

# **Summer Internship Report**

**At**

**National Health Mission, Punjab  
(April 29<sup>nd</sup> to June 28<sup>th</sup>, 2024)**

**A Report**

**By**

**Dr. Manvi Verma**

**PGDM (Hospital and Health Management)  
(2023-2025)**



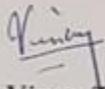
**International Institute of Health Management  
Research, New Delhi**

**"Evaluating the Impact of National Health Programs on Maternal and Child Healthcare: A Case Study of District Hospital S.A.S. Nagar"**

# **CERTIFICATE OF APPROVAL**

## **Certificate of Approval**

The Summer Internship Project of titled "Evaluating the Impact of National Health Programs on Maternal and Child Healthcare: A Case Study of District Hospital S.A.S. Nagar" at "NHM PUNJAB" 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. Vinay Tripathi**

**Associate Professor**

**IHMR, Delhi**

# FEEDBACK FORM

## FEEDBACK FORM

(IIMR MENTOR)

Name of the Student: Mansi Veena

Summer Internship Institution: NIM Punjab

Area of Summer Internship: PCH

Attendance: Satisfactory

Objectives met: Internship objectives met

Deliverables: Report submitted and presentation made

Strengths: Higher approval in work and learn from the organization

Suggestions for Improvement: —

  
Signature of the Officer-in-Charge (Internship)

Date: 10/12/24

Place: NEW DELHI

# FEEDBACK FORM

## FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Manvi Verma

Summer Internship Institution: NHM, Punjab (DH- SAS, Nagau)

Area of Summer Internship: Maternal and child Healthcare

Attendance: 100%

Objectives met: Continuous ongoing monitoring, evaluation and empowerment of health workers. Musgan and key role. Gap analysis of performance in Musgan certification.

Deliverables: Application of Musgan certification initiated in terms of state assessment after gap analysis.

Strengths: Proactive approach, Meticulous supervision, Behavioural, passionate to achieve target assigned.

Suggestions for Improvement: Abilities as a researcher to identify evidence based practices be developed to improve administrative qualities.

Signature of the Officer-in-Charge (Internship)

Senior Medical Officer I/c  
Distt. Hospital, S.A.S. Nagar

Date: 27/06/2024

Place: DH, SAS Nagau, Punjab.

# CERTIFICATE



## CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

.....  
Dr. Manvi, Verma.....

has completed internship under the guidance of Civil Surgeon, Mohali  
under National Health Mission for Maternal & Child Health Care  
from date 29<sup>th</sup> April 2024 to 27<sup>th</sup> June 2024.....

We found him/her sincere, hardworking, dedicated and result oriented.

He/She worked well as a part of the team during his/her tenure.

National Health Mission Punjab wish him/her all the best for the future endeavors.

Mission Director  
National Health Mission , Punjab

# PLAGIARISM REPORT

Manvi Verma ST report

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## **Acknowledgement**

**This report is an outstanding prospect to convey my gratefulness to those many people whose timely help and guidance went a long way in finishing this project.**

**I would like to express my sincere thanks to NHM, Punjab for giving me an opportunity to explore the practical knowledge practiced by the organization.**

**This project could not be completed without the able guidance and support of my mentor Dr. Vinay Tripathi, Assistant Professor, IIMR Delhi.**

**I am very glad to work with the organization as an intern. I am grateful to the Ms. Kamal Pawan Ma'am and Mr. Dharam Dass Sir for helping me to get the information and an invaluable experience.**

**Last but not the least I would like to thank my friends, family members and all those people who helped me for the completion of my project.**

**Working on this project has proved to be an enlightening experience for me.**

## ABBREVIATIONS/ ACRONYMS

**JSSK: Janani Sishu Suraksha Karyakram**

**JSY: Janani Suraksha Yojana**

**RBSK: Rashtriya Bal Swasthya Karyakram**

**NHM: National Health Mission**

**NRHM: National Rural Health Mission**

**NUHM: National Urban Health Mission**

**RMNCH+A: Reproductive, Maternal, Newborn, Child, Adolescent Health And Nutrition**

**DOTS: Directly Observed Therapy**

**AYUSH: Ayurveda, Yoga, Naturpathy, Unani, Siddha and Homeopathy**

**SNCU: Sick Newborn Care Unit**

**CLMC: Comprehensive Lactation Management Centre**

**NQAS: National Quality Assurance Standards**

**LaQshya: Labour Room Quality Improvement Initiative**

**IFA: Iron Folic Acid**

**ANC: Ante- Natal Care**

**LSCS: Lower Segment Caesarean Section**

**ASHA: Accredited Social Health Worker**

**HRP: High Risk Pregnancy**

**ANM: Auxillary Nurse Midwife**

**BPL: Below Poverty Line**

**ECP: Emergency Contraceptive Pills**

**IUCD: Intra Uterine Contraceptive Device**

**STD: Sexually Transmitted Disease**

**HIV: Human Immunodeficiency Virus**

**MMA: Medical Methods of Abortion**

**MVA: Manual Vacuum Aspiration**

**EVA: Electric Vacuum Aspiration**

**DC: Dental Caries**

**OPV: Oral Polio Vaccine**

**BCG: Bacillus Calmette- Guerin**

**RVV: Rotavirus Vaccine**

**NCD: Non- Communicable Disease**

**CBAC: Community Based Assessment Checklist**

**COPD: Chronic Obstructive Pulmonary Disease**

**RTI: Reproductive Tract Infection**

**NVBDCP: National Vector Borne Disease Control Programme**

**TB: Tuberculosis**

**RCH: Reproductive Child Health**

**D & C: Dilatation and Curettage**

**ABDM: Ayushman Bharat Digital Mission**

**MOHFW: Ministry Of Health and Family Welfare**

**HFR: Healthcare Facility Registration**

**HPR: Healthcare Practitioner Registration**

**ABHA: Ayushman Bharat Health Account**

**DMAIC: Define, Analyse, Improve and Control**

**PDCA: Plan, Do, Check, Act Cycle**

**MCH: Maternal And Child Health**

**IEC: Information, Education, Communication**

**AMC: Annual Maintenance Contract**

**OPD: Out Patient Department**

**IPD: In Patient Department**

**HMIS: Health Management Information System**

**PI/SI/RR/OB: Patient Interview/ Staff Interview/ Record Review/ Observation**

## **OBSERVATIONAL LEARNINGS**

## **INTRODUCTION:**

District Hospital, S.A.S. Nagar, provides a comprehensive array of healthcare services, including maternal and child health services, family planning, immunization, and more. The hospital is committed to improving the quality of care through various national programs such as Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), and Rashtriya Bal Swasthya Karyakram (RBSK). These programs aim to enhance maternal and child health services, reduce out-of-pocket expenditure for patients, and ensure high standards of healthcare delivery across the facility.

## **OBJECTIVES:**

### **A. Primary Objective:**

To assess and analyse the implementation of various national health programs in District Hospital, S.A.S. Nagar.

### **B. Secondary Objectives:**

- 1. Assess the quality of maternal care provided under the JSSK and JSY programs.**
- 2. Evaluate the effectiveness of paediatric health interventions under the RBSK initiative.**
- 3. Examine the impact of the Comprehensive Abortion Care services on women's health outcomes.**
- 4. Identify gaps and challenges in the current practices of these programs.**
- 5. Provide recommendations for enhancing the quality of maternal and child health services.**

## **ABOUT THE ORGANIZATION:**

### **NATIONAL HEALTH MISSION, Punjab**

- **The Honourable Prime Minister of India established the National Rural Health Mission in April 2005 to address the health needs in rural areas around the nation with a concentration on 18 States with subpar public health indicators. The NRHM was reinforced as the National Health Mission in 2012 (12th Five Year Plan) by extending health coverage to urban regions and including the Non-Communicable Diseases Program. The National Urban Health Mission was established by the Indian government in 2013 as a sub-mission of the National Health Mission.**
- **The National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) are two sub-missions of the National Health Mission (NHM). Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases are the three core programme components. According to the NHM, everyone will be able to access fair, affordable, and high-quality healthcare services that are accountable and sensitive to the requirements of their patients.**

### **DISTRICT HOSPITAL SAS NAGAR, PUNJAB**

**1. Mission** To build a legacy of compassionate care for the people throughout the region/state.

**2. Vision-** To promote compassion, excellence in clinical practice with providing accessible, affordable, accountable and quality health care services.

#### **3. Services Available:**

**Multispecialty OPD, IPD, 24\*7 hours Emergency, Maternity services, Pharmacy, Radiology, Laboratory services (Pathology, Biochemistry, Haematology), DOTS Centre, Blood Bank, Family Planning Services, 24\*7 Hrs Ambulance, Immunization, AYUSH, Physiotherapy, OOATS, Paediatric services, SNCU, and CLMC.**

#### **4. Standard of services**

**It provides quality services on the basis of minimum assured services set by National Quality Assessment Schemes (NQAS).**

**The Hospital is LaQshya certified for its Labour room and Maternity OT from the Union Ministry of Health and Family Welfare.**

#### **MODE OF DATA COLLECTION:**

- **The data collected is through in-depth questions or in-depth interviews of the staff and then recorded and assessed accordingly.**

#### **GENERAL FINDINGS:**

- **Janani Shishu Suraksha Karyakram:**

**Under JSSK entitlement, pregnant women are provided free services like diagnostic services, free medication and free delivery with proper diet protocol and stay in the hospital in the case of normal delivery for 3 days and for LSCS that is C- section 7 days to ensure there is no Out of Pocket Expenditure.**

**In the District Hospital, S.A.S Nagar, as pregnant women are registered on the RCH portal and visit the hospital along with ASHA, 4 ANC are done till the delivery and given IFA and Calcium tablets, vaccination and checked whether the female is in category of High Risk or not. If it is an HRP, full assistance is provided with repeated checkups and blood transfusions if required. At the time of delivery, all the services are covered by the hospital and when the baby is delivered, the mother is shifted to the Post Natal Ward from the Labor Room along with baby after ensuring both the mother and the child are fine and zero dose of Vitamin K and Hepatitis B are administered to the baby and then stay is provided along with diet 3 times and assistance to mother in breastfeeding and is followed up by ASHA worker or ANM of the area.**

- **Janani Suraksha Yojana**

**Under JSY entitlement, women under BPL category are considered to promote institutional deliveries as they are provided with free services along with Rs 700 if the delivery is conducted in the government facility and RS 600 if the delivery of the women is conducted in the Private Facility which is accredited by the government and Rs 500 in case home delivery is conducted by trained Dais.**

- **Family Planning**

**The service provision under the Family Planning in the District Hospital, S.A.S. Nagar is the availability of Barrier methods such as Condoms, IUCD that is Copper-T 375 and 380, Antara injection, Mala-D and Mala-N tablets and ECP and counselling for the available methods and surgical methods such as Tubectomy and Vasectomy are available.**

**Male and female patients are counselled about every method available and informed about the possible chances of failure of the methods. The patient is asked to consult with the doctor and then suggested for methods of contraception and then registered along with the details and monetary compensation is provided by the government for the surgical procedures and also if the contraceptives such as Copper-T and surgical methods fail resulting in pregnancy. A patient file is generated in case of surgical methods and diagnostic tests such as test for STD, HIV, haemoglobin etc are done and then patient is admitted in case of surgery to be conducted. Patient consent and partner consent is taken in every case.**

- **Comprehensive Abortion Care**

**Under the MTP Act, 1971 abortion care is provided in India. There are multiple methods of abortion such as MMA which is available up to 7 weeks, MVA and EVA which is done within 12 weeks and D & C is done after 20 weeks. The abortion care includes counselling of contraception after abortion to impart care and avoid unwanted pregnancy. Admission of women is done even in case of MMA to avoid any complications and consent of women and one doctor is mandatory and if pregnancy is more than 20 weeks consent of two doctors is required and if the patient is minor then police is informed and complaint is lodged.**

- **RBSK (Rashtriya Bal Swasthya Karyakram)**

**Under RBSK entitlement, children from 0 to 18 years are consulted for 4D's at 0 to 6 months, at 6 months to 3 years and 3 years to 6 years and 6 years to 18 years and at hospital delivery point, at aanganwadi and at schools. The 4D's covered are Diseases, Defects, Developmental Delays and Disabilities. In the District Hospital, a team of male and female ayurvedic medical officer, pharmacist and staff nurse is present which scans the children and conducts camps and visits at aanganwadis twice a year and government and government aided schools once a year. Friday is day decided for the follow- up and children detected are referred to District Hospital, S.A.S Nagar. Major diseases reported are DC, anaemia, Vision impairment, ear problem etc. Disease wise funds are allotted by the government and the treatment of the children is free. The follow up rate in the hospital is 20%.**

- **Immunization**

**Immunization facilities are available at District Hospital, S.A.S Nagar. Proper cold chain is maintained in the immunization room with availability of ice line refrigerator and deep freezer according to guidelines by WHO. Vaccines available in the District Hospital, S.A.S. Nagar are OPV, BCG, Hep B, RVV, Pentavalent, Td which are administered from 0 to 16 years and 3 doses of tetanus are also administered during pregnancy. A stadiometer is also present with weighing machine to check for the progress of growth of the child.**

- **Anaemia Mukh Bharat**

**The main objective of this program is to decrease morbidity and mortality due to anaemia. Under this entitlement, there is provision of 1 ml IFA syrup in the children of 6- 59 months, 1 Pink IFA tablet in children of 5-9 years and 1 blue tablet of IFA tablet in children of 10-19 years and 1 tablet daily for pregnant women that is 180 tablets for 6 months and if the pregnant women is severely anaemic 360 tablets that is 2 tablets daily or parenteral IV is administered and postpartum 180 IFA tablets. ASHA workers are incentivized for administering doses and the levels of haemoglobin are checked regularly at camps held by ANM through digital haemoglobinometer and special focus is given to females and pregnant women.**

- **NCD Portal**

The NCD portal covers the target population of more than 30 years who are screened once a year for diabetes, hypertension, oral cancer, breast cancer and cervical cancer. Males are screened for 3 diseases whereas women are screened for all four diseases. The registration in the NCD portal is done by ASHA workers in which they enrolled the person, add family member, fill CBAC form and then the further process of screening is done by CHO's and referred to medical officers for further treatment if required. The CBAC form is divided into 4 parts in which the information is filled under Risk Assessment, Symptoms, COPD Related Problems and Mental Health Related Problems. For CBAC score more than 4 screening is done first. Screening of diabetes and hypertension is done every year whereas the cancer screening is done every 5 years.

- **HMIS Portal**

Health Management Information system Portal is an online portal which provides details about the health indicators. It covers data under main headings of Ante-Natal Care, Deliveries, No. of C-section deliveries, Pregnancy Outcomes and Details of Newborn, Anaemia Mukht Bharat, Post Natal Care, RTI/STI Cases, Family Planning, Child Immunisation, No. of cases of childhood diseases, NVBDCP, Adolescent Health, National TB Elimination Program, Patient Services, Laboratory Testing, Details of deaths with probable causes and Quality Assurance. These main headings are further divided into multiple sub headings under which data is recorded from each health facility right from blocks and then monitored and evaluated at district levels and forwarded to states which then sends the reports further to MoHFW for further data analysis and interpretation. The data analysed indicates the health indicators of each state, the areas which need improvement, the

strengths and gaps along with the budget required for program can be decide with the help of these indicators and they also help in policy making.

- **RCH Portal**

The Reproductive and Child Health (RCH) Programme was launched throughout the country on 15th October, 1997. This programme aims at achieving a status in which women will be able to regulate their fertility, women will be able to go through their pregnancy and child birth safely, the outcome of pregnancies will be successful and will lead to survival and well being of the mother and the child. The couples will also be able to have their sexual relation free from fear of pregnancy and of contracting sexually transmitted diseases. A portal was established for monitoring and evaluation of RCH data. The major emphasis under this program is on Maternal health, Child health, Safe abortions, Nutrition, Communication for behavior changes, RTIs / STIs and Adolescent health. The program focuses on maternal deaths, ante-natal care, family planning etc.

- **ABDM**

Ayushman Bharat Digital Mission is a program aimed to develop a digital backbone necessary to support digital health infrastructure of the country. It has 3 components namely, ABHA, HPR and HFR under which generation of ABHA number is done for the integration of digital health records, HPR is the registration of Healthcare Professionals registering doctors and staff nurses across state with proper documentation and HFR is the Healthcare Facility Registration in which the health facilities whether government or private are registered including hospitals, clinics, diagnostic laboratories, pharmacies etc.

- **Quality Tools**

Quality tools are important assets in the administration aspect of any organization. It helps in problem detection, problem solving ultimately

leading to increase in quality of services. The various quality tools used in the District Hospital, S.A.S. Nagar were Six Sigma which is inclusive of DMAIC for existing processes, PDCA cycle, Brainstorming, Root Cause Analysis, Process Mapping etc.

## **PROJECT REPORT**

**“Evaluating the Impact of LaQshya and Kayakalp Programs on Maternal and Child Healthcare Quality: A Case Study of District Hospital, S.A.S. Nagar, with an Initial Assessment of the MusQan Initiative”**

## **SECTION-1**

### **INTRODUCTION ABOUT THE TOPIC:**

**Maternal and child healthcare (MCH) is a critical aspect of public health, significantly impacting population health outcomes and socio-economic development. Recognizing the importance of high-quality MCH services, the Government of India has implemented several programs aimed at improving healthcare delivery in public health facilities. Among these, the LaQshya and Kayakalp programs have been pivotal in enhancing maternal and child healthcare quality through various interventions focusing on clinical services, infection control, hygiene, sanitation, and support services. Additionally, the MusQan initiative has been introduced to transform pediatric wards into child-friendly environments, further improving healthcare outcomes for children.**

**This study aims to evaluate the impact of LaQshya and Kayakalp programs on maternal and child healthcare services at District Hospital, S.A.S. Nagar. By conducting an initial assessment of the MusQan initiative, this research seeks to provide a comprehensive understanding of the implementation, successes, and challenges of these programs. The findings from this study will help identify gaps and offer evidence-based recommendations to enhance the quality of healthcare services provided to the rural and semi-urban population served by the District Hospital, S.A.S. Nagar.**

## **RATIONALE**

The rationale behind this study is to evaluate and assess the impact of the LaQshya and Kayakalp programs on the quality of maternal and child healthcare services at District Hospital, S.A.S. Nagar. These programs are designed to enhance various aspects of healthcare delivery, including clinical services, infection control, hygiene, sanitation, and support services. By also conducting an initial assessment of the MusQan initiative, which aims to transform paediatric wards into child-friendly environments, this study aims to provide a comprehensive understanding of the successes and challenges faced during the implementation of these programs. Given that District Hospital, S.A.S. Nagar, serves as a primary healthcare provider for a significant portion of the rural and semi-urban population, it is essential to identify gaps and provide evidence-based recommendations to improve healthcare services and outcomes.

## **OBJECTIVES:**

### **1. Primary Objective:**

- To evaluate and analyze the impact of the LaQshya and Kayakalp programs on the quality of maternal and child healthcare services at District Hospital, S.A.S. Nagar.

### **2. Secondary Objectives:**

- To assess the quality of care provided in labor rooms, maternity operation theaters and cleanliness and hygiene in hospital under the LaQshya and Kayakalp programs.

- To conduct an initial assessment of the MusQan initiative's impact on transforming pediatric wards into child-friendly environments.
- To evaluate the cleanliness and hygiene of the hospital under the Kayakalp program.
- To identify gaps and challenges in the current practices of these programs.
- To provide evidence-based recommendations for enhancing the quality of maternal and child health services.

### **RESEARCH QUESTION**

**How effective has the implementation of the LaQshya and Kayakalp programs been in improving the quality of maternal and child healthcare services, and what are the initial impacts and challenges of the MusQan initiative on pediatric ward transformations for certification at the District Hospital, S.A.S. Nagar?**

## **SECTION-2**

### **TYPE OF STUDY:**

**Mixed Methods study as this study includes both qualitative and quantitative analysis of data. Qualitative analysis as the checklist contains measurable element which states the point to be assessed under which multiple checkpoints are mentioned which covers the areas in the measurable elements which are then assessed through given assessment methods taking into consideration means of verification. All this qualitative analysis is done through interviews of staff, patients and attendants of the patients along with observation and record reviews.**

**Quantitative analysis covers the nuances of compliance which is recorded in whole numbers that is 0, 1 or 2 according to the qualitative analysis. The scoring of each area of concern will then be assessed and analysed through bar graphs describing the percentage and level of services provided under each area giving an overall statistical analysis of maternal and child services in the hospital.**

### **MODE OF DATA COLLECTION:**

**Pre- formed checklist**

### **About the Checklist:**

- The checklist includes different departments under each tool with 8 areas of concern under each department which are included in LaQshya, MusQan and KayaKalp assessment.
- LaQshya covers two departments namely, Labor room and Maternity Operation Theatre in different checklist under which there are 8 areas of concerns, which are Service Provision, Patient Rights, Inputs, Support Services, Clinical Services, Infection Control, Quality Management and Outcomes.
- KayaKalp assessment tool under which cleanliness and hygiene, sanitation are measured under Hospital Upkeep, Sanitation and Hygiene, Waste Management, Infection Control, Support Services, Hygiene Promotion, Beyond Hospital Boundary and Eco- friendly Services.
- It is semi-open ended questions with compliance as 0, 1 and 2 accompanied by remarks.
- Example:
  - 1) Services are available for time period as mandated. (Measurable Element)
    - Labour room service is functional 24\*7. (Checkpoint)
  - SI/RR (Assessment Method)
  - Verify with record that deliveries have been conducted in night on regular basis. (Means of Verification)
  - 0/1/2 (Compliance)

On the basis of above-mentioned parameters, staff is interviewed and asked in-depth questions about the labour room services available in the facility as to whether they are available during the OPD hours or 24\*7 & if the labour room is functional 24\*7 it is to be verified with the records of the delivery conducted in the night and then given compliance according to the level of services available in the facility. 0 compliance if the services are not available and 1 if present only during OPD hours or any services are not functional fully or if night deliveries are not available and 2 if the all the services are available and verified with record of deliveries at night. Remarks are mentioned as to what is available in the facility.

## **SECTION-3**

### **DATA COMPILATION**

All the data collected from the District Hospital, Mohali through staff interviews, patient and attendant interviews, observation and record reviews are recorded in the checklist and then assessed and analysed accordingly.

### **DATA ANALYSIS**

#### **1) LaQshya**

##### **• QUALITATIVE ANALYSIS**

The qualitative analysis of LaQshya includes Staff Interview, Patient Interview, Observation and Record Review. 1. Staff Interview include the assessment of knowledge of the healthcare providers of the District Hospital, S.A.S. Nagar about procedures, services rendered by the hospital for the patients, provision of care under government schemes and programs, etc covering all the eight areas of concerns which include firstly Service Provision that is the management of services or the procedures in the facility such as Post Partum Haemorrhage, Retained Placenta etc. Second area is the Patient Rights which highlights the knowledge of staff so that the privacy and rights of patients are maintained and no discrimination is done on any basis. Third area of concern

are the Inputs which enquires about the availability of adequate infrastructure, its physical safety along with safety and risk management, adequate staff and its competence, drugs and consumables, equipment and instruments which includes basically all the input which is required.

Fourth area of concern deals with the Support Services that is proper maintenance of pharmacy, auxiliary services such as housekeeping services, laundry services etc. in which staff needs to have the knowledge of stock out of the drugs, provision of three bucket system, clean linen for patients and separate clean and dirty utility room and the awareness of staff about the proper maintenance is assessed through interviews from the staff. Clinical Services is the fifth area of concern which analyses the competence and knowledge of doctors and staff nurses about the NVD, LSCS, PPH, HRP etc. It also scores for the OSCE of the staff and the competence assessment as to whether they are conducted regularly or not accompanied with regular training of the staff. Infection Control as the sixth area of concern covers bases of the hand hygiene, if the staff is aware of the 5 movements of handwashing and if asked can demonstrate along with proper training of needle stick injury, spill management etc.

Quality tools which are the seventh area of concern deals with the use and knowledge of at least 2 quality tools such Six Sigma, Process Mapping, brainstorming etc., formation of a quality team and action plans made for the resolution of issues and for improvement of services. Outcomes that are the last area covers the most crucial indicators which indicate the actual parameters such as number of delivers whether normal or C- section, number of night deliveries, patient satisfaction scores, OSCE score, number of women administered corticosteroid etc.

2. Patient Interview in which patient are asked about the services offered by the facility, whether the patient is aware about their rights and the visitor policy, informed consent, counselling of the couple in case of any issues or complications or PPIUCD, family planning etc.

3. Observation, the analysis under this point is done by reviewing the services or demonstration of some protocols like availability of IEC material, posters,

pamphlets etc, availability of signage, layouts, citizen charter and that too in local language etc.

**4. Record Review**, the records of the department and the facilities are checked to see if they are properly maintained or not, to check for the outcome indicators, AMC of the equipment along with records of calibration, records of training of staff, records of needle stick injury, any adverse reaction of drugs or immunization, records of review of maternal or newborn death etc.

Verification criteria for provider knowledge were evaluated through interviews, those for provider skills were evaluated through observations, those for facility routine practises were evaluated through record reviews, and those for drug and equipment availability were evaluated through physical verification.

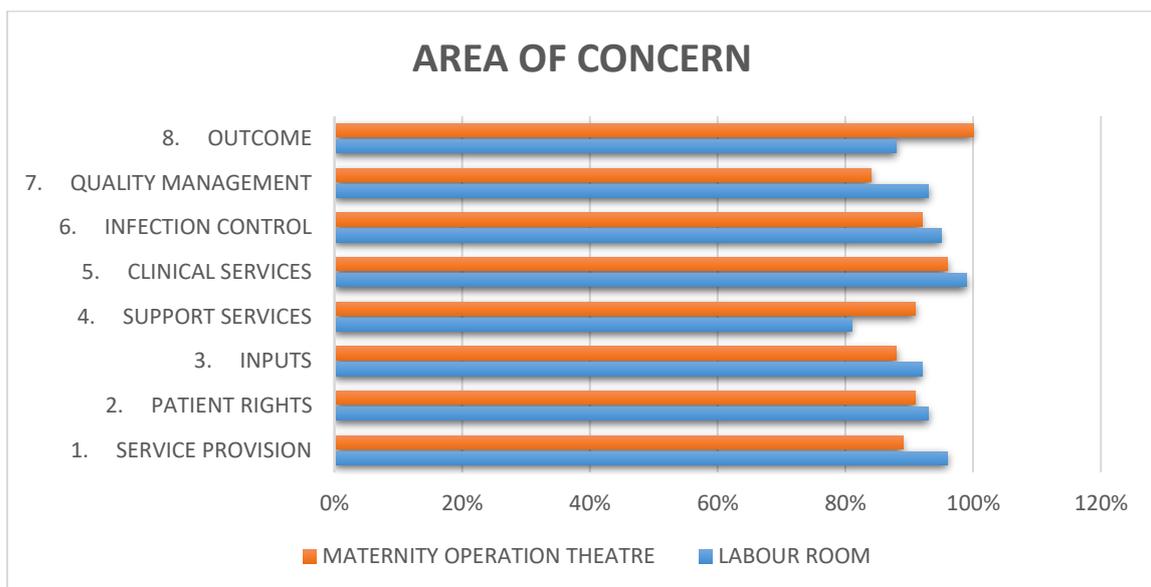
- **QUANTITATIVE ANALYSIS**

In quantitative analysis, the compliance is recorded for each checkpoint and then overall compliance of each area of concern is calculated. The score is then divided with total score and then the percentage of each area of concern is calculated similarly.

After calculation of percentage of all area of concerns, all the percentages are divided with the total and the score of each department is obtained and then all departmental scores are added and divided by total to gain a final score of the complete assessment tool.

<b><u>AREA OF CONCERN</u></b>	<b><u>LABOR ROOM</u></b>	<b><u>MATERNITY OT</u></b>
<b>1. <u>SERVICE PROVISION</u></b>	<b><u>96%</u></b>	<b><u>89%</u></b>
<b>2. <u>PATIENT RIGHTS</u></b>	<b><u>93%</u></b>	<b><u>91%</u></b>
<b>3. <u>INPUTS</u></b>	<b><u>92%</u></b>	<b><u>88%</u></b>

4. <b><u>SUPPORT SERVICES</u></b>	<b><u>81%</u></b>	<b><u>91%</u></b>
5. <b><u>CLINICAL SERVICES</u></b>	<b><u>99%</u></b>	<b><u>96%</u></b>
6. <b><u>INFECTION CONTROL</u></b>	<b><u>95%</u></b>	<b><u>92%</u></b>
7. <b><u>QUALITY MANAGEMENT</u></b>	<b><u>93%</u></b>	<b><u>84%</u></b>
8. <b><u>OUTCOMES</u></b>	<b><u>88%</u></b>	<b><u>100%</u></b>



## 2) **MusQan**

- **QUALITATIVE ANALYSIS**

The qualitative analysis of MusQan is same as the qualitative analysis of LaQshya under same eight of concerns with similar ways of staff interview, patient- attendant interview as the patients of paediatric ward are minor, record review and observation of paediatric ward, paediatric OPD, SNCU and

NRC. Description of the analysis as to how is the scored allotted from these methods are described above in detail.

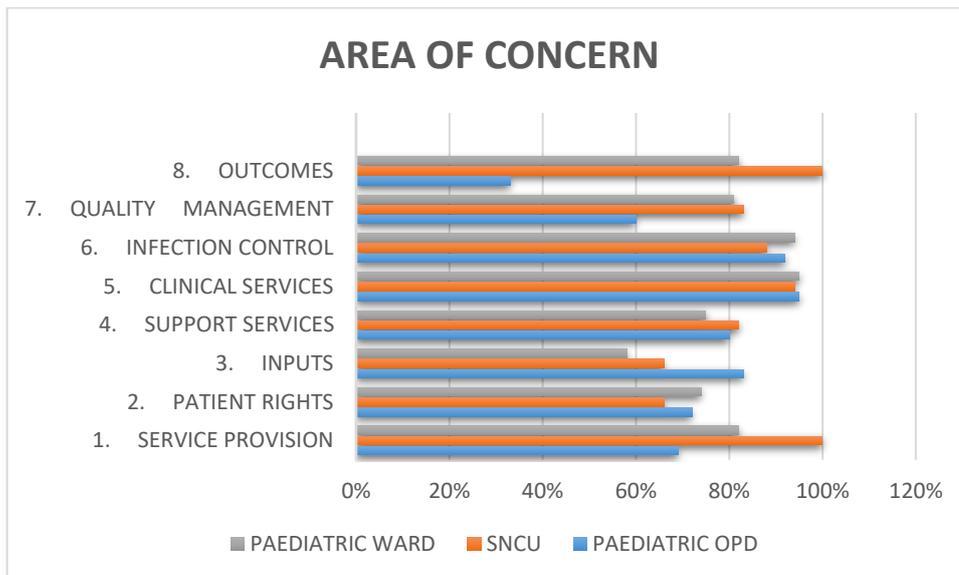
Since NRC is not available in the facility only 3 departments were assessed.

- **QUANTITATIVE ANALYSIS**

The quantitative analysis of MusQan is also similar to quantitative analysis of LaQshya which is described in detail above.

Since NRC is not available in the facility only 3 departments were assessed that were Paediatric OPD, Paediatric Ward and SNCU.

<b><u>AREA OF CONCERN</u></b>	<b><u>PAEDIATRIC OPD</u></b>	<b><u>SNCU</u></b>	<b><u>PAEDIATRIC WARD</u></b>
1. <b><u>SERVICE PROVISION</u></b>	<b><u>69%</u></b>	<b><u>100%</u></b>	<b><u>82%</u></b>
2. <b><u>PATIENT RIGHTS</u></b>	<b><u>72%</u></b>	<b><u>66%</u></b>	<b><u>74%</u></b>
3. <b><u>INPUTS</u></b>	<b><u>83%</u></b>	<b><u>66%</u></b>	<b><u>58%</u></b>
4. <b><u>SUPPORT SERVICES</u></b>	<b><u>80%</u></b>	<b><u>82%</u></b>	<b><u>75%</u></b>
5. <b><u>CLINICAL SERVICES</u></b>	<b><u>95%</u></b>	<b><u>94%</u></b>	<b><u>95%</u></b>
6. <b><u>INFECTION CONTROL</u></b>	<b><u>92%</u></b>	<b><u>88%</u></b>	<b><u>94%</u></b>
7. <b><u>QUALITY MANAGEMENT</u></b>	<b><u>60%</u></b>	<b><u>83%</u></b>	<b><u>81%</u></b>
8. <b><u>OUTCOMES</u></b>	<b><u>33%</u></b>	<b><u>100%</u></b>	<b><u>82%</u></b>



### 3) KayaKalp

- QUALITATIVE ANALYSIS

The area of concern or the thematic areas under the KayaKalp are the Hospital Upkeep, Sanitation and Hygiene, Waste Management, Infection Control, Support Services, Hygiene Promotion, Beyond Hospital boundary and Eco-Friendly Facility. Methods of qualitative analysis are Staff interview, Patient Interview, Record Review and Observation. As discussed above the procedure for the assessment is the same as LaQshya and MusQan but the differentiating factors are the areas of concern which starts with the Hospital Upkeep which include the Pest & Animal control to check for the presence or absence of pest, stray dogs or any other animal in the premises and if pest are present check the records for anti-pest or anti- termite treatment, provision of proper landscaping and gardens with clean pathways, maintenance of infrastructure, pathways, furniture and fixtures to be observed and interviews of patients to check for if any issues with the trolleys, wheelchairs etc.

Sanitation and Hygiene includes staff knowledge of three bucket system, disinfection, making and use of hypochlorite solution, cleanliness of patient care areas, auxiliary areas, ambulatory areas, procedure areas, toilets.

Third area is the Waste Management which covers biomedical waste

management 2016, the collection and segregation of waste, spill management, evaluating the knowledge of staff about the protocols and observing whether the waste is properly segregated and treated according to the BMW, 2016 or not. Infection Control, the fourth area of the assessment tool includes PEP, PPE, Hand hygiene, decontamination and cleaning of instruments, sterilization and disinfection using hypochlorite, carbolic acid, maintenance of autoclave records, etc.

Fifth area is of Support Services which evaluates laundry services, kitchen services, security services, out- sourced services etc. Proper evaluation of records of each service with staff interview about various procedures used and availability of services is observed and evaluated. Sixth Area is Hygiene Promotion in which community participation, IEC, Training under various programs, staff immunization is assessed and scored in the compliance accordingly. Beyond the Hospital Boundaries checks for availability of proper washrooms separate for male, female and disable- friendly whether available or not and drinking water, with measures to decrease noise and air pollution and tie up local philanthropic organizations are maintained. Eco- friendly Facility in the point eight of area of concern evaluates whether the facility is equipped with rainwater harvesting, solar lights, innovative and implementing 3R's or not.

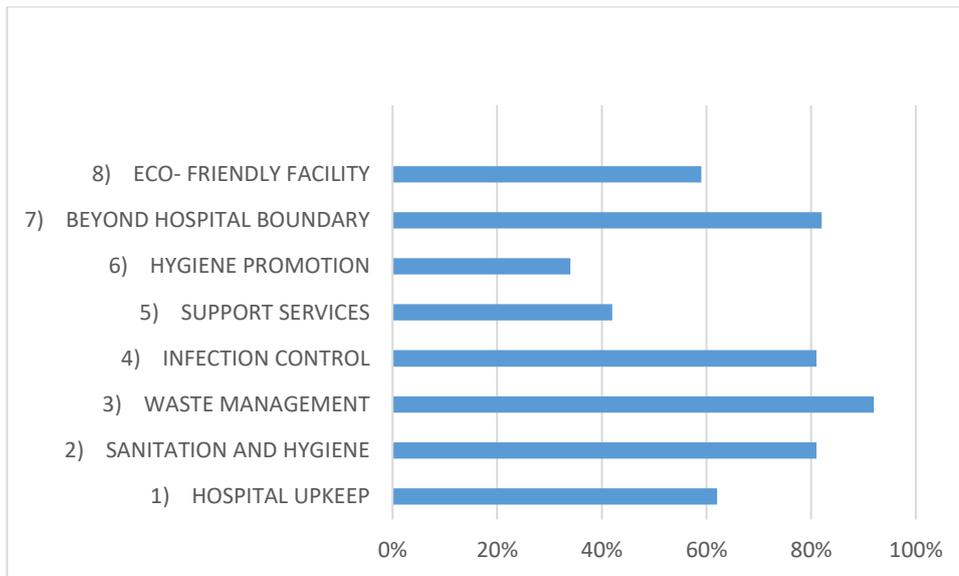
Verification criteria for provider knowledge were evaluated through interviews, those for provider skills were evaluated through observations, those for facility routine practises were evaluated through record reviews, and those for drug and equipment availability were evaluated through physical verification.

- **QUANTITATIVE ANALYSIS**

The method of quantitative analysis for KayaKalp is also similar to the LaQshya and MusQan but since KayaKalp is for the whole hospital it is not calculated department wise instead after calculating each area of concern, all of them are added and divided with the total and percentage is calculated which is the final percentage of the whole program and the eco- friendly percentage is

<b><u>THEMATIC SCORES</u></b>	
1) <b><u>HOSPITAL UPKEEP</u></b>	<b><u>62%</u></b>
2) <b><u>SANITATION AND HYGIENE</u></b>	<b><u>81%</u></b>
3) <b><u>WASTE MANAGEMENT</u></b>	<b><u>92%</u></b>
4) <b><u>INFECTION CONTROL</u></b>	<b><u>81%</u></b>
5) <b><u>SUPPORT SERVICES</u></b>	<b><u>42%</u></b>
6) <b><u>HYGIENE PROMOTION</u></b>	<b><u>34%</u></b>
7) <b><u>BEYOND HOSPITAL BOUNDARY</u></b>	<b><u>82%</u></b>
8) <b><u>ECO- FRIENDLY FACILITY</u></b>	<b><u>59%</u></b>

recorded by calculating the percentage of Area of concern- Eco friendly Facility and then recorded accordingly.



### **DATA INTERPRETATION:**

#### **LaQshya:**

**Under LaQshya, the percentage of Service Provision is 96%, Patient Rights is 93%, Inputs is 92%, Support Services are 81%, Clinical Services are 99%, Infection Control 95%, Quality Management 93% and Outcomes are 88% for Labour Room.**

**For Maternity Operation Theatre, the percentage of Service Provision are 89%, Patient Rights 91%, Inputs are 88%, Support Services 91%, Clinical Services 96%, Infection Control 92%, Quality management 84% and outcomes 100%.**

**The total percentage of Laqshya is 91%.**

#### **MusQan**

**Under MusQan, the score of area of concerns of Paediatric OPD are for Service Provision are 69%, Patient Rights 72%, Inputs 83%, Support Services 80%, Infection Control 92% Clinical Services 95%, Quality Management 60%, Outcomes are 33%. The total score of Paediatric OPD is 79%.**

**Under MusQan, the score of area of concerns of Paediatric Ward are for Service Provision are 82%, Patient Rights 74%, Inputs 58%, Support Services 75%, Clinical Services 95%, Infection Control 94%, Quality Management 81%, Outcomes are 82%. The total score of Paediatric Ward is 82%.**

**Under MusQan, the score of area of concerns of SNCU are for Service Provision are 100%, Patient Rights 66%, Inputs 66%, Support Services 82%, Clinical Services 94%, Infection Control 88%, Quality Management 83%, Outcomes are 83%. The total score of Paediatric Ward is 86%.**

**The total percentage of MusQan is 82%.**

#### **KAYAKALP**

**Under KayaKalp, the score of area of concerns is for Hospital Upkeep are 62%, Sanitation & Hygiene 81%, Waste Management 92%, Infection Control 81%, Support Services 43%, Hygiene Promotion 34%, Beyond Hospital Boundary 82%, Eco-Friendly Facility are 59%. The total score of KayaKalp is 76%. The score of Eco- Friendly facility is 73%.**

## **SECTION-4**

### **DISCUSSION:**

- **LaQshya:**

**In the evaluation of implementation and impact of LaQshya there were major improvements and some gaps which were covered hence, providing respectful maternity care, decreasing the rates of mortality and morbidity among mothers and newborns, stillbirths, delivering quality of care and enhancing satisfaction of beneficiaries visiting the health facilities. The major gaps which were discovered in the implementation of LaQshya program were the non-availability of interconnectivity between labor room, Maternity OT and SNCU as the patient have to move through general patient area to reach other department, absence of**

**the Maternity ICU that is it is not available in the facility, Breastfeeding counselling is done only in the morning and the lack of use of digital technology. The main gap was the lack of manpower and support services and there was no unidirectional flow of services.**

**Under the LaQshya program there were major improvements also such as routine training of the existing and new staff, calibration and maintenance of equipment on regular basis, maintenance of budgets and records according to the guidelines of the program and community-based assessment to find out the root cause of MMR.**

- **MusQan:**

**The areas evaluated in the MusQan program were Paediatric OPD, Paediatric Ward and SNCU which were evaluated separately. The major challenges faced in the Paediatric OPD were the failure of maintenance of proper records, non-availability of dedicated support services such as lab technician, housekeeping staff etc. In the initial assessment it is found that there is need of quality teams and assessment to ensure proper maintenance of services and assessment of clinical staff and the facility needs to ensure child- friendly services.**

**The paediatric ward does not have a proper infrastructure due to which there is no proper observation of patients, and the PICU and HDU are not functional due to which patients are referred to higher facilities. The referral services and follow up care are at par with entitlement under various programs is available with free of cost. Efficient management of emergency services are also available. SNCU services are at par and with proper inborn and outborn services and the availability of breastfeeding services and proper maintenance of records is done.**

- **KayaKalp**

**In the KayaKalp program , the cleanliness, hygiene and sanitation along with infrastructure, infection control, biomedical waste management are evaluated. The facilities available in the District Hospital, S.A.S Nagar that is proper maintenance of herbal gardens and infrastructure of the facility is maintained adequately with proper segregation of bio-medical waste and Disposal. Infection Control practices such as use of hypochlorite and carbolic acid, use of PPE kits, proper PPE are**

**maintained. The major lacking is in the housekeeping services and lack of manpower increasing the burden on the existing manpower and thereby delay in patient care.**

### **RECOMMENDATIONS:**

#### **LaQshya Program:**

- 1. Enhance Interconnectivity: Improve the connectivity between the labor room, maternity operation theatre, and SNCU to ensure smooth and efficient patient transfer without having to pass through general patient areas.**
- 2. Establish Maternity ICU: Introduce a dedicated Maternity ICU to manage high-risk pregnancies and complications more effectively.**
- 3. 24/7 Breastfeeding Counseling: Implement continuous breastfeeding counseling services to support new mothers, especially during nighttime.**
- 4. Increase Manpower and Support Services: Address the shortage of healthcare providers and support staff to ensure adequate patient care and reduce the burden on existing personnel.**

5. **Integrate Digital Technology:** Adopt digital tools for better monitoring, data management, and patient care coordination.

#### **MusQan Program:**

1. **Maintain Proper Records:** Ensure meticulous maintenance of patient and service records in the pediatric OPD to facilitate better monitoring and evaluation.
2. **Strengthen Support Services:** Allocate dedicated support staff for lab, housekeeping, and other auxiliary services to enhance the overall quality of care.
3. **Ensure Child-Friendly Services:** Create a more child-friendly environment in paediatric wards by incorporating playful and comforting elements.
4. **Operationalize PICU and HDU:** Make the Paediatric Intensive Care Unit (PICU) and High Dependency Unit (HDU) functional to manage critically ill children and reduce the need for referrals.
5. **Regular Quality Assessments:** Conduct regular quality assessments and training sessions to ensure adherence to clinical guidelines and standards.

#### **KAYAKALP Program**

1. **Improve Housekeeping Services:** Increase the number of housekeeping staff to maintain cleanliness and hygiene standards consistently.
2. **Enhance Infection Control Practices:** Continue to reinforce infection control measures, including regular training on the use of PPE and proper waste management protocols.
3. **Promote Eco-Friendly Practices:** Expand eco-friendly initiatives such as rainwater harvesting and solar energy utilization to make the facility more sustainable.
4. **Community Involvement:** Engage the community in hygiene promotion activities and awareness campaigns to foster a culture of cleanliness and hygiene beyond the hospital boundaries.

## **CONCLUSION:**

The LaQshya and Kayakalp programs have made significant strides in improving maternal and child healthcare quality at District Hospital, S.A.S. Nagar. The evaluation revealed both notable successes and areas needing improvement. The initial assessment of the MusQan initiative highlighted the need for better infrastructure and child-friendly services in pediatric care. By addressing the identified gaps and implementing the recommended strategies, the hospital can enhance its service delivery, ultimately reducing maternal and child morbidity and mortality rates. This study underscores the importance of continuous monitoring, regular training, and community involvement in achieving sustainable healthcare improvements.

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