assign roles & responsibilities within team to cover various aspects of laboratory QA.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not available at the point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

V. Family Planning



Best Practices:

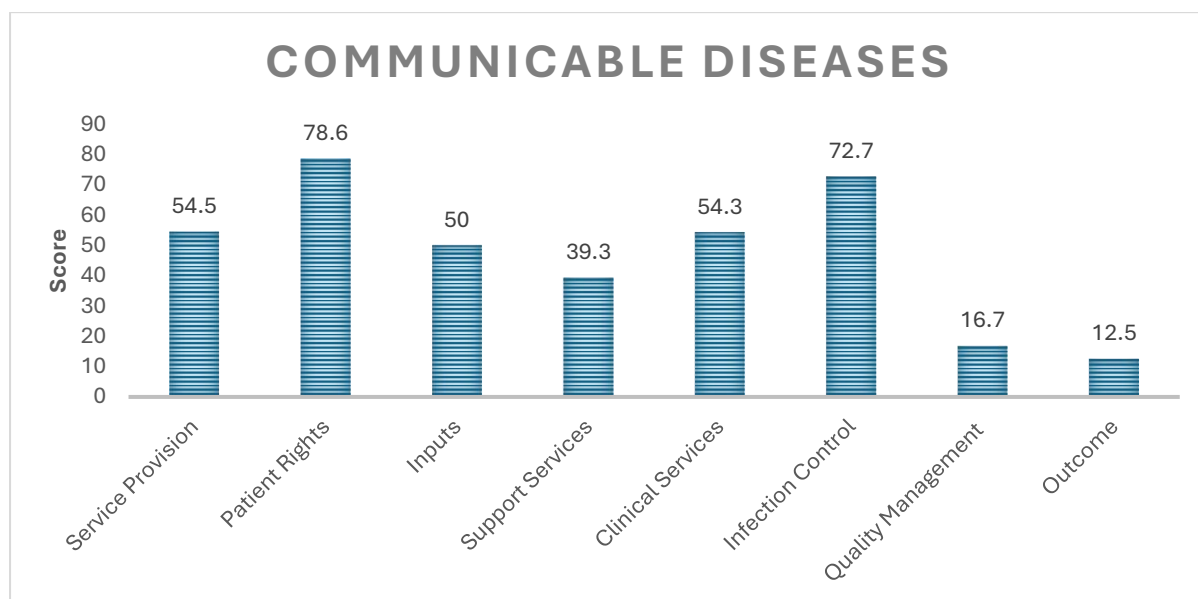
- Informed Choice of client is ensured during counselling for contraception.
- Confidentiality of records is maintained.
- Availability of Instruments of IUD insertion and removal.
- Patient care areas are clean and hygienic.

Gaps & Action Plan:

- Std B1(ME B1.7)
 - **Gap:** Written consent procedure was absent for family planning. Only oral consent is taken.
 - **Action Plan:**
 - Create standardised written consent forms for various medical services.
 - Translate forms into local languages spoken by patients to ensure comprehension.
- Std C1(ME C1.3)
 - **Gap:** No demarcated room for IUD insertion.
 - **Action Plan:**
 - Select a suitable space that can be converted into an IUD insertion room.

- Ensure the space is private, hygienic and meets the necessary medical standards for such procedures.
- Std D1(ME D1.2-1.7)
 - **Gap:** Poor hygienic conditions were there at the facility.
 - **Action Plan:**
 - Conduct regular cleanliness inspections and audits at the facility.
 - Encourage staff and patients to report cleanliness issues promptly.
- Std G2(ME G2.1)
 - **Gap:** No patient satisfaction survey at periodic intervals.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.
- Std G3(ME G3.1-3.3)
 - **Gap:** SOPs & protocols were absent from display.
 - **Action plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

VI. Communicable Diseases



Best Practices:

- Facility ensures adequate personal protection equipment as per requirements.
- The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines.

Gaps & Action Plan:

- Std A4(ME A4.2)
 - **Gap:** No linkages were available for chest Xray & culture sensitivity for diagnosis of TB.
 - **Action Plan:**
 - Explore possibilities for shared services or mobile diagnostic units.
 - Set up linkages with nearby diagnostic facilities.
- Std B1(ME B1.4)
 - **Gap:** IEC material was inadequate, did not cover all essential information for patients.
 - **Action Plan:**
 - Develop comprehensive IEC materials covering key health areas, preventive measures and treatment options.
 - Use digital screens for rotating health messages and updates.

- Std C3(ME C3.1)
 - **Gap:** Drugs were not available for leprosy and some vector borne diseases.
 - **Action Plan:** Maintain a buffer stock of drugs to prevent shortages & provide alternatives for out-of-stock drugs.

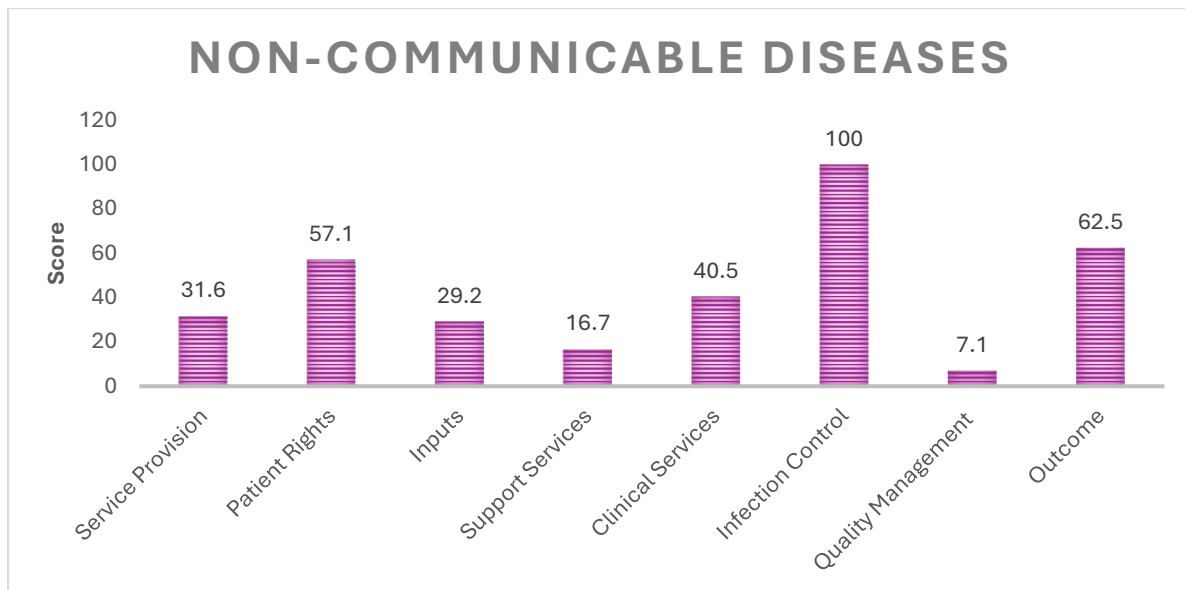
- Std D5(ME D5.1)
 - **Gap:** Reporting was not done for MF (Malaria form) 2,4 &5.
 - **Action Plan:** Implement a streamlined system for collecting and submitting malaria reports under guidance of MO.

- Std E9(ME E9.1)
 - **Gap:** Protocols for managing malaria disease under NVBDCP were not strictly followed.
 - **Action Plan:** Assign responsibility to senior staff members for overseeing protocol adherence and addressing any deviations.

- Std G3(ME G3.1)
 - **Gap:** Updated SOPs & protocols were not available at point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

- Std H1(ME H1.1-1.3)
 - **Gap:** Key Performance Indicators were not maintained.
 - **Action Plan:**
 - Train staff on the importance of KPIs & how to accurately collect & report data.
 - Assign responsibility to specific team members for monitoring & updating KPIs.

VII. Non-Communicable Diseases



Best Practices:

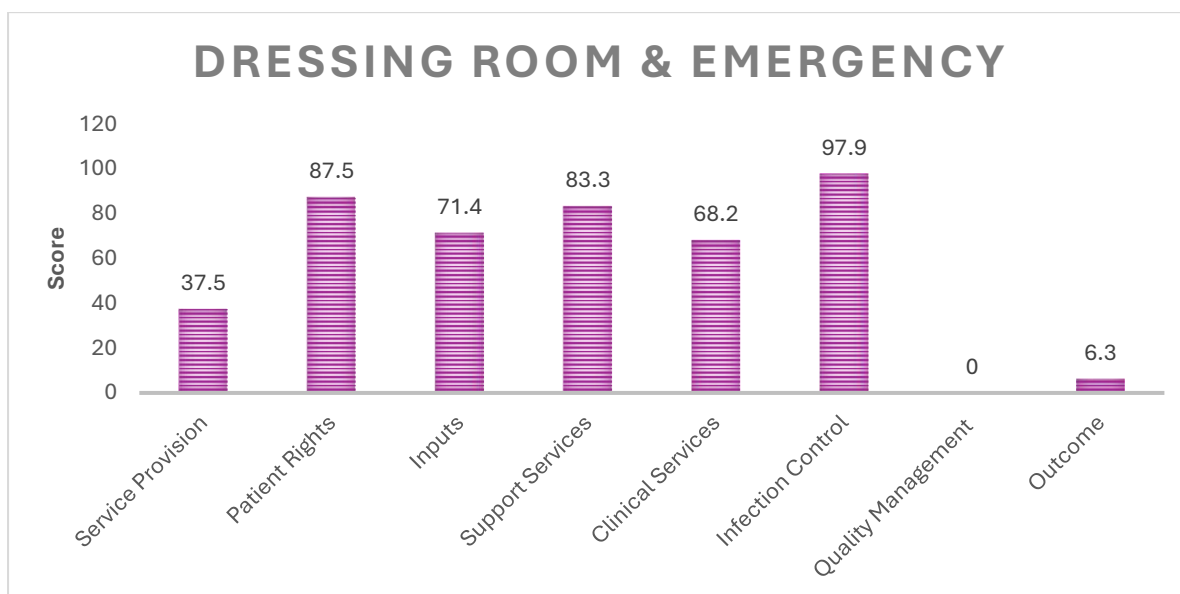
- Information about the treatment is shared with patients or attendants and consent is taken wherever required.
- Counselling of patients for hypertension and diabetes is done as per the guidelines.
- The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities.

Gaps & Action Plan:

- Std A4(ME A4.6)
 - **Gap:** Mental Health services were unavailable at the facility.
 - **Action Plan:**
 - Utilize telemedicine service for consultations.
 - Set up referral services with higher centres.
- Std A4(ME A4.7)
 - **Gap:** No fixed days for Geriatric services.
 - **Action Plan:** Schedule a day per week for geriatric services separately along with other services.
- Std A4(ME A4.10)

- **Gap:** Lack of specialist services availability for hearing impairment.
- **Action Plan:**
 - Utilize telemedicine service for consultations.
 - Set up referral services with higher centres.
- Std A4(ME A4.14)
 - **Gap:** No provision for dental issues at facility.
 - **Action Plan:** Set up referral services with higher centres.
- Std B1(ME B1.4)
 - **Gap:** Unavailability of IEC material for blindness and deafness awareness program.
 - **Action Plan:**
 - Develop comprehensive IEC materials covering key health areas, preventive measures and treatment options.
 - Use digital screens for rotating health messages and updates.
- Std D5(ME D5.5-5.7)
 - **Gap:** Reports and records were not maintained for NBCP, MHP & NDCP.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.
- Std E9(ME E9.5-9.7)
 - **Gap:** Unavailability of protocols for screening of eye, mental health & elderly issues.
 - **Action Plan:** Assign responsibility to specific staff members for maintaining and updating records.

VIII. Dressing Room & Emergency



Best Practices of Dressing Room & Emergency:

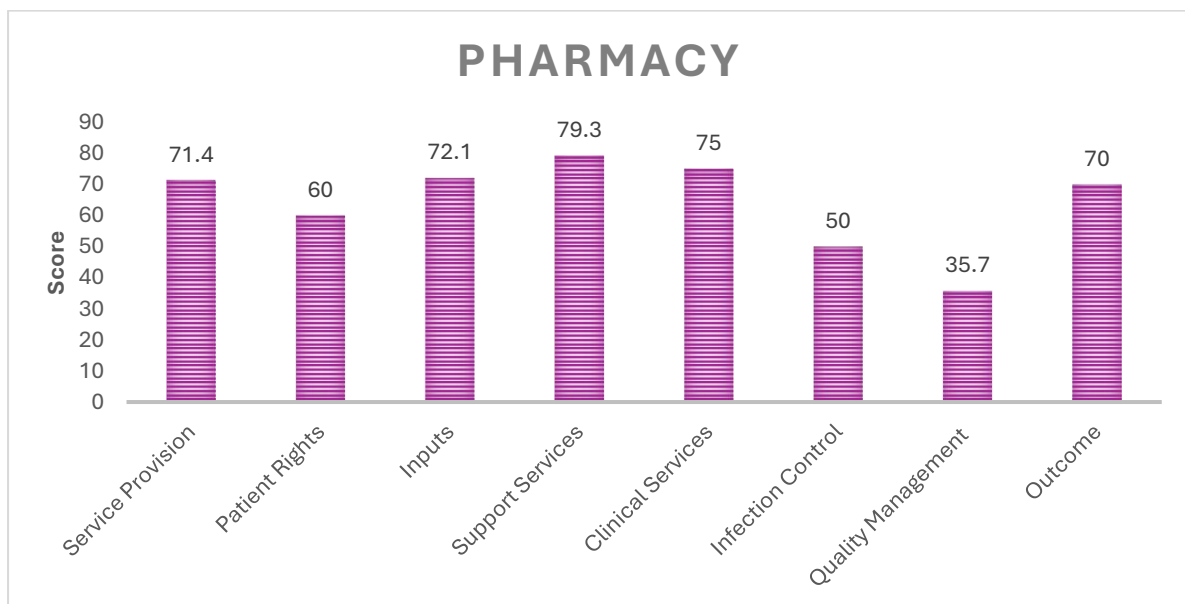
- Patient is informed about treatment plan & Consent is taken for all invasive procedure / wherever applicable.
- Availability of functional equipment for Examination & monitoring.
- Staff adheres to standard personal protection practices.

Gaps & Action Plan:

- Std A1(ME A1.2)
 - **Gap:** No management facility was available for bone injuries. No treatment available for snake bite cases.
 - **Action Plan:**
 - Procure essential equipment for bone injury management including X-ray machines, casting material & splints etc.
 - Train existing staff for delivery of respective services.
- Std C1(ME C1.2)
 - **Gap:** Drinking water facility was unavailable at the facility.
 - **Action Plan:**
 - Propose to the higher centre for installation of water purifiers or filtration systems in the facility.

- Ensure regular maintenance and servicing of these systems.
- Std C4(ME C4.2)
 - **Gap:** Unavailability of some instruments for dressing room.
 - **Action Plan:** Procure essential equipments based on need assessment.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were absent from display at point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

IX. Pharmacy



Best Practices:

- Cold chain management services are as per the guidelines.
- Pharmacist is skilled for good dispensing practices and inventory management technique.
- Availability of ILR & Deep freezer for cold chain.
- List of Drugs available displayed & updated regularly at Pharmacy.

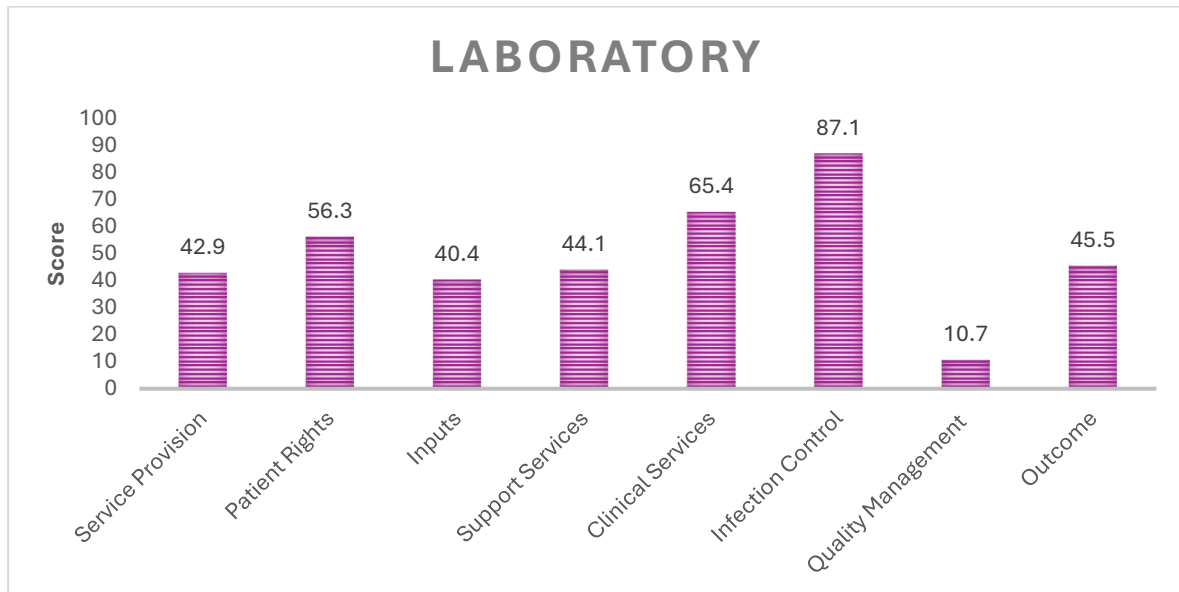
Gaps & Action plan:

- Std B1(ME B1.2)
 - **Gap:** Available drugs were not displayed for patients.
 - **Action Plan:**
 - Create printed list of available drugs & update them weekly.
 - Place these lists at prominent locations within the pharmacy and waiting areas.
- Std B2(ME B2.1)
 - **Gap:** No separate counter for male, female, old age & disabled.
 - **Action Plan:**
 - Designate separate counters for male, female, disabled and old aged.
 - Implement a queue management system with token numbers for each counter to maintain order & reduce wait times.
- Std B3(ME B3.3)
 - **Gap:** Patients were required to purchase some medicines from outside source.
 - **Action Plan:** Provide alternatives for out-of-stock drugs & inform patients about alternatives available.
- Std C1(ME C1.1)
 - **Gap:** Inadequate space for drug store & dispensing area.
 - **Action Plan:**
 - Develop a phased plan to expand the dispensing area.
 - Explore options to reorganizing the current layout to maximize the available space.
- Std C1(ME C1.7)
 - **Gap:** Unavailability of fire extinguishers at pharmacy.
 - **Action Plan:**
 - Procure appropriate fire extinguishers & install at accessible & visible locations in laboratory.

- Conduct regular fire drills to ensure staff are prepared to respond effectively in case of fire.
- Std C3(ME C3.1)
 - **Gap:** Plasma substitutes, antianginal & antihypertensives were not available at facility.
 - **Action Plan:** Regularly review and adjust buffer stock levels based on usage data & seasonal trends.
- Std D1(D1.5)
 - **Gap:** Condemned material was present in facility.
 - **Action Plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.
- Std D2(ME D2.6)
 - **Gap:** Drugs were not dispensed in envelopes.
 - **Action Plan:**
 - Use available alternatives like small boxes for dispensing medicines.
 - Encourage patients to bring their own bag for collecting medicines.
- Std G3(ME G3.1)
 - **Gap:** Updated SOPs were not available.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.
- Std H1(ME H1.1-1.3)
 - **Gap:** KPIs were not updated regularly.
 - **Action Plan:**
 - Train staff on the importance of KPIs & how to accurately collect & report data.

- Assign responsibility to specific team members for monitoring & updating KPIs.

X. Laboratory



Best Practices:

- Adequate electrical socket provided for safe and smooth operation of lab equipments.
- There is system of timely corrective break down maintenance of the equipments.

Gaps & Action Plan:

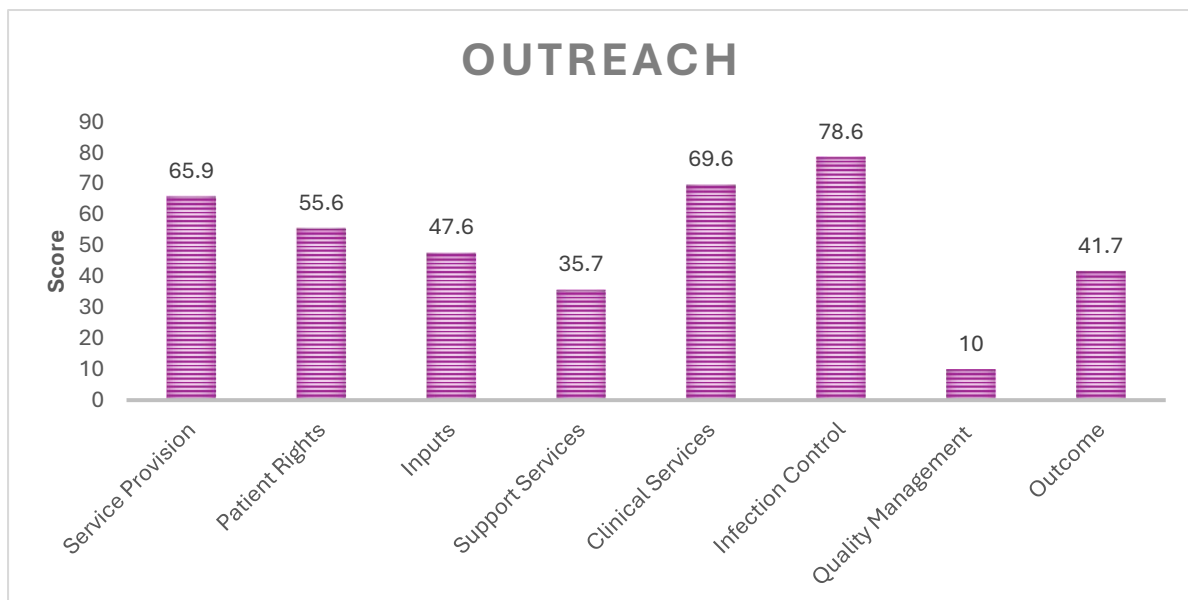
- Std A3(ME A 3.2)
 - **Gap:** Unavailability of routine clinical pathology at facility.
 - **Action Plan:** Establish a referral system with nearby facilities or shared services.
- Std A4(ME A4.9)
 - **Gap:** No water quality testing under IDSP.
 - **Action Plan:** Collaborate with municipal services for regular water testing.
- Std A5(ME A5.2)
 - **Gap:** Tests were not available for local health problems like dengue, swine flu.
 - **Action Plan:**

- Procure necessary equipment & supplies to conduct these tests.
 - Work closely with local health authorities to stay updated on emerging health issues & required tests.
- Std C1(ME C1.7)
 - **Gap:** Fire extinguisher was not there in lab.
 - **Action Plan:**
 - Procure appropriate fire extinguishers & install at accessible & visible locations in laboratory.
 - Conduct regular fire drills to ensure staff are prepared to respond effectively in case of fire.
- Std C3(ME C3.2)
 - **Gap:** Unavailability of consumables at laboratory for assured services.
 - **Action Plan:** Initiate procurement of essential consumables and equipment.
- Std C4(ME C4.3)
 - **Gap:** Instruments were not available for assured list of services.
 - **Action Plan:**
 - Initiate procurement of essential consumables and equipment.
 - Develop a maintenance plan for equipment to ensure longevity and reduce downtime.
- Std D1(ME D1.5)
 - **Gap:** Condemned material was available at the facility.
 - **Action Plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.
- Std D5(ME D5.9)
 - **Gap:** Filling and reporting of L form was not done by LT.
 - **Action Plan:** Implement a streamlined system for collecting and submitting laboratory reports under guidance of MO.

- Std G3(ME G3.1-3.3)
 - **Gap:** SOPs were unavailable at the point of use.
 - **Action Plan:**
 - Form a team of experienced staff members to review and update existing SOPs and develop new ones where needed.
 - Provide easy access to SOPs through printed manuals & digital platforms.

- Std H1(ME H1.1-1.4)
 - **Gap:** Key Performance Indicators were not maintained properly.
 - **Action Plan:**
 - Train staff on the importance of KPIs & how to accurately collect & report data.
 - Assign responsibility to specific team members for monitoring & updating KPIs.

XI. Outreach



Best Practices:

- Routine & special outreach sessions are conducted at defined intervals.
- Mapping of vulnerable section has been carried out in all areas served by UPHC.
- Availability of equipment & instruments for examination & monitoring of patients.

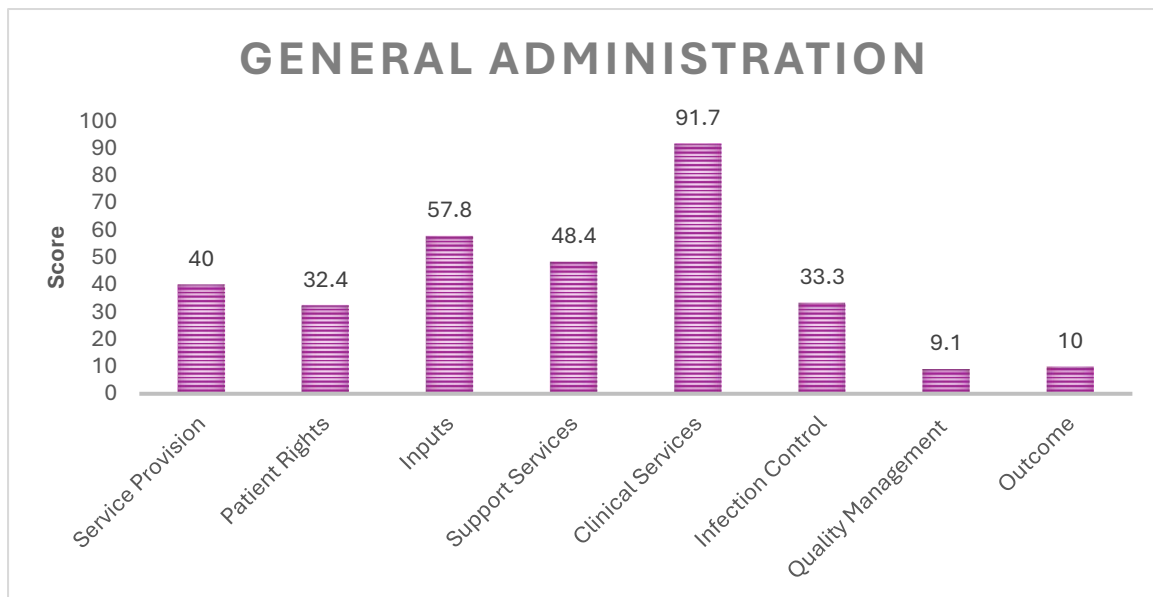
- The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.

Gaps & Action Plan:

- Std A2(ME A2.5)
 - **Gap:** Adolescent Health Services were not provided separately.
 - **Action Plan:** Schedule a day per week for adolescent services, counselling sessions & awareness programs.
- Std A4(ME A4.3-4.4)
 - **Gap:** Regular follow-up for referral cases was absent.
 - **Action Plan:** Assign responsibilities within staff for regular follow up of referral cases.
- Std A4(ME A4.5-4.6)
 - **Gap:** Specialist services for vision & mental health were not available.
 - **Action Plan:** Utilize telemedicine for specialist services.
- Std A4(ME A4.14)
 - **Gap:** Oral Health & Hygienic services were absent at facility.
 - **Action Plan:** Set up linkages and referral system with higher centres.
- Std B1(ME B1.6)
 - **Gap:** No established Grievance Redressal System for patients was there.
 - **Action Plan:** Establish a grievance committee responsible for reviewing & resolving complaints.
- Std D3(ME D3.4)
 - **Gap:** There was no MAS (Mahila Arogya Samiti) was formed in the area.
 - **Action Plan:**
 - Conduct community meetings to inform women about concept & benefits of Mahila Aarogya Samitis.
 - Encourage active participation and leadership from local women.

- Std G2(ME G2.1-2.2)
 - **Gap:** Patient and Employee Satisfaction Surveys were not held.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.

XII. General Administration



Best Practices:

- Name of the facility prominently displayed at front of hospital building.
- All functional areas identified by their respective signage.

Gaps & Action Plan:

- Std B1(ME B1.2)
 - **Gap:** Services & entitlements were not displayed at the facility.
 - **Action Plan:**
 - Install notice boards in key areas to display important information.
 - Ensure materials are easy to read and available in local language.
 - Place clear and informative signage throughout the facility to guide patients to different services and facilities.

- Std B1(ME B1.6)
 - **Gap:** Grievance redressal system was not present at the facility.
 - **Action Plan:** Establish a grievance committee responsible for reviewing & resolving complaints.

- Std B1(ME B1.8)
 - **Gap:** Disable friendly toilets were not available.
 - **Action Plan:** Procure funding and materials necessary for construction of accessible toilets with wide doors, grab bars, non-slip flooring, accessible sinks & emergency call buttons.

- Std C1(ME C1.1)
 - **Gap:** Space at facility was not adequate as per services availability & workload.
 - **Action Plan:** Explore options for reorganizing the current layout to maximize the available space.

- Std C1(ME C1.2)
 - **Gap:** Drinking water facility was not available.
 - **Action Plan:**
 - Propose to the higher centre for installation of water purifiers or filtration systems in the facility.
 - Ensure regular maintenance and servicing of these systems.

- Std C1(ME C1.7)
 - **Gap:** Firefighting equipments were not available at the facility.
 - **Action Plan:**
 - Procure fire equipments as per needed spaces for facility.
 - Train staff on the fire evacuation plan, including the importance of fire exit signs and their locations.

- Std D1(ME D1.3)
 - **Gap:** Hygiene services were inadequate to maintain cleanliness at the facility.

- **Action Plan:**
 - Conduct regular cleanliness inspections and audits at the facility.
 - Encourage staff and patients to report cleanliness issues promptly.
- Std D1(ME D1.5)
 - **Gap:** Condemned material was present in the facility.
 - **Action Plan:** Follow the higher centre's guidelines and regulations for disposal of condemned materials.
- Std G2(ME G2.1)
 - **Gap:** Patient Satisfaction Surveys were not held at periodic intervals.
 - **Action Plan:**
 - Develop comprehensive patient satisfaction survey and encourage patients to complete surveys ensuring anonymity and confidentiality.
 - Take actions based on survey results to improve patient care.
- Std G3(ME G3.1-3.4)
 - **Gap:** Protocols & SOPs were not displayed at point of use.
 - **Action Plan:**
 - Schedule regular reviews of all SOPs at least annually or as needed.
 - Provide easy access to SOPs through printed manuals.

17.2. MAJOR GAPS OBSERVED:

FROM STAFF INTERVIEW:

- Poor coordination between different departments and healthcare providers.
- Employee Satisfaction Survey was not conducted on a regular basis.

FROM PATIENT INTERVIEW:

- Queue formation was there at Pharmacy counter as well as registration counter.
- Prolonged waiting periods for patients for OPD as well as pharmacy services.
- Patients were required to purchase some consumables and medicines from outside sources.

THROUGH OBSERVATION:

- Disabled friendly toilets were not available.
- No adequate seating arrangements were available for patients.
- Hygienic conditions were inadequate at the facility.
- No work instructions were displayed at the workplace.

17.3. RECOMMENDATIONS:

- Source and install adequate fire alarms and extinguishers throughout the facility.
- Conduct fire safety training for all staff to ensure they know how to use fire extinguishers and respond during emergencies.
- Establish a rigorous cleaning schedule ensuring that all areas are cleaned and disinfected multiple times a day.
- AAM shall make sure that the equipments are calibrated on regular basis.
- There should be a process to revise Standard Operating Procedures.
- Conduct regular training sessions to improve staff cooperation and communication skills.
- A regular employee satisfaction survey should be carried out.
- Facility staff should adhere to their respective dress code.
- Backup power supply should be available at AAM.
- Health education & information should be offered in the waiting room via booklets, leaflets & brochures.
- NHM's quality department should hold sessions to raise awareness of the National Quality Policy.

17.4 LIST OF NOT APPLICABLE STANDARDS:

There are certain criteria which are not applicable in AAMs of UT Chandigarh & customisation of NQAS Checklist is required for the following standards:

- General Clinic
 - Std A1(ME A1.4): OPD services are available for at least 8 hours in a day.
 - Std D4(ME D4.8): The facility has a defined protocol for the issue of medical certificates.
- Immunisation
 - Std D5(ME D5.11): Formats for First Information report & Preliminary Investigation Report are available at the facility.
- Family Planning
 - Std A2(ME A2.1): Safe abortion services.
 - Std D4(ME D4.7): Compliance to MTP act for abortion procedures.
 - Std E7(ME E7.5): Facility provides abortion services for 1st trimester.
- Pharmacy
 - Std D2(ME D2.1): Facility has an established procedure for local purchase of drugs in emergency.
- Laboratory
 - Std D5(ME D5.9): Check form L & W are filled for information required as per reporting format.
- Outreach
 - Std D2(ME D2.4): There is a system of periodic replenishment of drugs and consumables in ASHA kits.
 - Std D3(ME D3.3): The facility has established procedure for supporting and monitoring activities of community health work- ASHA.
- General Administration
 - Std A3(ME A3.3): The facility provides medico-legal and administrative services.
 - Std C2(ME C2.1): Availability of part time medical officer.
 - Std C2(ME C2.2): Availability of staff nurses.
 - Std C2(ME C2.3): Availability of Public Health Manager.
 - Std D3(ME D3.1): The facility has established procedures for management of activities of Rogi Kalyan Samiti.

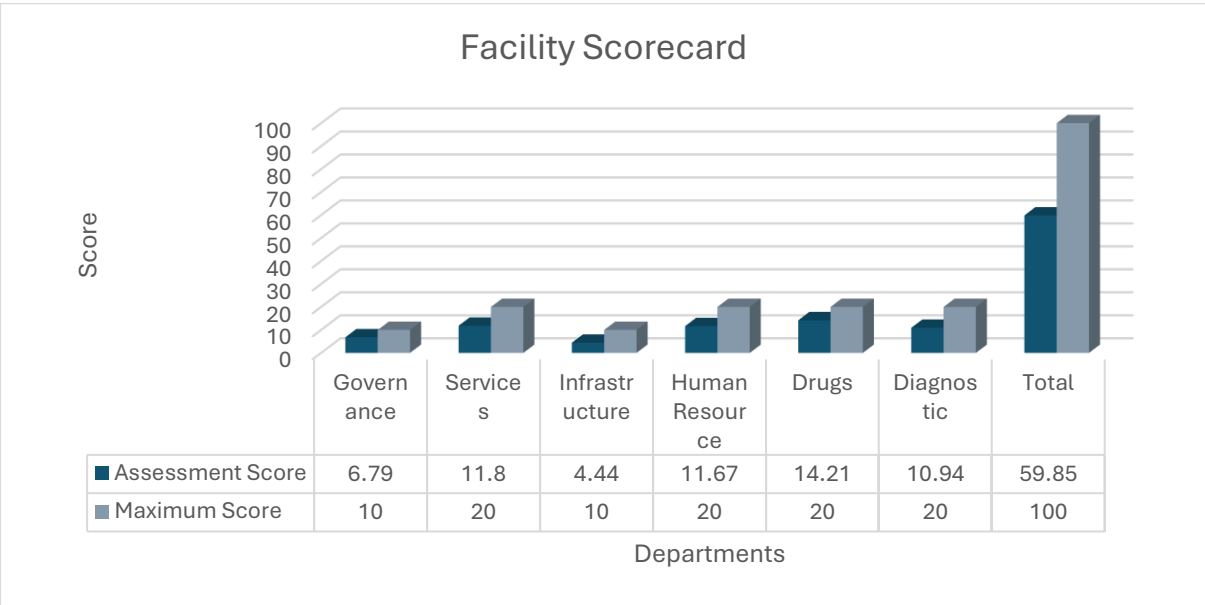
18. IPHS 2024 (NHSRC) CHECKLIST

18.1 ABOUT FACILITY:

State	Chandigarh
District	Chandigarh
Block	Chandigarh
NIN	1348644186
Facility Name	AAM NRC Dhanas
Facility Title	PHC
Facility Subtitle	UPHC
Functional Beds	0

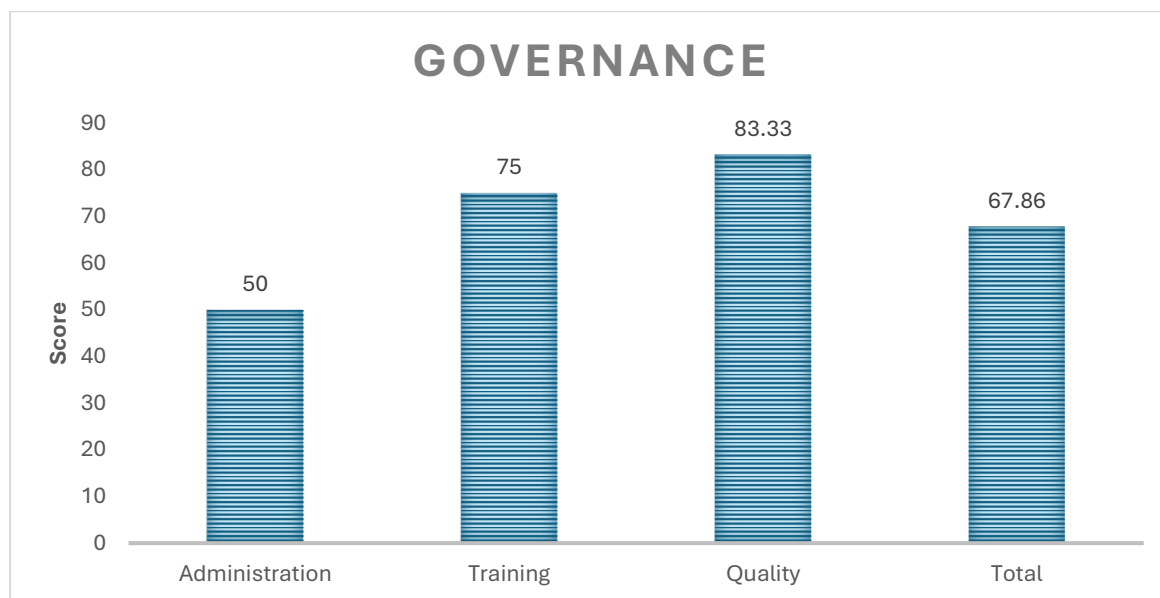
19. ASSESSMENT REPORT:

19.1 FACILITY SCORECARD



19.2 DEPARTMENT WISE SCORECARD

1. GOVERNANCE



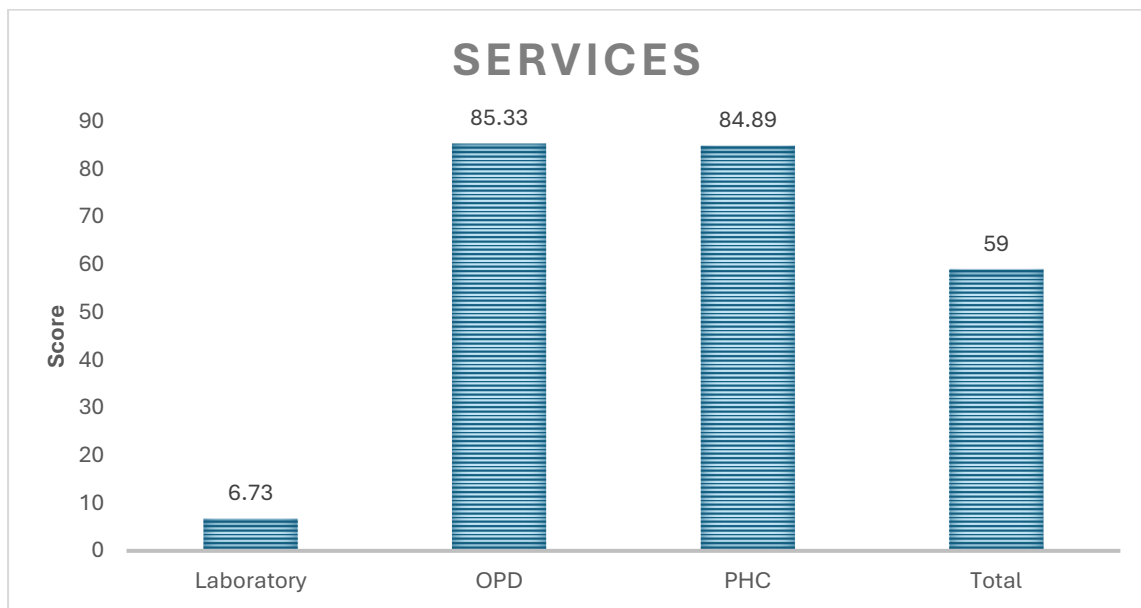
Gaps:

- Lack of accountability mechanisms to ensure staff performance and adherence to protocols.
- Inadequate systems for collecting and addressing patient feedback.
- Poor coordination between different departments and healthcare providers hampers integrated and holistic patient care.

Action Plan:

- Introduce performance metrics and regular evaluations for staff to ensure accountability and adherence to established protocols.
- Develop robust patient feedback mechanisms such as surveys and suggestion boxes, and ensure timely responses and actions based on the feedback received.
- Foster better communication & coordination between departments through regular interdisciplinary meetings and shared patient management systems.

2. SERVICES



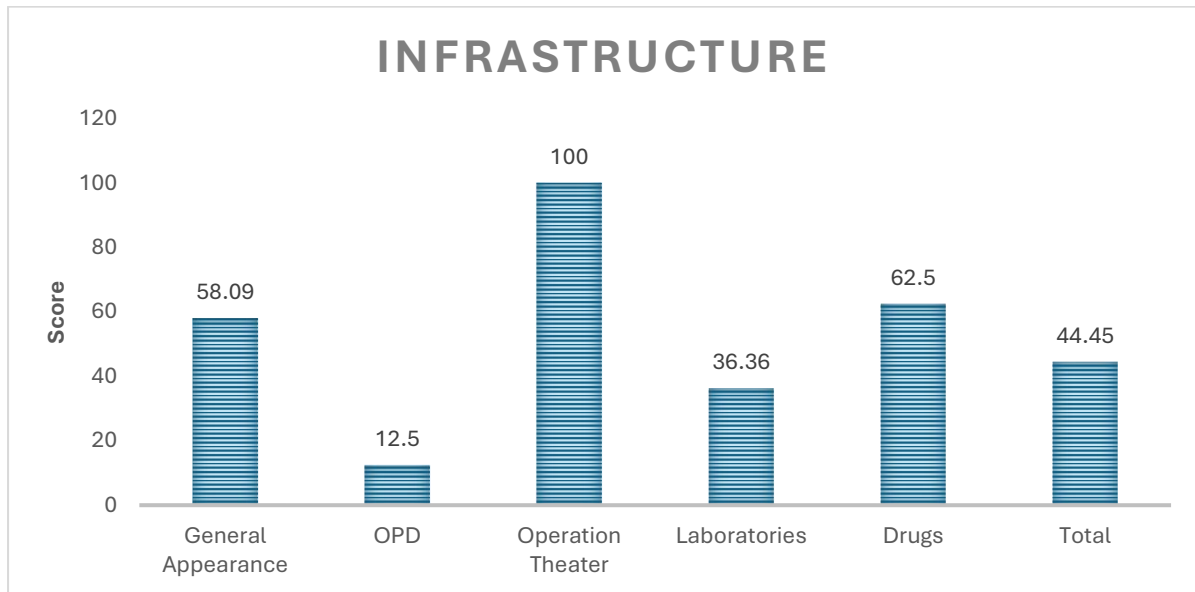
Gaps:

- No separate registration counter for women, elders & differently abled in OPD.
- Inadequate seating arrangements for patients in the facility.
- Elderly care was incomplete without availability of rehabilitative & physiotherapy services.
- Drinking water facility was not there for patients as well as staff.
- No specialist services for detection and management of vision & hearing impairments.

Action Plan:

- Designate separate counters for male, female, old aged and disabled.
- Implement a queue management system with token numbers.
- Propose to the higher centre for installation of water purifiers or filtration systems in the facility.
- Utilize telemedicine for specialist services.
- Set up linkages and referral system with higher centres.

3. INFRASTRUCTURE



Gaps:

- AAM layout was not available at the entrance.
- Lack of open space & greenery at the facility.
- Ramp facility was unavailable for disabled patients.
- There was no provision of fire alarms and fire extinguishers are also unavailable at the facility.
- Disaster Management Plan was unavailable.
- Emergency exit doors were not there at facility. Only a single door was there for entry & exit.

Action Plan:

- Invest in expanding the physical space of the facility to better accommodate patient volume & reduce overcrowding.
- Establish a regular maintenance schedule and allocate resources to ensure the facility is kept in good condition addressing issues promptly.
- Implement necessary modifications to improve accessibility for disabled patients, ensuring compliance with relevant accessibility standards.
- Procure fire equipments as per needed spaces for facility.

- Train staff on the fire evacuation plan, including the importance of fire exit signs and their locations.

4. HUMAN RESOURCES



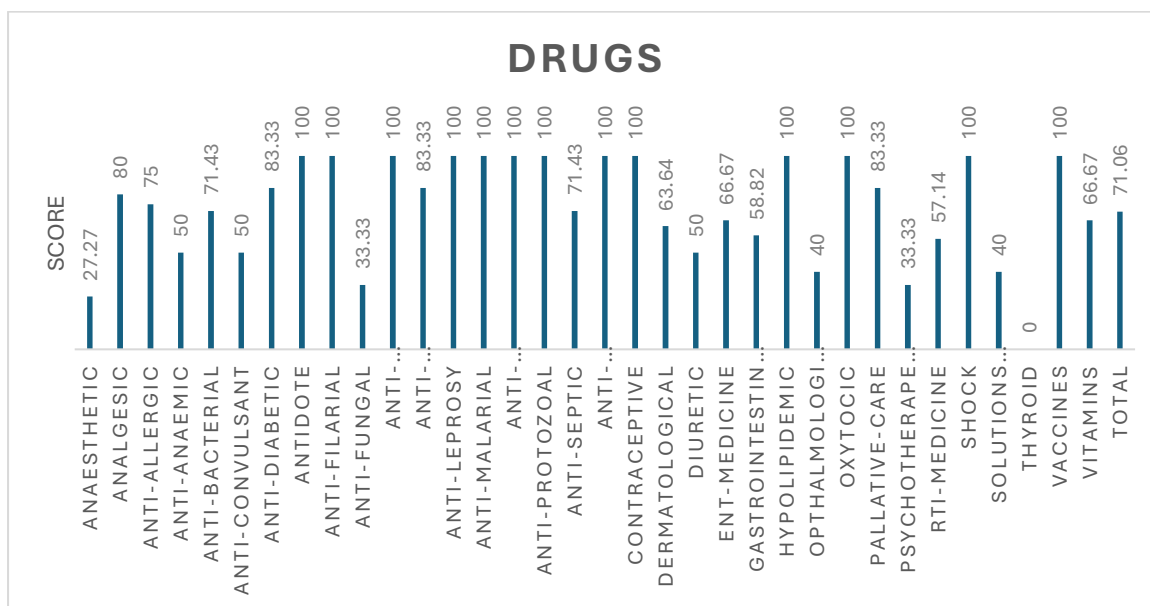
Gaps:

- Public Health Manager was not present at PHC.
- Lack of specialist personnel for providing advanced health services at the facility.
- Hygienic conditions are inadequate at the facility.

Action Plan:

- Utilize telemedicine for specialist services.
- Set up linkages and referral system with higher centres.
- Conduct regular cleanliness inspections and audits at the facility.
- Encourage staff and patients to report cleanliness issues promptly.

5. DRUGS



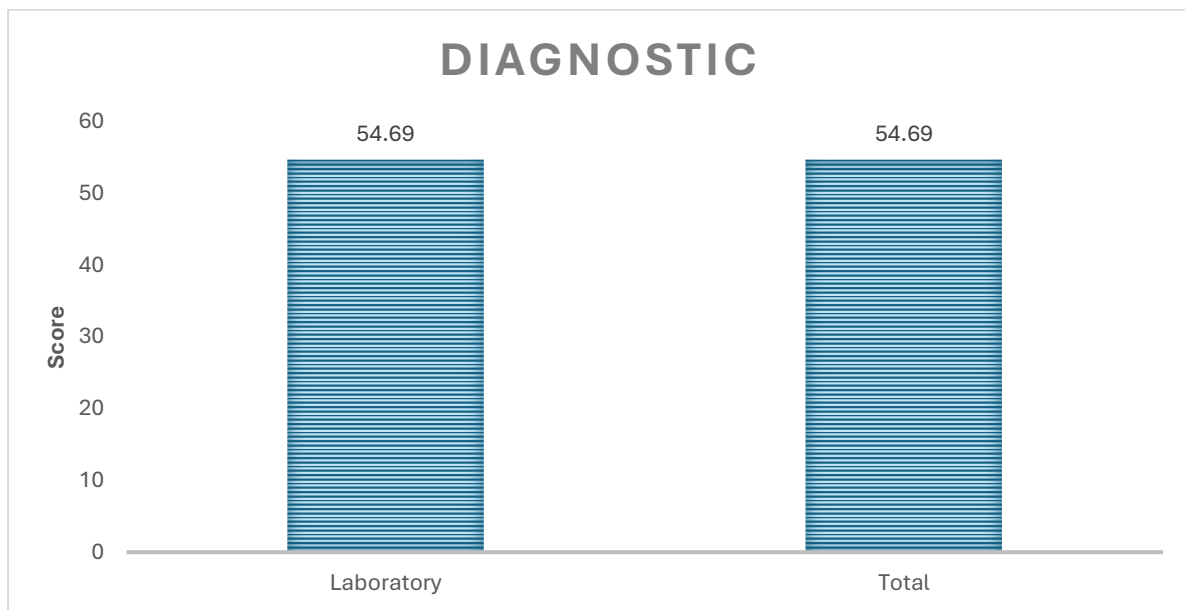
Gaps:

- No separate counter for women, elderly & differently abled for medicines.
- Poor storage conditions and inventory management.
- Limited range of medications were available.

Action Plan:

- Designate separate counters for male, female, old aged and disabled.
- Inform patients about alternatives & ensure substitutes are clinically appropriate.
- Upgrade storage conditions to meet proper standards and implement robust inventory management systems to minimize waste.

6. DIAGNOSTIC



Gaps:

- Insufficient maintenance & calibration of lab equipment.
- Lack of availability of advanced diagnostic tests & equipments.
- Delay in test results due to lack of availability of equipments.

Action Plan:

- Conduct a thorough needs assessment to identify specific diagnostic services that are currently unavailable but essentially required.
- Prioritize services based on patient demand & clinical importance.
- Explore possibilities for shared services or mobile diagnostic units.

16.4 RECOMMENDATIONS:

- Introduce performance metrics and regular evaluations for staff to ensure accountability and adherence to established protocols.
- Develop patient feedback mechanisms, such as surveys and suggestion boxes and ensure timely responses and actions based on the feedback received.
- Foster better communication & coordination between departments through regular interdisciplinary meetings.
- Strengthen supply chain management to ensure the regular availability of medicines and supplies.
- Stock a comprehensive list of essential drugs as per national guidelines.
- Ensure drugs are stored under appropriate conditions.
- Implement a FEFO (first expire, first out) policy to reduce wastage.
- Employ community health workers to engage with the local population & support outreach programmes.
- Utilize telemedicine to improve specialist access & follow up care.
- Establish clear policies & SOPs for all services.
- Invest in expanding the physical space of the facility to better accommodate patient volume & reduce overcrowding.
- Establish a regular maintenance schedule and allocate resources to ensure the facility is kept in good condition addressing issues promptly.
- Implement necessary modifications to improve accessibility for disabled patients ensuring compliance with relevant accessibility standards.

16.5 LIST Of NOT APPLICABLE CRITERIAS:

Customisation of ODK Checklist is required for the following criteria's:

- Availability of Effluent Treatment Plan (ETP).
- Availability of Staff Nurse.
- Availability of Public Health Manager.
- Monitoring by Rogi Kalyan Samitis.
- MTP Act: Availability of form C
- PcPNDT Act
- MTP services

20. GALLERY



Yoga Sessions in the Facility



Ante-natal Care in AAM NRC Dhanas



Daily OPD in Facility



Field Visits (Door to Door)



Outreach Program at AAM NRC Dhanas



Patients in the Waiting Area

21. CONCLUSION:

AAM NRC Dhanas demonstrates a commendable commitment to improve public health through its patient-centric best practices.

Best Practices:

- Quality oriented **Antenatal Services** with proper screening & counselling for family planning.
- Proper coverage of **post-natal care & Immunization**.
- **Installation of Outdoor Media** for display of National Programs related IEC activities, Health Promotion & Awareness activities.
- **Holistic Health Approach**- Integrating Homeopathy, Yoga & other traditional practices with modern medical treatments.
- **Community Engagement**- Regular health camps & awareness programs that foster a proactive health culture.

Major Gaps:

- Unavailability of some essential **drugs & diagnostic** services at AAM.
- No **patient feedback system** to gather insights & improve service delivery.
- **Elderly care** was incomplete without availability of rehabilitative & physiotherapy services.
- Prolonged **waiting periods** for patients for OPD as well as pharmacy services.
- Inadequate accessibility features for **disabled patients** such as ramps and appropriately equipped restrooms.
- No **internal quality assurance** team was available.

My Contribution:

- Under the mentorship of Medical Officer, volunteered to support health camps & awareness programs in the facility.
- Provide supportive supervision & worked with staff to encourage community participation in health initiatives, fostering a culture of proactive management.
- Created ABHA IDs along with special focus on NCD Screenings, to provide holistic healthcare.

Recommendations:

- Introduce performance metrics and regular evaluations for staff to ensure accountability and adherence to established protocols.
- Develop patient feedback mechanisms, such as surveys and suggestion boxes and ensure timely responses and actions based on the feedback received.
- Recruitment of additional medical professionals including nursing & support staff to reduce patient wait times & improve service delivery.
- Implement a queue management system with token numbers.
- Implement necessary modifications to improve accessibility for disabled patients ensuring compliance with relevant accessibility standards.
- Implementation of regular training programs to keep the staff updated with working of portals & ABHA seeding.
- Establish a dedicated quality control team to regularly monitor & evaluate healthcare services.
- There should be a process to revise Standard Operating Procedures.
- A regular employee satisfaction survey should be carried out.

Learnings:

I got a detailed framework of working of an Ayushman Aarogya Mandir. I learnt the working of portals, analysis of reports to find out the gaps and prepared individual action plans targeting the gaps. Also, I worked on some initiatives with cooperation of staff to improve the access of expanded range of services to people.

In conclusion, while AAM NRC Dhanas has made commendable strides in public health, strategic efforts to bridge existing gaps & implement targeted recommendations will be essential for sustaining and enhancing its impact on the community's health & wellbeing.

22. REFERENCE:

<http://nrhmchd.gov.in/>

<https://qps.nhsrindia.org/national-quality-assurance-standards/nqas-tools>

<https://nhsrindia.org/national-quality-assurance-standards-0>

<https://qps.nhsrindia.org/national-quality-assurance-standards>

<https://nhsrindia.org/IPHS2022>

<https://nhm.gov.in/>

Plagiarism Check Status

SIR Ankita

by Ms Ankita

Submission date:

02-Jul-2024 04:22PM (UTC+0530)

Submission ID:

2411600137

File name:

Ankita_Summer_Internship_Report.docx (5.52M)

Word count:

16493

Character count:

92277

SIR Ankita

ORIGINALITY REPORT

11%

SIMILARITY INDEX

11%

INTERNET SOURCES

3%

PUBLICATIONS

6%

STUDENT PAPERS

PRIMARY SOURCES

1	kayakalpraj.org	2%
2	qi.nhsrcindia.org	2%
3	nrhmcd.gov.in	1%
4	Submitted to IIHMR Delhi	1%
5	karunadu.karnataka.gov.in	1%
6	pdffox.com	1%
7	clinton.presidentiallibraries.us	<1%
8	mohfw.gov.in	<1%
9	pdfcookie.com	<1%

