Training needs assessment in Merrygold Hospitals (L1) & Merrysilver Clinics (L2) of Merrygold Health Network

A dissertation submitted in partial fulfillment of the requirements
For the award of

Post-Graduate Diploma in Health and Hospital Management

By

Nitin Ajmeria

International Institute of Health Management Research

New-Delhi-110075

April, 2011

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Under guidance of

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Certificate of Dissertation Completion

Date: - 27/04/2011

TO WHOM IT MAY CONCERN

This is to certify that Mr. Nitin Ajmeria has successfully completed his 3 months dissertation in our organization from January 10, 2011 to April 10, 2011. During this tenure he has worked on "Training needs assessment in Merrygold Hospitals (L1) and Merrysilver Clinics (L2) of Merrygold Health Network" under the guidance of me and my team under the project called Uttar Pradesh Social Franchising at Hindustan Latex Family Planning Promotion Trust.

Nitin Ajmeria has done a good work and has produced a quality report during this tenure.

We wish him/her good luck for his/her future assignments

(Signature)

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Certificate of Approval

The following dissertation titled "**Training needs assessment in Merrygold Hospitals (L1) and Merrysilver Clinics (L2) of Merrygold Health Network**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
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Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Nitin Ajmeria**, a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled "**Training needs assessment in Merrygold Hospitals (L1) and Merrysilver Clinics (L2) of Merrygold Health Network** " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

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

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Abstract

Training needs Assessment in Merrygold Hospitals (L1) & Merrysilver Clinics (L2) of Merrygold Health Network

By

Nitin Ajmeria

Public sector health programs in India especially in UP have faced well recognized problems, such as in adequate access by most vulnerable groups, poor quality and coverage of primary and secondary facilities, and- until recently- excessive focus on sterilization and inadequate focus on maternal and child health. The private sector has moved to fill in this gap, but the social cost of privatized medical care is high. There is growing evidence to suggest that the private sector provides an increasing share of primary health care and that large segment of the poor use the private sector. Therefore for strengthening and organizing private sector for better public health outcomes it was required to engage private sector nursing Homes in providing RCH services in rural, semi urban areas and urban slums and also assure quality of services and price levels in private sector through a well developed franchising program. The Merrygold health network aims at providing Quality care at affordable prices. As quality is an essential component of the network services therefore a regular monitoring is required to ensure the quality being practiced in the network franchisees. The training provided to the health care providers after the validation covers almost all the essential protocols to be followed in a hospital and moreover the orientation of the clients is also done in addition to the training component. Thus the franchisee is introduced to a self assessment quality tool to help hospitals identify and improve leadership structures and processes that are associated with high performance in clinical quality measures.

This study aims to find out the issues regarding Quality in Merrygold hospitals and Merrysilver clinics that need to be focused more during the capacity building exercises so that the main aim of the project is fulfilled i.e. to provide quality care at affordable prices.

Methodology Used-

1. The study is based on quantitative study design aiming to get in-depth understanding of the quality of services and training needs assessment of the franchised hospitals and clinics of Merrygold health network in 35 districts under Uttar Pradesh Social Franchising.
2. A closed ended questionnaire was developed by experts in the organization and the facilities were visited during February 2011 to April 2011 for the quality assessment.
3. Respondents were the doctors or the owners of the hospitals.
4. The training was conducted with the doctors and nursing staff to probe and upgrade the knowledge related to quality standards and infection prevention practices in the hospital.
5. A set of the scorecard was left with the franchisee to look for the areas where improvement was required.

Conclusion-

The above analysis leads to the inference that basically 5 segments of Quality parameter are suffering despite of training and orientation of the franchisees to such Quality issues. These segments are:

1. Infection Prevention Practices
2. Safe waste disposable practices
3. New Born Care
4. Quality of Clinical Services
5. Adequate labor room availability.

Majority of the L1 and L2 health facilities are lacking on a major quality parameter called infection prevention practices and safe waste disposal practices. The study reveals the need of refresher trainings on these issues during the training of new staff and QA visits, which can help in improving the quality of services being delivered at the Merrygold Hospitals. Continuous monitoring and supervision needs to be done on these hospitals and staff so that quality of services can be improved.

Acknowledgement

The project has been a novel learning experience and the endless hours of sleepless nights finally culminated into the completion of this onerous task. However, all of this would never have been possible without the priceless support of several people. I wish to take this opportunity to express my deepest gratitude to my director Dr.Maitreyi Kollegal, IIHMR, New-Delhi and my mentor Dr. S.K.Patel, Associate Professsor, IIHMR, New-Delhi.

I wish to express my gratitude to my guide Mr. Birendra Kumar, Team Leader, UPSF and Dr. Bimla Pandey, Senior Programme manager (Training and Quality Assurance Team) Hindustan Latex Family Planning Promotion Trust, whose guidance steered the boat of this project from the tempest of confusion, ignorance and complicated disorganization to the bank of coherent completion. Her words of enlightenment and her belief in simple logic guided me on all occasions. It was a golden chance to work in an organization which was more of a family. Working in the project provided more opportunities to know the ground reality of building up a dream.

I express my heartily gratitude to Ms. Vasanthi Krishnan, CEO, HLFPPT, Ms. Shubra Phillips, Head, TSD division, ,Mr. Sharad Agarwal, State Director, HLFPPT and my colleague Dr. Saumya Misra, APM, HLFPPT without whose interest, encouragement, supervision and words of wisdom, this dissertation could not have been accomplished. I would also like to thank all the employees of HLFPPT as they have been very friendly to me and helped in each and every step of my dissertation. Last but not least I am also thankful to my mother, Ms. Dharma Devi for her kind blessings and support in all possible ways for completion of this project.

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Acronyms/ Abbreviations

AIDS	Acquired immune deficiency Syndrome
ANM	Auxiliary Nurse Midwifery
BPL	Below Poverty Line
CBHI	Community Based Health Insurance
CHC	Community Health Centre
DALY	Disability Adjusted Life Year
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Hospital Management Information System
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
NFHS	National Family and Health Survey
NRHM	National Rural Health Mission
NFP	Not For Profit
NGO	Non-government Organization
NIC	National Insurance Corporation
PHC	Primary Health Centre
PHU	Primary Health Unit
PSD	Private Sector Development
PSU	Project Support Unit
QA	Quality assessment
RCH	Reproduction & Child Heath
SC/ST	Scheduled caste/scheduled tribe
SIFPSA	State Innovations in Family Planning Project Services Agency

INTERNSHIP REPORT

1.1 Introduction

Hindustan Latex Family Planning Promotion Trust or HLFPPT came into existence in 1992 with the sole aim of providing complete and compassionate care for people from all walks of life. Over the years HLFPPT has undertaken numerous pioneering projects, which have helped in empowering themselves and helped many communities in understanding the basic necessity of a healthy lifestyle and thus contribute to the achievement of national health and population development goals. Hindustan Latex Family Planning Promotion Trust (HLFPPT) has been set up by Hindustan Latex Limited (HLL) now known as Hindustan Lifecare, as a not for profit organization under the Travancore Cochin Trust Act. HLL is a fast growing Health care company within the administrative control of the Ministry of Health and Family Welfare, Government of India. It has over the years, grown and matured into a professional services organization that spreads smiles and the message of good health among the populace of this great country

1.2 ORGANIZATIONAL EVOLUTION

HLFPPT has been supporting implementation of Reproductive Child Health (RCH) and HIV prevention and care programs across eleven states in India. Established and promoted by Hindustan Latex Limited (HLL, a Public Sector Undertaking), HLFPPT has grown as a social enterprise with more than five hundred employees. It has established partnership with the Ministry of Health and Family Welfare (MOHFW), state governments of Andhra Pradesh, Bihar, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, North Eastern States, Orissa, Rajasthan, Uttaranchal and Uttar Pradesh for implementing intensive programmes that reach millions of women and families.

Besides, HLFPPT programmes are supported by Department for International Development (DfID), European Commission (EC), United States Agency for International Development (USAID), OXFAM, Norway India Partnership Initiative (NIPI) and Bill and

Melinda Gates Foundation (BMGF) among others.

1. REPRODUCTIVE AND CHILD HEALTH

In a growing economy like India the need to accelerate efforts for the improvement of Reproductive and Child Health statistics has been the foremost agenda of Millennium Development Goals (MDG) 4 & 5. In an effort to strengthen work that impacts the national RCH indicators, HLFPPT has initiated various Family Planning, Maternal and Child Health and Newborn Care Programs which are working hand-in-hand with national policies like National Population Policy, Reproductive and Child Health Program, National Rural Health Mission, and the Tenth and Eleventh Five Year Plans.

❖ FAMILY PLANNING - Contraceptive Social Marketing Programs

a) **Rural Social Marketing Program**

HLFPPT undertook its premier Family Planning Program of Uttar Pradesh with the SIFPSA supported 'Sukhi Sansar' Project which is involved in the Social Marketing of Deluxe Nirodh Condoms, and Mala-D Oral Contraceptive Pills in Rural Uttar Pradesh. Over the past eleven years the Rural Social Marketing Program has developed a Direct Distribution System of condoms in over 25,000 villages in the 'C' and 'D' categories in the State which has resulted in a substantial increase in the sale of condoms.

b) **Community Based Social Marketing Program**

HLFPPT has been immensely successful in creating awareness about the importance of Family Planning. The Community Based Social Marketing Program undertaken in Bihar, Jharkhand & Orissa - boasts of the achievements.

Our organization has been implementing the Social Marketing Program supported by NACO in four Indian states.

c) **Network Based Social Marketing Program**

Operations in Andhra Pradesh, commenced in 1999 with the implementation of the State Management Agency (SMA) for APSACS. And in 2000, HLFPPT started the Andhra Pradesh Social Marketing Program (APSMP) with funding from the Government of India. This Program worked on the Social Marketing of Contraceptives in order to increase awareness of Family Planning. This was followed up with a second phase of APSMP which ran from 2004 to 2007 and worked exclusively in over 10,000 villages. The Trust has created and nurtured a network of RMPs in the State known as 'Tarang Network' whose members are called 'Tarang Partners'. Internal research has confirmed that the RMP is the first source of information, counseling and treatment for all ailments in the village, this being especially true where access to an MBBS qualified doctor is rare. Thus, the RMP acts as a very strong influence of people's behavior when it comes to health and health care in villages.

- **Kanpur Voucher Scheme**

  HLFPPT is the implementing partner for this USAID project which provides free health care vouchers to people living Below the Poverty Line (BPL) in urban slums which can be exchanged for free Maternal and Child Health Services in accredited private facilities/hospitals

- **Sehat Ki Sawari** (Mobile Health Vans, Uttaranchal)

  Mobile Health Clinics were introduced as an easily accessible health care tool in the absence of primary health care delivery services. The aim was to provide remote and under-served communities with quality Reproductive and Child Health services.
  The Mobile Health Clinic Project initiated by the Government of Uttaranchal was piloted in Chamoli District in 2004. Following the success of this endeavor the UAHFS (Uttaranchal Health and Family Welfare Society) decided to undertake a similar Project in Tehri Garwal District in 2005. The health van and the MHC team follow well planned routes that take them to stations of a Fixed Service Delivery Point for a day and then

move to the next Delivery Point in the evening. The MHC operates in two cycles.

• Day 1-12: Cycle 1 • Day 16-27: Cycle 2

The MHC follows a 'fixed date' approach for its operation irrespective of the day including Sunday.

❖ **Nishchay-Home Based Pregnancy Test Card**

Nishchay, home based pregnancy test cards were introduced through ASHA workers in all states and union territories of the country by HLFPPT with funding support from National Rural Health Mission (NRHM). Family Planning (FP) and Maternal and Child Health (MCH) programmes, for decades have been struggling with primarily three issues, low percentage of women going for Ante Natal Care (ANC) in first trimester due to late detection of pregnancy, contraceptive provisioning not started after ruling out pregnancy, very high number of unsafe abortions due to late detection of pregnancy. This nationwide program was hence rolled out to address them and make this home based pregnancy testing technology available to rural women free of cost with appropriate information. Various state/district level NGOs and CBOs are an integral part of the programme for provisioning of training and monitoring support. Raising community awareness is the key approach of the program. Important activities include capacity building of ASHAs through resource persons with field and NGO experience, brand and logo visibility using mass media campaign, community outreach activities using mid -media campaign, and integrating the card into the monitoring system of NRHM/RCH-II. Project Nischay is thus, not an end but a means towards safe motherhood and healthy families.

❖ **MATERNAL AND CHILD HEALTH PROGRAMS**

Merrygold Health Network *(Social Franchising)*

Merrygold Health Network aims at creating access to low cost good quality Maternal and Child Health (MCH) services by networking with Private health service providers as franchisees. Merrygold Health Network aims at creating access to low cost good quality Maternal and Child

Health (MCH) services by networking with Private health service providers as franchisees. The project has a hub and spoke design with Level 1 franchisees (Merrygold) established at district levels as the hub connected to level 2 and level 3. Level 2 comprises of fractional franchisees (Merrysilver) established at subdivision and block level. Level 3 (Merrytarang members) comprises of providers like ANMs, ASHA and AYUSH and acts as first point of contact with the community as also referral support to Merrysilver and Merrygold hospitals. Emphasis is on affordable pricing, quality assurance, customer servicing and efficient service delivery through standardized operating protocols. IT enabled Hospital Management Information System (HMIS) is also being established. A team of public health and clinical professionals facilitates capacity building and quality assurance. Integrated Health Insurance policy for coverage of risk during maternity has been introduced, a branded pharmacy and chain of diagnostic facilities is also being strategized. State government has accredited Merrygold hospitals for Janani Suraksha Yojana and Sowbhagyavati Scheme to provide free of cost RCH services and emergency obstetric care.

2. HIV-AIDS CARE, TREATMENT AND SUPPORT

The rise in the HIV-AIDS epidemic and its overlapping nature with issues related to sexuality and reproductive health have led the organization to initiate efforts to combat this critical health challenge. As a result HLFPPT partnered with the Bill and Melinda Gates Foundation (BMGF), National Aids Control Organization (NACO), Department For International Development (DFID), USAID and various other State AIDS Control Societies in implementing a gamut of community based HIV/AIDS interventions, that aim to reach out to the most vulnerable and high risk population in four states in India

3. PUBLIC HEALTH CONSULTING

Over the years HLFPPT has lent its expertise to organizations like OXFAM, Norway India Partnership Initiatives (NIPI), ECTA, SCOVA and DFID among others. It is recognized across the country for services in consultation, quality management and technical assistance to programs in RCH, MCH, HIV-AIDS and other Health Systems

ORGANIZATION DIVISIONS:

I. **SOCIAL MARKETING AND FRANCHISING DIVISION**

This is a well established Social Marketing and Franchising Division with strength of more than four hundred professional staff across eleven states of the country. We are focused on leveraging the private sector and establishing efficient public-private partnerships, focusing on maximum benefits for people at the 'Bottom of the Pyramid.

II. **HIV-AIDS: PREVENTION, TREATMENT AND CARE**

The specialized HIV-AIDS division has the strength of approximately, 80 highly dedicated and professionally qualified staff in Andhra Pradesh, Madhya Pradesh, Rajasthan, Uttar Pradesh and Chhattisgarh

III. **TECHNICAL SERVICES DIVISION**

The Technical Services Division (TSD) consists of a dynamic team of doctors, paramedics, public health professionals, social workers, management executives and researchers, who have lent technical expertise to organizations like OXFAM, Norway India Partnership Initiatives (NIPI), ECTA, SCOVA and DFID among others. They are widely recognized for consultations and services in quality management and technical assistance to programs in RCH, MCH, and HIV-AIDS.

IV. **FINANCE DIVISION**

HLFPPT has a robust team of Financial Management Experts and Chartered Accountants as an integral part of all programs that believes in building a strong monitoring and Financial Control System ensuring transparency and accountability to all its stakeholders

V. **HUMAN RESOURCE AND ADMINISTRATION DIVISION**

The HR and Administration Division are fundamental to all the operations. All the policies and systems are ensured to be people-centric and build enabling environments to assure a highly result oriented workforce.

VI. KNOWLEDGE MANAGEMENT DIVISION

Knowledge management division is being strategised with the sole aim of converting the learning accrued over a decade of HLFPPT's work, towards continuous and sustained development of its own internal human capital and also to make an effective influence on the policy making process undertaken by governments and policy makers.

1.3 MERRYGOLD HEALTH NETWORK

State Innovations in Family Planning Project Services Agency (SIFPSA), Government of Uttar Pradesh, United States Agency for International Development (USAID), in collaboration with Hindustan Latex Family Planning Promotion Trust (HLFPPT), a not for profit trust promoted by Hindustan Latex Limited, announced the launch of "Merrygold Health Network" at an inaugural function held in Lucknow on 23rd August 2007. Mr. A.K. Mishra IAS Principal Secretary, Govt. of UP along with Mr. George Deikun, Mission Director, USAID inaugurated the launch program and unveiled the identity of Merrygold Health Network.

Merrygold Health Network is an innovative Social Franchising Program in India providing essential health care services to the poorer sections in the society. The program is being implemented through a Public Private Partnership (PPP) in an endeavor to make health care services accessible for the underprivileged. The state of Uttar Pradesh has a high reliance on private health care providers for access to health facilities. The private providers are focused on curative care, which has limited their role in preventive and promotive health care. USAID and State Innovations in Family Planning Project Service Agency (SIFPSA) has developed an innovative social franchising program though consultations with various national and international experts.

The integrated network works on referrals to ensure that health asset utilization is optimized and utmost value is delivered to the health care seeker. The franchised network has been developed as a sustainable social enterprise and after the initial funding of three years will continue to operate with the operating surplus of this network. This innovative **Public Private Partnership** has opened a new channel for healthcare service delivery for the poor in UP.

As part of the program USAID and SIFPSA is supporting (HLFPPT), for implementing the social franchising program in UP. HLFPPT is developing, managing and sustaining Merrygold Health Network. The Merrygold network provides high quality maternal and child health services at affordable prices. This network comprises of 20-bed Merrygold Hospitals, 5 bedded Merrysilver clinics and Merrytarang partners (ASHA, AWWs, local women, etc). This network of providers provides varied package of services at affordable prices. This program was initially

launched in six districts in the first year, and subsequently scaled up to 35 districts of UP by the third year.

VISION: To create a sustainable public private partnership in health sector for low income working class and poor by developing a sustainable network of franchised hospitals providing quality RCH services at prefixed prices.

THE FRANCHISEE BUSINESS MODEL

The business model is basically a 3-Tier model that consists of three levels of health provider network.{Figure 1}

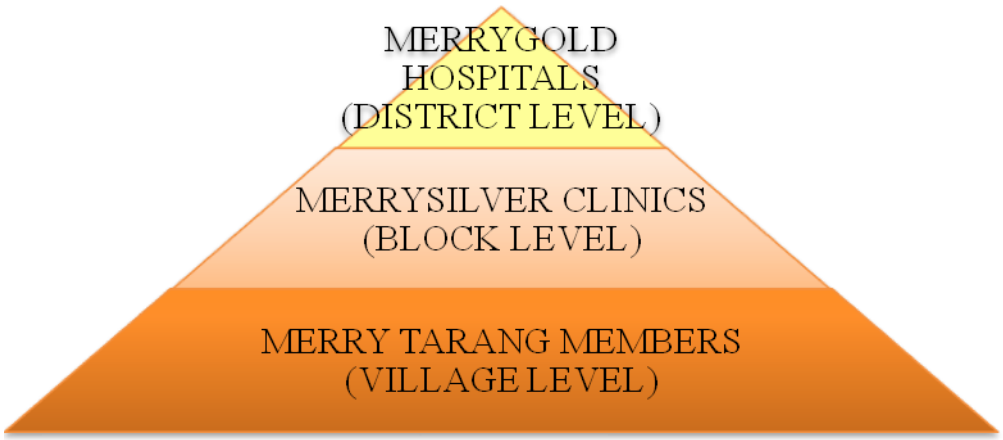


Figure: 1

Level-1: This level (L1) consists of Franchisees known as **"Merrygold hospitals"** that provide maternal and child health services inclusive of emergency obstetric care facility. These health care facilities fulfill following criteria:

- Round the clock availability of Gynecologist
- Provision for cesarean section
- Separate Labor room and Operation Theatre
- Minimum 20 functional beds
- Provision of referral transport service

Level-2: This level (L2) consists of Franchisees known as **"Merrysilver clinics"** that provide maternal and child health services and fulfill following criteria:

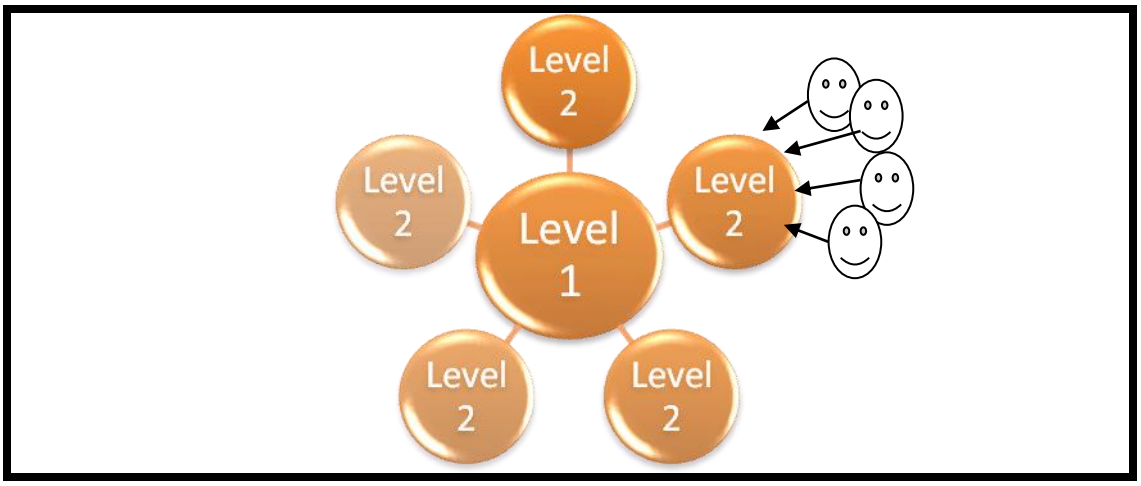
- Round the clock availability of AYUSH doctor
- Provision of normal delivery i.e. availability of functional Labor room

- Minimum 5 functional beds

Level-3: This level comprises of providers like ANMs, ASHA and AYUSH, known as **"Merrytarang members"** and acts as first point of contact with the community as also referral support to Merrysilver and MerryGold hospitals. This would be incorporating community level participation.

The Referral network works on Hub and Spoke model:

this model represents that the L3 members identify the pregnant ladies and bring them to Level 2 franchisees i.e. Merrysilver clinics where normal delivery can be conducted and in case if complications arise then these cases are referred to the multi speciality hospitals at district level that are Merry gold Hospitals. Approximately 25 L3 Members are associated with each L2 at block level and every L1 at district level on an average has 10 L2 franchisees associated so that proper referral system is in place for the Network to sustain.{Figure 2}



Here  = Level 3 member

Figure: 2

The network lays emphasis on following important features:

- Affordable pricing- Rs.1999 for Normal Delivery and Rs. 6999 for cesarean section

- Quality assurance- A team of public health and clinical professionals facilitates capacity building and quality assurance.
- Customer servicing -efficient service delivery through standardized operating protocols
- IT enabled Hospital Management Information System (HMIS)
- Integrated Health Insurance policy for coverage of risk during maternity
- A branded pharmacy and chain of diagnostic facilities is also being strategized.
- State government has accredited Merrygold hospitals for Janani Suraksha Yojana and Sauwbhagyavati Scheme to provide free of cost RCH services and emergency obstetric care.

Process of franchisee expansion in the network: Once the facility is identified the validation of the facility is done by the Quality Assurance team followed by the Quality assurance orientation and training of the health providers in the facility. Parallel to this, the Branding and promotional activities take place in the facility. The franchisee is technically supported by a regular follow up through quarterly QA visits and Medical Audits. {Figure 3}

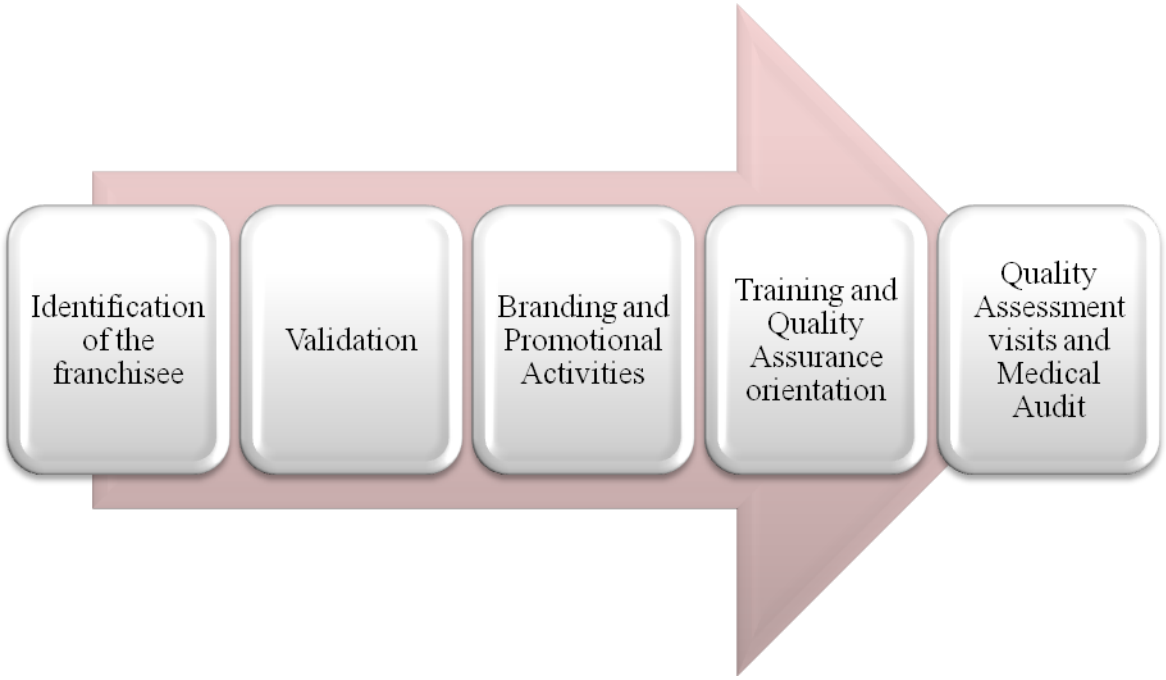


Figure : 3

1.4 Training and capacity building: is crucial to Merrygold Health Network, the social franchising model for health care. The training team is a blend of rich experience of Dr.Vasanthi Krishnan, Dr. P.C. Das, Dr. Shubhra Phillips, Dr. Bimla Pandey and youthful enthusiasm of Dr.Saumya Misra and Nitin Ajmeria. The team undertakes customized training programs of Medical as well as paramedical staff on issues related to maternal and child health covering topics ranging from essential and emergency obstetric care, Infection prevention and waste management, Standard operating protocols for nurses ,Family planning for the three levels of franchisees identified under the network. The training team has master trainers trained by NIHFW on 'No Touch Technique of IUCD insertion' on which the service providers are being trained on the ZOE model. All trainings are practical and hands on with demonstrations and practice sessions. (**Appendix I and II**)

Methodology used :(Appendix III)

- Presentation
- Discussion
- Demonstration
- Lecture
- Brainstorming

Training Material:

- AV Aid
- Flip Book
- Zoe Model
- Reference material
- LCD/Projector

Quality Assessment: Along with the training, the franchisee is also introduced to the quality issues related to hospitals through Quality Assurance orientation.(Appendix) The assessment scores in different segments of services help them know the areas of improvement. There by a follow up of the scores is done by the quarterly QA visits in each franchisee. A medical Audit is also conducted by the same team to know the documentation practices in these facilities.

1.5 Role in the organization: I have been designated as the Project Officer for the Merrygold health network project under the Uttar Pradesh Social Franchising part of HLFPPT. Working in

HLFPPT has been a unique blend of enthusiasm, creativity and sincere working. I have been associated with the quality and training services department and my major role under this unit were:-

1. Support the training team by organizing and conducting trainings for Merrygold hospitals, Merrysilver clinics and Merrytarang members in different districts of UP.
2. Support the quality assurance team by conducting regular quality assessment visits and ensuring compliance at Merrygold hospitals and Merrysilver clinics in different districts of UP.
3. Supporting the area managers in identifying new franchisees in adjoining districts.
4. Validation of prospective franchisee units to be chosen as Merrygold hospital/ Merrysilver clinics.
5. Preparing and maintaining records and reports of all activities related to training and QA and service data output in the area of regional office.
6. Timely report submission related to Validation, Training and Quality Assurance to Head TSD and reports pertaining to administration issues to Team Leader – UPSF/ Manager-operations.
7. Liasioning with Local medical association
8. Technical support in health camps
9. Support in L3 trainings
10. Support on field study/research study
12. Representation in CME meetings
13. Support in execution of HMIS at L-1

1.6 Reflective Learning

It has been an extensive learning period as a Project Officer, because I got a chance to understand the situation of health system in UP specially the private sector health system. There are huge numbers of private hospitals and clinics in UP which are functional in providing health care especially maternal and child health care, and to understand their delivery of health services was the most challenging and interesting task. During my dissertation tenure, I got opportunity to visit various districts in UP, and understood the demands of the community and availability of

services with the private sector hospitals and clinics. I was also involved in the USAID audit process and learned its processes and its requirements. As I was also involved in training of medical and paramedical staff, I was able to do training needs assessment and came out with my own methods to train in an interesting and interactive way. Overall, I was able to find out the gaps between the community needs and the private health delivery system.

1.7 & 1.8 Quality Assessment & Medical Audit at various Franchisees- As Project Officer in the Technical Support Division of the Merrygold Health Network (MGHN), I share the responsibility of training, quality assessment and also of conducting Medical Audit at different Franchisees of MGHN. Working on this profile, trainings were conducted in the following Franchisees. (Table 1, 2 and 3)

Table 1: List of Merrygold Hospitals where training and QA orientation was done

Date	District	Name of Hospital	No. of Participants
15-17/2/2011	Varanasi	Gangaram Memorial Hospital	21
19-20/2/2011	Sultanpur	Nayaab Hospital	5
21-23/2/2011	Varanasi	Priya Maternity and Nursing Home	45
21-23/2/2011	Bhadohi	Mother Care Hospital	10
28/2/2011	Jaunpur	Suraksha Surgical Centre	8
Merrysilver Clinics training and QA orientation			
Date	**District**	**Name of Hospital**	**No.of Participants**
30/1/2011	Bareilly	Chishti Polyclinic	4
1/2/2011	Barabanki	Amina clinic	3
1/2/2011	Barabanki	Aman Hospital	7
25/3/2011	Bareilly	Sanjeevani Polyclinic	3
25/3/2011	Bareilly	Anmol Hospital	4
26/3/2011	Bareilly	Maya Hospital	7
26/3/2011	Bareilly	Satyasheel Hospital	4
26/3/2011	Bareilly	Ramesh Family Nursing Home	7
26/3/2011	Bareilly	Reshma Hospital	8
1/4/2011	Bareilly	Aliya Clinic	3
1/4/2011	Bareilly	Shikhar Nursing Home	4
1/4/2011	Bareilly	Harsh Hospital	6
14/4/2011	Kanpur	Madhulok Hospital	19
Merrytarang training			

Date	District	Name of Hospital	No.of Participants
29/1/2011	Moradabad	M.s.Nursing Home	16
23/2/2011	Badaun	Raj Nursing Home	23

Table 2: List of Franchisees where QA was done

QA Orientation		
Date	**District**	**Name of Hospital**
2/2/2011	Ghaziabad	B.M.Hospital
2/2/2011	Ghaziabad	Shanno Devi Nursing Home
2/2/2011	Ghaziabad	Bharat Nursing Home
2/2/2011	Ghaziabad	Jachcha Bachcha Kendra
2/2/2011	Ghaziabad	Sanjeevani Hospital
3/2/2011	Ghaziabad	Jeevan Rekha Nursing Home
3/2/2011	Ghaziabad	Ramphal Sherma Polyclinic
3/2/2011	Ghaziabad	Saksham Hospital
3/2/2011	Ghaziabad	Grover Clinic
6/4/2011	Fatehpur	Dr.S.L.Srivastava Chikitsalaya
6/4/2011	Fatehpur	Kumar Hospital

Table 3: List of Merrygold (L1) For Medical Audit - MGHN (Phase - II)

Sr. No.	Name of District		Name of L1	Date of last QA Visit
1	Kanpur	1	Merrygold Hospital	10.02.2011
		2	Merrygold Hospital	10.02.2011
		3	Metro Hospital	15.02.2011
2	Gorakhpur	4	Merrygold Hospital	11.03.2011
		5	Dr. Abbasi Hospital	13.03.2011
3	Budaun	6	Merrygold Hospital	23.03.2011
4	Agra	7	Merrygold Hospital	08.02.2011
5	Lucknow	8	Shri Ram Maternity Centre	25.03.2011
		9	Saraswati Hospital and Research Centre	02.02.2011
6	Barabanki	10	Deva Hospital	06.03.2011
7	Moradabad	11	Sadbhawana Nursing Home	25.02.2011
8	Shahjaahanpur	12	B.N. Behl Memorial Hospital	10.03.2011
9	Mathura	13	Maa Saraswati Hospital	09.03.2011
10	Azamgarh	14	Rajiv Gandhi Memorial Hospital and Research Centre	11.03.2011

		15	Anand Hospital	11.03.2011
11	Allahabad	16	Jeevan Joyti Hospital	17.03.2011
		17	Vatsalya Hospital	17.03.2011

Table 4: List of Merrysilver Clinics (L2) For Medical Audit - MGHN (Phase - II)

Sr. No.	Name of District	Name of L2		Date of last QA Visit
1	Kanpur	1	Saluja Hospital	16.02.2011
		2	Hasmi Hospital	17.02.2011
		3	Rahi Medical Centre	16.02.2011
		4	Satya Trauma and Maternity Centre	16.02.2011
		5	Maa Gayatri Hospital	17.02.2011
		6	Sunny Hospital	15.02.2011
		7	Nasir Hospital	17.02.2011
		8	Shanti Nursing Home	17.02.2011
		9	J.B. Nursing Home	15.02.2011
		10	Shanti Nursing Home & Surgical Centre	16.02.2011
		11	Sri Jairam Hospital	16.02.2011
		12	Bimal Nursing Home	16.02.2011
		13	R.C. Memorial Nursing Home	15.02.2011
2	Gorakhpur	1	Divyaman Hospital	11.03.2011
		2	Yash Hospital	11.03.2011
		3	Gurukripa Hospital	13.03.2011
		4	Aashirwad Hospital	11.03.2011
		5	Decent Clinic	11.03.2011
		6	Madhesia Hospital	10.03.2011
		7	Almin Hospital	10.03.2011
		8	Shakti Saumya Chikitsalaya	10.03.2011
3	Barielly	1	Family Nursing Home	29.03.2011
4	Budaun	1	Kali Charan Gupta Smarak Hospital	22.03.2011
		2	Nisha Maternity Home	22.03.2011
		3	Lalta Prasad Smarak Hospital	22.03.2011
		4	Raj Nursing Home	22.03.2011
		5	New Born & Child Care Centre	23. 03. 2011
5	Allahabad	1	Gama Hospital	11.03.2011
		2	Prabha Clinic	12.03.2011
		3	Jeevan Raksha Clinic	12.03.2011
		4	Nirmal Hospital	12.03.2011
		5	Hayat Hospital	12.03.2011

		6	Janhit Hospital	12.03.2011
		7	Sardar Patel Hospital	11.03.2011
		8	Kumar Nursing Home	11.03.2011
		9	Shivlok Hospital	11.03.2011
		10	National Hospital	11.03.2011
		11	Shakti Medical	11.03.2011
		12	Diksha Hospital	11.03.2011
		13	Shakuntala Child and General Hospital	11.03.2011
6	Mau	1	Delhi Hospital	18.03.2011
		2	Harshita Clinic	12.03.2011
		3	Usmania Hospital	12.03.2011
		4	Pramod Jankalyan	12.03.2011
		5	Ali Hospital	12.03.2011
		6	Navjeevan Hospital	12.03.2011
		7	Jeevan Nursing Home	18.03.2011
		8	Sajida Nursing Home	19.03.2011
		9	Limra Nursing Home	18.03.2011
7	Mathura	1	Dr. Sheela Sharma Memorial Hospital	09.03.2011
		2	Jagdamba Hospital	09.03.2011
		3	Chakrapani Arogya Hospital	09.03.2011
		4	Sriji Hospital	09.03.2011
		5	Asha Hospital	09.03.2011
		6	Sangwan Hospital	09.03.2011
		7	Dayalu Hospital	09.03. 2011
8	Agra	1	Ramkishan Gupta Clinic	12.03.2011
		2	Swadesh Clinic	12.03.2011
		3	Solanki Nursing Home	13.03.2011
		4	Gautam Nursing and Maternity Home	13.03.2011
		5	Usha Memorial Health Centre	10.03.2011
		6	Jagdeesh Health Care Centre	10.03.2011
		7	Dr. Alka Mittal Maternity Home	12.03.2011
		8	Rawat Nursing Home	17.03.2011
		9	Ramved Nursing Home	13.03.2011
		10	Dr. Sangeeta Mother and Child Care Centre	10.03.2011
		11	Parmar Hospital	12.03.2011
		12	Varsha Hospital	10.03.2011
9	Lucknow	1	Indu Nursing Home	16.03.2011
		2	Vatsalya Hospital	25.03.2011

		3	Raj Poyclinic	16.03.2011
		4	Jeevan Hospital	16.03.2011
		5	Bhargawa Nursing Home	16.03.2011
		6	Khadra Hospital	
		7	Dr. Neerja Singh	
		8	Muzzafar Hospital	3.02.2011
		9	Aman Hospital	3.02.2011
		10	Goel Hospital	3.02.2011
		11	Relief Hospital	3.02.2011
		12	Chandrapravha Nursing Home	2.02.2011
		13	Mankameshwar Hospital	3.02.2011
		14	Hazarilal RV Nursing Home	3.02.2011
10	Moradabad	1	Usmani Clinic	25.02.2011
		2	Noor Hospital	25.02.2011
		3	Vatsalya Hospital	26.02.2011
		4	Life Care Centre/Mahanagar Hospital & Trauma Centre	26.02.2011
		5	Ruby Hospital	25.02.2011
		6	Zeenat Hospital	26.02.2011
		7	Chaman Hospital	26.02.2011
		8	Zamila Hospital	25.02.2011
		9	Delhi Surgical & Maternity Centre	26.02.2011
		10	MS Nursing Home	25.02.2011
		11	Amrit Nursing Home	26.02.2011
		12	Darul Sifa Hospital	25.02.2011
11	Shahjahanpur	1	Handa Nursing Home	3.03.2011
		2	Royal Nursing Home	3.03.2011
		3	Usha Memorial Hospital	2.03.2011
		4	Sahara Nursing Home	10.03.2011
		5	Rakesh Nursing Home	2.03.2011
		6	Sameed Hospital	3.03.2011
		7	Gurunanak Hospital	2.3.2011
		8	Navjoyti Chikitsalaya	10.03.2011
12	Barabanki	1	Shifa Hospital	6.03.2011
		2	Rama Nursing Home	6.03.2011
		3	Verma Emergency & Hospital	5.03.2011
		4	Amina Clinic	5.03.2011
		5	Aman Hospital	5.03.2011
		6	Shree Shankar Hospital	5.03.2011

		7	Jan Kalyan Clinic	5.03.2011
		8	Jan Kalyan Health Centre	5.03.2011

DISSERTATION REPORT

2.1 Introduction

Public sector health programs in India especially in UP have faced well recognized problems, such as in adequate access by most vulnerable groups, poor quality and coverage of primary and secondary facilities, and- until recently- excessive focus on sterilization and inadequate focus on maternal and child health. The private sector has moved to fill in this gap, but the social cost of privatized medical care is high. There is growing evidence to suggest that the private sector provides an increasing share of primary health care and that large segment of the poor use the private sector. Therefore for strengthening and organizing private sector for better public health outcomes it was required to engage private sector nursing Homes in providing RCH services in rural, semi urban areas and urban slums and also assure quality of services and price levels in private sector through a well developed franchising program

The Merrygold health network aims at providing Quality care at affordable prices. As quality is an essential component of the network services therefore a regular monitoring is required to ensure the quality being practiced in the network franchisees. The training provided to the health care providers after the validation covers almost all the essential protocols to be followed in a hospital and moreover the orientation of the clients is also done in addition to the training component. Thus the franchisee is introduced to a self assessment quality tool to help hospitals identify and improve leadership structures and processes that are associated with high performance in clinical quality measures.

This quality assessment of the facilities enables to track the practices, acceptability of the protocols delivered during sessions as well as an important tool for Training needs assessment for capacity building in form of refresher training or further trainings in new franchisees, as the network is gradually undergoing expansion. Therefore the quality parameters need to be studied to trace the needs.

2.2 REVIEW OF LITERATURE

Competitive environment among the industrial and service sector has also created a competitive environment among the healthcare sector especially, the hospitals operated in private sector of India. This competitive environment among the healthcare organizations emphasized that, improved service quality is the only mean to acquire the competitive position in the market (Lim and Tang, 2000)[1]. Thus Quality is the only key factor that helps the customer to distinguish between the superiority and inferiority of services/products. So, healthcare organizations aimed to gain a competitive advantage by maintaining its service quality and increased patient satisfaction which contributes a critical role in the success (Taylor, 1994)[2]. Earlier studies proved that organizations delivering superior quality of services are successful in gaining customer satisfaction, building organizational/hospital image, cost reduction and hence increased their profit (Rust and Zahorik, 1993; Berry et al., 1989; Cronin et al., 2000; Reichheld and Sasser, 1990; Kang and James, 2004; Yoon and Suh, 2004)[3-9], and these hospitals providing high quality of services to their customers increase loyalty, retention, and reduced complaints (Bitner, 1990; Headley & Miller, 1993; Zeithaml et al., 1996; Magi & Julander, 1996; Levesque & McDougall, 1996; Danaher, 1997)[10-17]. A patient requires detailed information before availing any service by a particular healthcare facility and if a hospital is not maintaining quality services and in case of dissatisfaction they never hesitate to switch to other service provider or hospital (Ramsaran & Roshee, 2008)[18].

As quality services are intangible in nature and are difficult to measure and thus it is an elusive and distinct construct. Similarly, service quality of hospitals is also difficult to define like other services however, it can be defined from numerous perspective like, “The ability to satisfy the needs and expectations of the patients and their relatives”, (Bergman and Klefsjo, 1994, p. 16)[19] or “The totality of features and characteristics of service that bear on its ability to satisfy given needs”, (Evans and Lindsay, 1996, p. 15)[20-22]. Lewis and Booms (1983)[21] considered it to be a comparison between service quality and customer expectations. Parasuraman et al. (1985, p-42)[23, 24] stated that service quality is “perceived by customers and stems from a comparison of

their expectations of the services they will receive with their perceptions of the performance of the service provider".

Merrygold health network has also worked very hard to maintain quality services at their franchised hospitals for improving the maternal and child health indicators specially the institutional deliveries and to provide quality family planning counseling and services. While glancing at data, it shows that over the last two decades the fertility rate in India has considerably declined but a closer look confirms that in some of the states, for example in Uttar Pradesh, the results are not satisfactory. This implies that women in such areas experience repeated pregnancies taxing their health. In Uttar Pradesh it is a common feature in most of the households for women to bear the major chunk of the household chores. However, this work is not supplemented by proper diet due to gender bias against women. The situation does not change even during pregnancy thus leading to various problems during pregnancy. In rural areas the picture is worse as owing to agricultural economy women also help in the fields apart from performing the household chores. This accompanied by malnutrition is responsible for various problems during pregnancy. Other than nutrition another important factor influencing the health of women during pregnancy is her health-seeking behavior, especially antenatal checkups. Antenatal care (ANC) refers to pregnancy-related health care provided by a doctor or a health worker in a medical facility or at home. A review of literature shows that women who do not avail of antenatal care are more likely to suffer from problems during pregnancy as ANC is one of the four most important pillars of safe motherhood along with family planning, safe delivery and essential obstetric care (WHO 1996)[30]. However, the health-seeking behavior of women is again the function of the interplay between various socio-economic conditions including caste, place of residence, education level of both woman and her husband, work status of woman and standard of living. According to NFHS3 data of UP, the current status of Maternal and child health indicators are like- mothers who had at least 3 ANC visits for their last birth is 43.6%, mothers who consumed IFA for 90 days or more during last pregnancy is merely 8.7%, births assisted by any health personnel is 29.2%, institutional deliveries is 22% and mothers who received PNC from any health personnel within 2 days of delivery for their last birth is 14.3%. The indicators for family planning are like- use of any family planning method is 43.6%; female

sterilization rate is 17.3% and male sterilization rate is only 0.2% (wealth index quartile, NFHS 3 data, Key indicators of Uttar Pradesh)[26]. As there are so many private practitioners practicing in UP and number of maternity centers are operating, it becomes a necessity that along with the public health system, private health sector should also provide quality healthcare services and proper counseling for services and family planning so that the health indicators can be improved (Sood & Nagla, 1996)[35]. For this purpose a 3 days training programme is conducted in the Merrygold facilities and 1 day training programme at Merrysilver clinics is conducted and the Quality assessment is done after a defined tenure of 3 months. But during these visits it was found that health care providers who have been trained to work in the network franchisees still can't give up on certain old practices as these have become a habit for them, although they are aware of the new practices. For this purpose continuous follow up and re-trainings are conducted under the project so that change in behavior can be achieved. The training sessions are based on participatory involvement by the means of role play or demonstrations, group activities, etc. When the influences of other intervening factors are controlled, education emerges as the single most important determinant of maternal health care utilization in India. (Govindasamy and Ramesh 1997)[29].

Quality in health care is "Proper performance of interventions that are known to be safe, that are affordable to society, and have ability to produce impact on morbidity, mortality, disability and malnutrition." Quality assurance cycle consists of 10 steps as shown in Figure 4.

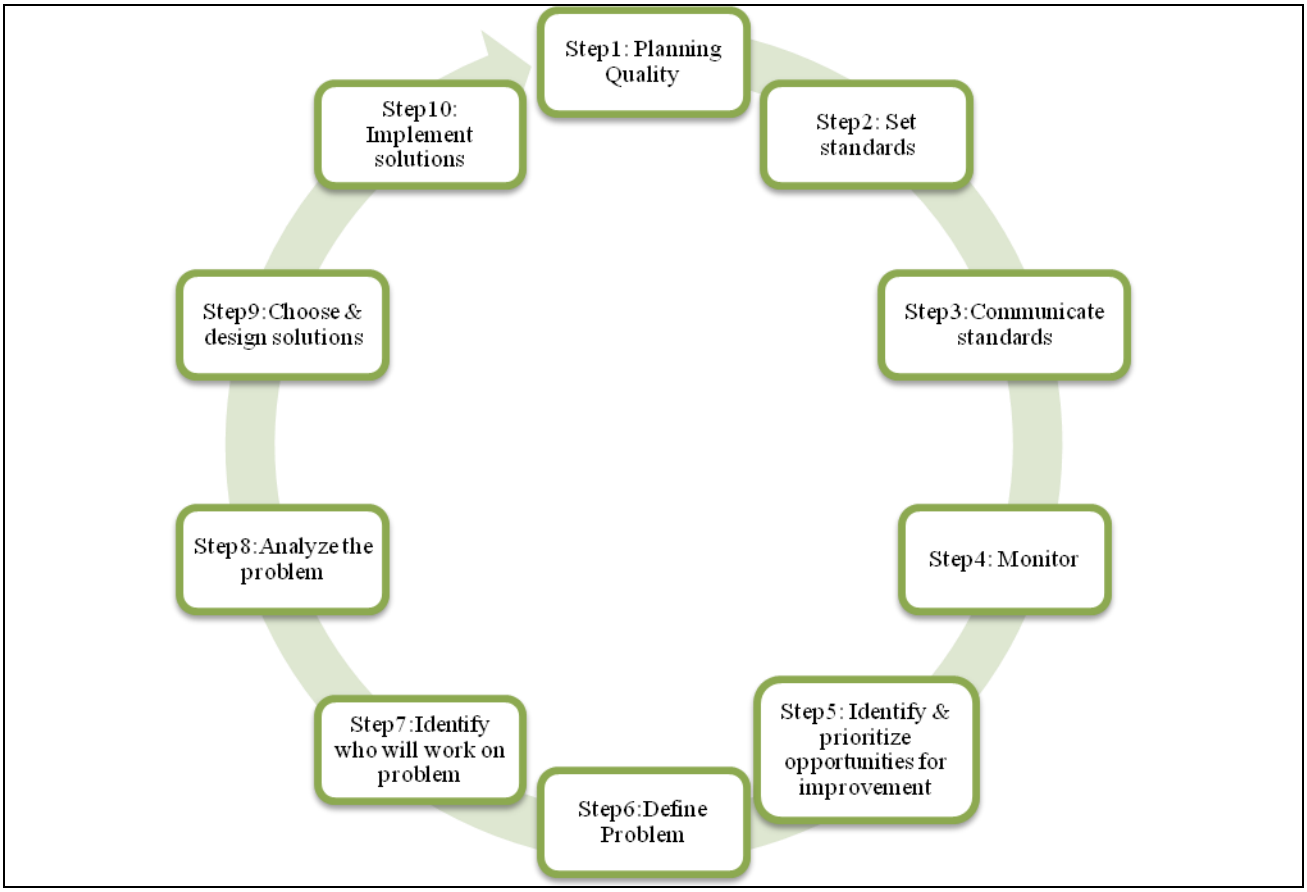


Figure 4: Quality Assurance Cycle

Quality Assessment Tool is designed to be used in its entirety, parts can be used separately or independently (e.g. the systems assessment component for capacity building or parts of the trace-and-verify protocols for targeted data verification). The Tool can be used by independent external auditors or internally within a Program or project. Quality assessment is often an initial step in a larger QA process which may include providing feedback to health workers on performance, training and motivating staff to undertake quality improvements, and designing solutions to bridge quality gaps. Measuring Quality leads directly to the identification of areas for improvement or enhancement—the first step in Improving Quality. Successful improvement ultimately contributes to attaining quality care, the goal of quality assurance. (http://www.qaproject.org/methods/resmeasure.html)[25].

In 1999, the Guatemala Ministry of Health and the Quality Assurance Project undertook a joint initiative, which applied quality design methodology at seven hospitals in the highlands of Guatemala. The goal of the quality design effort was to create client-driven obstetric care services that would improve quality of maternal care, with the longer-term vision of decreasing maternal mortality. This case study describes the quality design experience of seven hospitals in Guatemala, using the Solola Hospital to illustrate some of the specific steps in the process. It is noted that quality design teams were formed and trained in each hospital. Each team identified a particular area of concern for its facility, such as the reception and triage of patients in labor, postpartum care, or regional surgical care. Overall, facilitators were able to guide the teams over several months to redesign and implement improved processes of obstetrical care.

In 2005, QAP assisted the Ministry of Health of Nicaragua to carry out a national competency assessment of skilled birth attendants to identify gaps and weaknesses that would be addressed through in-service training and supervision. The assessment included Ministry of Health hospitals (20) and health centers (44) drawn from each of the country's 17 health areas. A total of 1,358 physicians and nurses who attend deliveries were evaluated through a written knowledge test. From this group, 580 providers participated in skills tests related to the prevention and management of obstetric and neonatal complications. Anatomical models were used for the skill assessment. While the assessment found moderate to high levels of knowledge in several functional areas, clinical skills were generally weaker. The skill assessment found that only 51% of the personnel assessed were able to adequately fill out a partogram; 46% correctly performed active management of third stage of labor; 51%, manual extraction of the placenta; 46%, bimanual uterine compression; 71% immediate newborn care; and 55%, neonatal resuscitation. The report was published in 2006 by the Ministry of Health of Nicaragua, QAP, PAHO, CARE, and UNICEF. (http://www.hciproject.org/taxonomy/term/160)[36]

Thus Quality assessment also serves as a tool to know the training needs and thereby contribute in maintaining Quality improvement.

2.3 OBJECTIVE OF THE STUDY

GENERAL OBJECTIVE OF THE STUDY:

- The objective of the study is to explore the issues regarding Quality of services in Merrygold hospitals and Merrysilver clinics that need to be focused more during the capacity building exercises to provide quality care at affordable prices.

SPECIFIC OBJECTIVES:

- To assess the quality of services available in the Merrygold hospitals & Merrysilver clinics.
- To find out the training areas needs to be focused during training and re-training sessions.
- To suggest improvements for the Merrygold hospitals & Merrysilver clinics based on the scores of Quality assessment and medical Audit checklist.

The various quality parameters mentioned in the QA checklist would be studied in order to conclude the areas working as Project Officer in the project. The QA and Medical Audit were conducted in **17** Merrygold hospitals and **109** Merry silver hospitals.

2.4 METHODS FOR DATA COLLECTION

Area of study- The data is collected from various districts of UP from the franchised hospitals and clinics by Merrygold Health Network.

Study Design and Tools & Techniques- The study is based on quantitative study design aiming to get in-depth understanding of the quality of services and training needs assessment of the franchised hospitals and clinics of Merrygold health network in 35 districts under Uttar Pradesh Social Franchising. For Quality assessment and medical audit in the Merry gold and Merry silver franchisees a closed ended questionnaire was developed by experts in the organization and the facilities were visited during February 2011 to April 2011. The total numbers of facilities visited and questioned were 17 Merrygold Hospitals (L1) & 109 Merrysilver Clinics (L2). The facilities were selected on the basis that these franchisees were

new associations under the project and quality assessment, training & medical audit was to be done at these facilities as under the project guidelines. The owner of the facility or the Doctor was interviewed & briefed regarding the QA format that it was a tool for self assessment to identify the concerned areas. The training was conducted with the doctors and nursing staff to probe and upgrade the knowledge related to quality standards and infection prevention practices in the hospital. A set of the scorecard was left with the franchisee to look for the areas were improvement was required. Data was filled in the final sheet only after observing the premise especially the operation theatre, labor room; wards and toilet .Case records were reviewed to know the current documentation practices in the facilities. The scoring was done in 0 and 1 format. The parameter was scored 1 if it was available else 0 was marked. The facilities were visited in a pre-planned schedule and the data was collected accordingly.

2.5 LIMITATIONS OF THE STUDY:

- This study was conducted in a short frame of 3 months which was not sufficient to get desired level of in-depth understanding. Though the study tries to find out the facts as much as it could do, but still there could be some aspects which it might have not explored and those can be taken up by further studies. Due to financial limitations of the project, sometimes the person interviewed was not a gynecologist, which compromised the quality of data in that specific hospital or clinic.

2.6 Findings

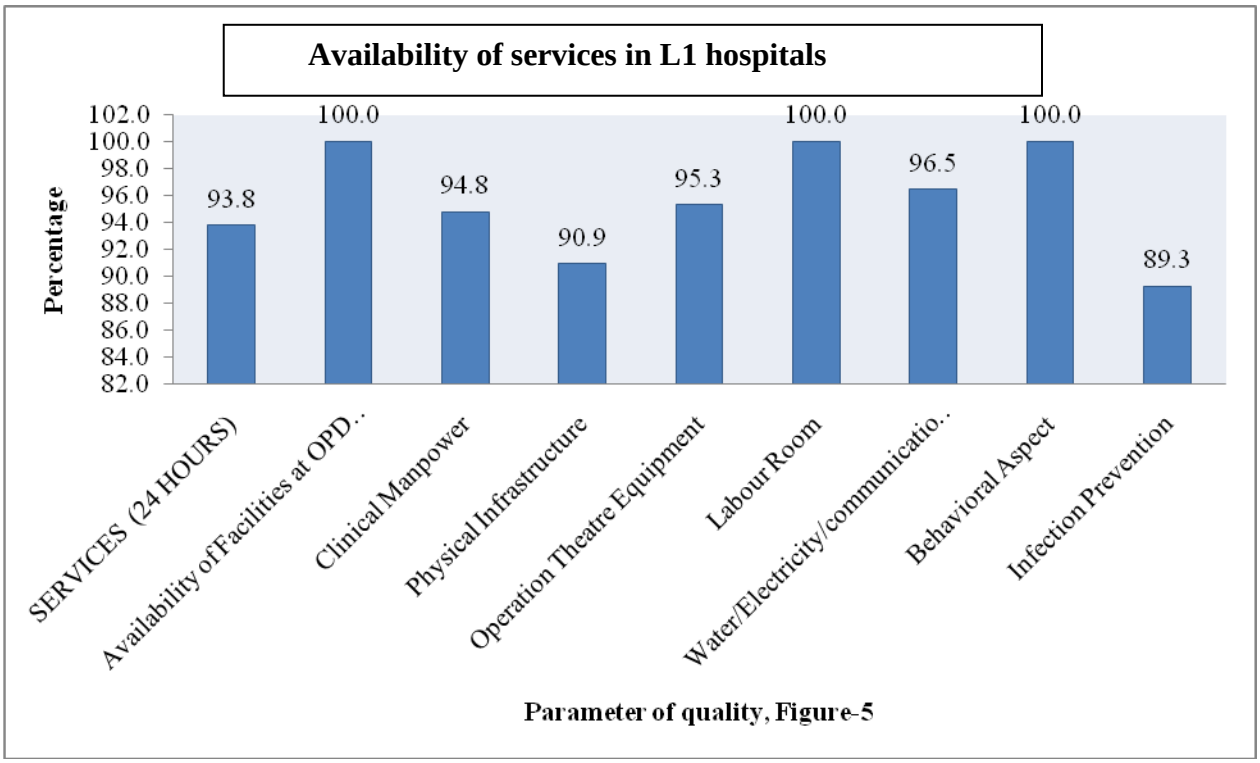
MERRYGOLD HOSPITALS (L1)- The parameters for L1 were divided into 9 sections and total score of 89 was there which was distributed as following (Appendix IV):

A. **24 hours availability of services**- This section had 9 components, so total score for this section was 9 that include emergency new born care, full range of family planning services including Laproscopic services, Emergency Obstetric Care and provision of Cesarean section.
B. **Availability of Facilities at OPD of Obstetrics &Gynecology Department-** This section had 6 components, so total score for this section was 6 that included signage to guide the client, privacy during examination, facilities for sterilizing instruments, public utility and counseling facilities.
C. **Clinical Manpower**- This section had 9 components, so total score for this section was 9 that included availability of Medical, Paramedical as well as the support staff.
D. **Physical Infrastructure-** This section had 10 components, so total score for this section was 10 and this included provision of separate toilets for men & women, display of facilities provided with rates, suggestion box and various criteria related to functioning of operation theatre.
E. **Operation Theatre Equipments**- This section had 10 components, so total score for this section was 10 that included Boyles trolley, oxygen administration facility, hydraulic OT table, fumigator facility and suction machine.
F. **Labour Room**- This section had 2 components, so total score for this section was 2 to check the availability of separate functional Labor room to process septic cases.
G. **Water/Electricity/communication/Waste disposal**- This section had 10 components so total score for this section was 10 based on availability of 24hrs electricity and tap water, colored bins or waste disposal, availability of communication facility, etc.
H. **Behavioral Aspect**- This section had 8 components so total score for this section was 8 based on behavior of hospital staff, BCC activities, IEC material display, etc.
I. **Infection Prevention and waste management** - This section had 23 components, so total score for this section was 23 that included various practices like surgical hand

washing, waste segregation, wearing & removal of gloves, preparation of 0.5% bleaching powder solution, changing of slippers for labor room as well as in OT, etc.

Table 5: Percentage score of 9 components of QA score in 17 L1 Facilities

	Name of Facility	A	B	C	D	E	F	G	H	I
1	Merrygold Hospital(L0),Panki,KNP	88.9	100.0	100.0	90.9	100.0	100.0	100.0	100.0	73.9
2	Merrygold Hospital (L1), KNP	100.0	100.0	77.8	81.8	70.0	100.0	100.0	100.0	100.0
3	Metro Hospital,KNP	100.0	100.0	100.0	72.7	100.0	100.0	100.0	100.0	56.5
4	Merrygold Hospital,Badaun	77.8	100.0	88.9	100.0	90.0	100.0	100.0	100.0	95.7
5	Merrygold Hospital, Agra	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
6	Shri Ram Maternity Centre,LKO	77.8	100.0	100.0	81.8	80.0	100.0	80.0	100.0	
7	Saraswati Hospital &Research Centre,LKO	100.0	100.0	88.9	81.8	90.0	100.0	100.0	100.0	82.6
8	Dewa Hospital,BBK	88.9	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.7
9	Sadbhawana Nursing Home,MBD	100.0	100.0	100.0	100.0	100.0	100.0	90.0	100.0	87.0
10	B.N.Behl Memorial Hospital,SJN	88.9	100.0	100.0	90.9	100.0	100.0	90.0	100.0	95.7
11	Maa Saraswati Hospital,Mathura	100.0	100.0	88.9	100.0	90.0	100.0	100.0	100.0	100.0
12	Rajiv Gandhi Memorial Hospital & Research Centre,Azamgarh	100.0	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.7
13	Anand Hospital,Aamgarh	100.0	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.7
14	Jeevan Jyoti Hospital, ALD	100.0	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.7
15	Vatsalya Hospital,ALD	100.0	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.7
16	Merrygold Hospital,GKP	88.9	100.0	77.8	90.9	100.0	100.0	90.0	100.0	82.6
17	Dr.Abbasi's Hospital,GKP	83.3	100.0	88.9	100.0	100.0	100.0	90.0	100.0	65.2



L1 Merry gold hospitals: The 17 Merrygold hospitals were assessed and their overall performance in different segments is shown in Table 5 and Figure 5 that exhibits the percentage of these components (**A to I**) present in the Merrygold facilities.

Figure 5 & Table 5 explains:

If we consider overall performance of L1 hospitals on different 9 criteria, it comes out that only availability of services at O&G department, availability of equipped labour room and behavioral aspects are scoring full based on QA checklist. All the other aspects are lacking in these hospitals. All the L1's fulfill the components of availability of services at O&G department, provision of Labor room as well as in the behavioral aspects. Seven out of seventeen L1 hospitals studied were not fulfilling the criteria for 24hrs availability of services & 6 out of 17 L1 hospitals were not fulfilling the criteria for adequate clinical manpower. Twelve out of seventeen L1 hospitals were not fulfilling the criteria for adequate physical infrastructure under Merrygold health network. Five out of 17 L1 hospitals were not having fully equipped operation

theatre & 5 out of 17 L1 hospitals were not fulfilling the criteria under availability of water, electricity, etc. Infection prevention practices are suffering the most, as 13 out of 17 L1 hospitals are lacking on the criteria of safe infection prevention practices and safe waste disposal. The two segments that mark the least are the physical infrastructure and infection prevention practices that constitute only 90.9% and 89.3% only. The hospitals performing low in these two areas are L1 at Gorakhpur, Metro hospital and Merrygold L0 Panki at Kanpur.

MERRYSIVER CLINICS: The 109 Merrysilver clinics were assessed and their district wise performance in different segments was studied. The parameters for L2 were divided into 7 criteria's and total score was of 109, which was divided as following (Appendix V):

A. **Infrastructure& Manpower**- This section had 14 components, so total score for this section was 14 that included the essential criteria for any L2 facility.
B. **Orientation of service provider to client's right**- This section had 7 components, so total score for this section was 7 that included issues of privacy for patients and counseling of the patients
C. **Furniture & Equipment**- This section had 16 components, so total score for this section was 16 that included availability of examination table, cheattle forceps, weight machine, stethoscope, sphygmomanometer, speculum and volsellum etc.
D. **Labor room** - This section had 16 components, so total score for this section was 16 that included availability of suction machine, facility for oxygen administration and maintenance of Emergency tray.
E. **New Born Care**- This section had 8 components, so the total scores for this section was 8 that included equipments required for neonatal resuscitation.
F. **Quality of Clinical Services**- This section had 25 components, so the total score for this section was 25 that included clinical protocols being followed while writing the prescription, diagnosing, clamping the cord, management of Eclampsia and Nifedipine use in preterm labor.
G. **Infection Prevention & Waste Management**- This section had 23 components, so total score for this section was 23 that included various practices like surgical hand washing,

waste segregation, wearing & removal of gloves, preparation of 0.5% bleaching powder solution, changing of slippers for labor room as well as in OT, etc.

1. KANPUR

Table 6: Percentage scores of QA done at Kanpur L2 Facilities								
	Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1	Saluja Hospital, Kanpur	100.0	100.0	100.0	100.0	100.0	100.0	95.7
2	Hashmi Hospital, Kanpur	92.9	100.0	100.0	100.0	75.0	96.0	95.7
3	Rahi Medical Centre, Kanpur	100.0	100.0	100.0	100.0	75.0	100.0	95.7
4	Satya Trauma &Maternity Centre, Kanpur	100.0	100.0	100.0	100.0	100.0	100.0	100.0
5	Maa Gayatri Hospital, Kanpur	100.0	100.0	100.0	100.0	100.0	100.0	91.3
6	Sunny Hospital, Kanpur	85.7	100.0	100.0	100.0	62.5	100.0	73.9
7	Nasir Hospital, Kanpur	100.0	100.0	100.0	93.8	100.0	100.0	91.3
8	Shanti Nursing Home, Kanpur	100.0	100.0	100.0	100.0	75.0	100.0	100.0
9	J.B.Nursing Home, Kanpur	100.0	100.0	93.8	100.0	62.5	96.0	87.0
10	Shanti Nursing Home &Surgical Centre, Kanpur	100.0	100.0	100.0	100.0	100.0	100.0	95.7
11	Sri Jairam Hospital, Kanpur	85.7	100.0	87.5	93.8	62.5	100.0	60.9
12	Bimal Nursing Home, Kanpur	100.0	100.0	93.8	100.0	62.5	100.0	73.9
13	R.C.Memorial nursing Home, Kanpur	100.0	100.0	100.0	100.0	100.0	100.0	95.7
	Overall performance of L2, Kanpur	**97.3**	**100.0**	**98.1**	**99.0**	**82.7**	**99.4**	**89.0**

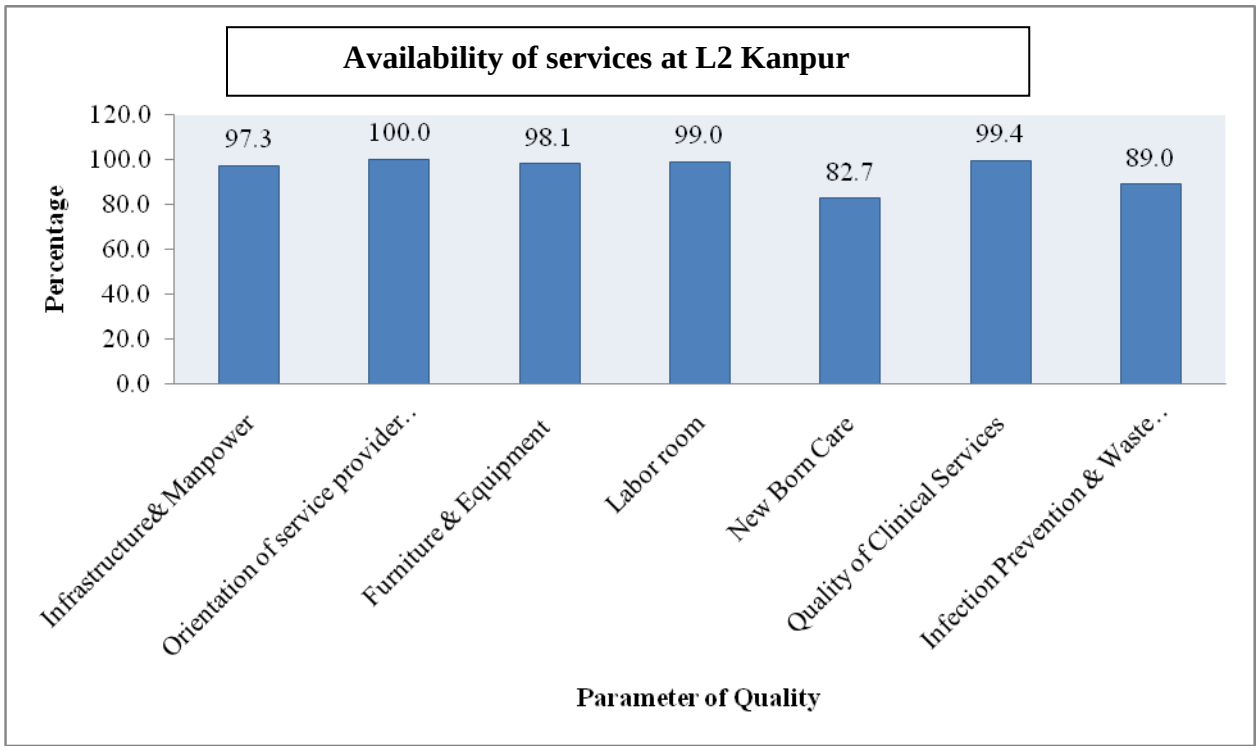


Figure: 6

Figure 6 & Table 6 explains:

In Kanpur district, the Merrysilver clinics were lacking on all the criteria's studied except orientation of the service provider towards client's rights. The point of concern is the new born care which is scoring the least i.e. only 82.7% and the hospitals contributing to this negligence are Bimal Nursing Home,Jairam Hospital, Sunny Hospital and JB nursing Home. Safe Infection prevention is being practiced only 89% on an average and the lowest performers are Sunny Hospital and SriJairam Hospital in this segment.

2. ALLAHABAD

Table 7: Percentage scores of QA done at Allahabad L2 Facilities							
Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
Gama Hospital, Allahabad	92.9	100.0	100.0	93.8	75.0	84.0	82.6
Prabha Clinic, Allahabad	100.0	100.0	100.0	100.0	87.5	96.0	78.3
Jeevan Rekha Clinic,	100.0	100.0	100.0	100.0	87.5	96.0	78.3

Allahabad							
Nirmal Hospital, Allahabad	100.0	100.0	100.0	100.0	100.0	100.0	82.6
Hayat Hospital, Allahabad	78.6	100.0	100.0	100.0	100.0	96.0	43.5
Janhit Hospital, Allahabad	92.9	100.0	100.0	100.0	100.0	84.0	73.9
Sardar Patel Hospital, Allahabad	71.4	100.0	100.0	100.0	100.0	96.0	65.2
Kumar Nursing Home, Allahabad	92.9	100.0	100.0	100.0	100.0	84.0	73.9
Shivlok Hospital, Allahabad	100.0	100.0	100.0	100.0	87.5	56.0	87.0
National Hospital, Allahabad	100.0	100.0	100.0	100.0	100.0	32.0	26.1
Shakti Medical Centre, Allahabad	100.0	100.0	100.0	100.0	87.5	92.0	87.0
Diksha Hospital, Allahabad	92.9	100.0	93.8	100.0	100.0	100.0	82.6
Shakuntala Child & General Hospital, Allahabad	85.7	100.0	100.0	100.0	100.0	92.0	60.9
Allahabad L2 scores	**92.9**	**100**	**99.5**	**99.5**	**94.2**	**85.2**	**70.9**

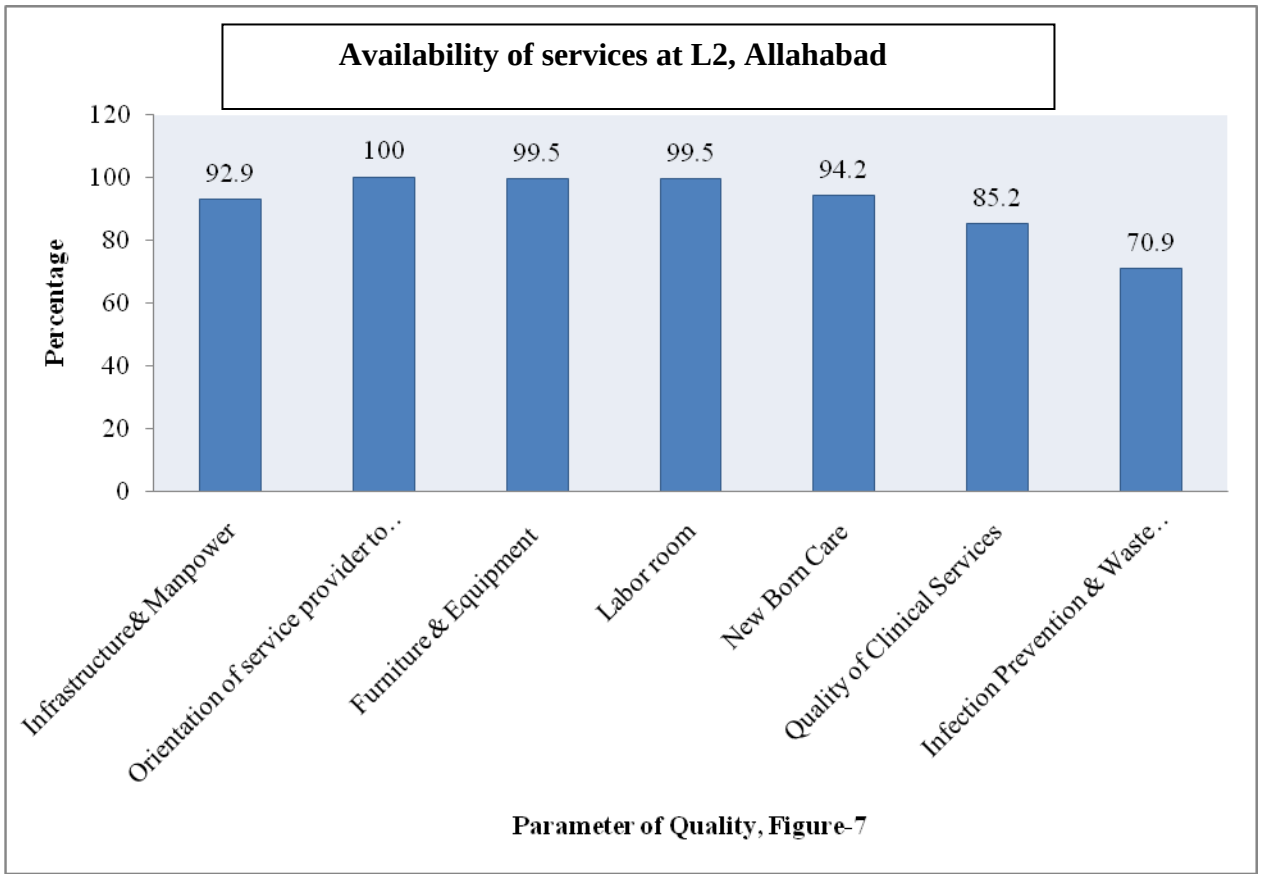


Table 7& Figure 7 explains:

In Allahabad district all the L2 Merrysilver clinics are lacking on the various criteria's studied except orientation of service providers towards client rights. The scenario is quite depressing in some of the facilities which scored very low on availability of basic services like in Gama Hospital. Infection prevention practices are suffering badly in some clinics which are scoring around 26% on the checklist. Majority of the facilities are not practicing safe waste disposal and infection prevention practices which are essential for any hospital or a clinic to follow. The infection prevention and waste management practices are overall adopted upto 70.9% only and National Hospital and Hayat Hospital were among the least scorers that follow the protocols only 26.1% and 43.5% respectively. National Hospital scores only 32% in the quality of services the reason being the unavailability of Gynecologist at the time of visit. The new born care is being taken care of only 94.2% where the hospitals scoring less are Gama Hospital, Shakti Medical Centre, Prabha Clinic, Shivlok Hospital and Jeevan Rekha Clinic.

3. AGRA

	Table 8: Percentage scores of QA done at Agra L2 Facilities							
	Name of Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1	RamKishan Gupta Clinic, Agra	100.0	85.7	100.0	100.0	87.5	92.0	95.7
2	Swadesh Clinic, Agra	92.9	85.7	100.0	87.5	62.5	64.0	47.8
3	Solanki Nursing Home, Agra	85.7	85.7	100.0	100.0	100.0	80.0	65.2
4	Gautam Nursing &maternity Home, Agra	100.0	100.0	100.0	100.0	100.0	92.0	100.0
5	Usha Memorial Health Centre, Agra	100.0	100.0	100.0	100.0	100.0	88.0	95.7
6	Jagdish Health Centre, Agra	100.0	100.0	100.0	100.0	100.0	84.0	95.7
7	Dr.Alka Mittal Maternity Home, Agra	100.0	85.7	93.8	93.8	75.0	72.0	56.5
8	Rawat Nursing Home, Agra	100.0	100.0	100.0	100.0	100.0	92.0	100.0
9	Ramved Nursing Home, Agra	100.0	100.0	100.0	100.0	100.0	84.0	91.3
10	Dr.Sangeeta Mother & Child Care Centre, Agra	100.0	100.0	100.0	100.0	75.0	88.0	95.7
11	Parmar Hospital, Agra	100.0	100.0	100.0	100.0	100.0	96.0	95.7

12	Varsha Hospital, Agra	100.0	100.0	100.0	100.0	100.0	84.0	95.7
	Overall performance of L2, Agra	**98.2**	**95.2**	**99.5**	**98.4**	**91.7**	**84.7**	**86.2**

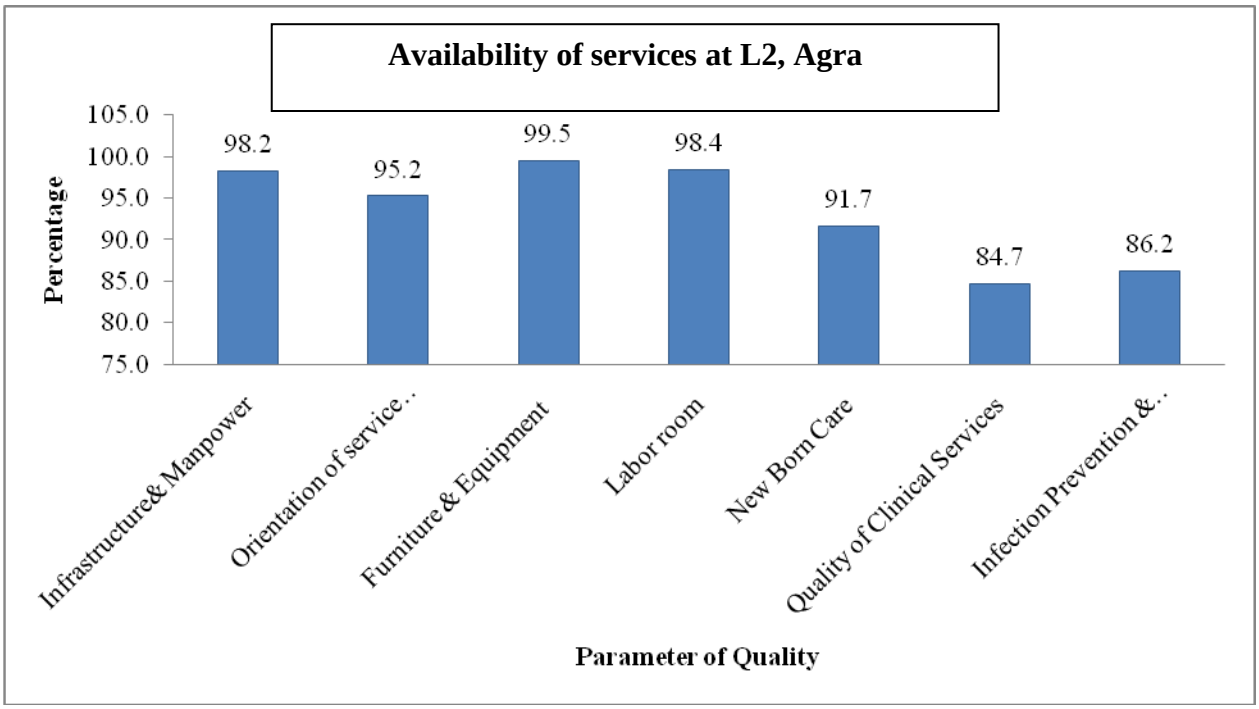


Figure: 8

Table 8 & Figure8 explain:

All the Agra L2 franchisees are having good infrastructure and manpower and are well equipped. Infection prevention and waste management is lacking in almost all the L2 facilities which needs to be improved. Despite of good infrastructure, the quality of services being delivered scores the least along with the infection prevention practices. Among the lowest scorers are Swadesh clinic where only 64% and 47% of these practices are being followed respectively. Another area of concern is the new born care which specially is lowered due to non compliance seen at Swadesh Hospital.

1. BADAUN

Table 9: Percentage scores of QA done at Badaun L2 Facilities								
	Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1	Kali Charan Gupta Smarak Hospital, Badaun	100.0	100.0	100.0	87.5	87.5	92.0	78.3
2	Nisha Maternity Home,, Badaun	100.0	100.0	93.8	93.8	75.0	96.0	78.3
3	Dr.Lalta Prasad Smarak Hospital, Badaun	92.9	100.0	100.0	93.8	62.5	0.0	69.6
4	Raj Nursing Home, Badaun	100.0	100.0	100.0	100.0	100.0	100.0	87.0
5	New Born& Child Care Centre, Badaun	100.0	100.0	100.0	100.0	87.5	100.0	82.6
	Overall performance of L2, Badaun	**98.6**	**100.0**	**98.8**	**95.0**	**82.5**	**77.6**	**79.1**

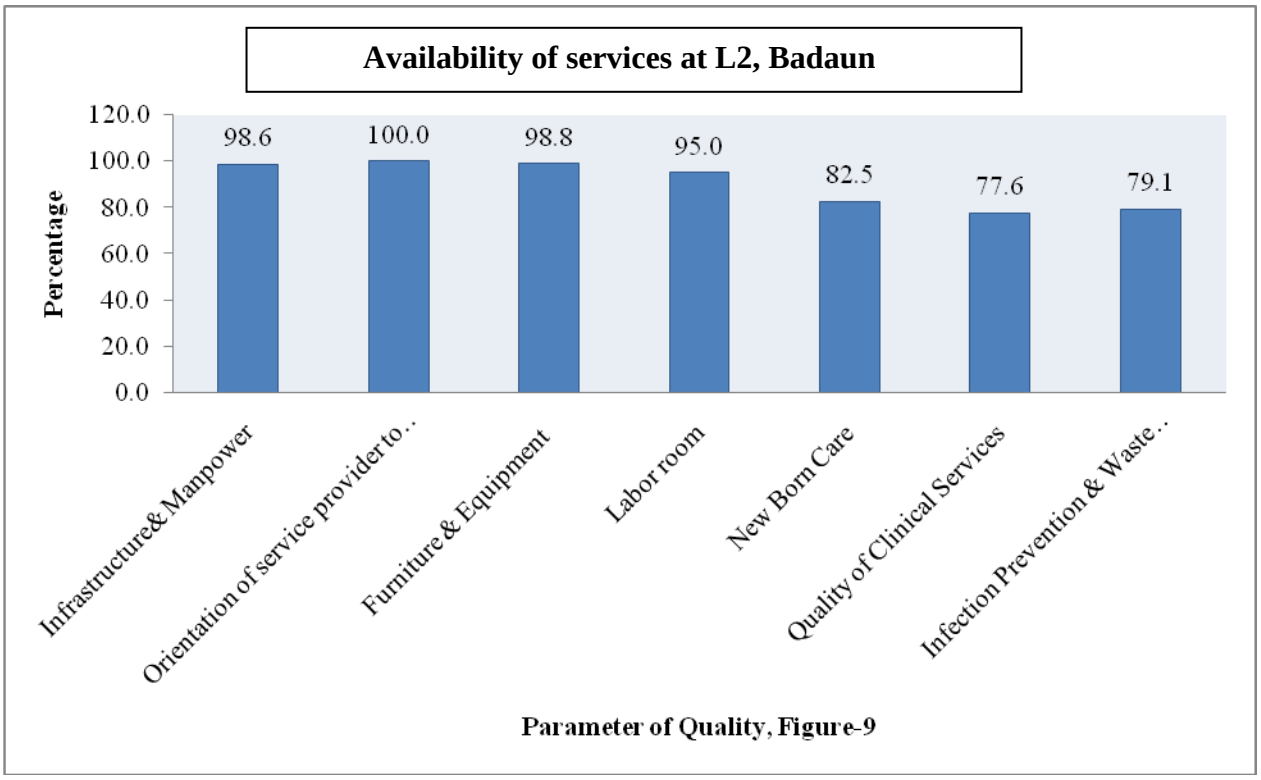


Table 9 & Figure 9 explains:

All the L2 Franchisees in Badaun are well equipped with infrastructure and manpower. The facilities in Badaun district are lacking on quality of clinical services provided to the patients, new born care and infection prevention and waste disposal practices, especially in Dr.Lalta Prasad Smarak hospital. Some of the clinics claiming 24 hrs facilities don't have doctors at the time of emergency and care.

2. BARABANKI

Table 10 : Percentage scores of QA done at Barabanki L2 Facilities							
Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
Shifa Hospital, Barabanki	100.0	100.0	100.0	100.0	87.5	96.0	87.0
Rama Nursing Home, Barabanki	100.0	100.0	100.0	100.0	87.5	96.0	87.0
Verma Emergency & Hospital, Barabanki	100.0	100.0	100.0	100.0	75.0	96.0	87.0
Amina Clinic, Barabanki	85.7	100.0	87.5	81.3	25.0	84.0	69.6
Aman Hospital, Barabanki	100.0	71.4	93.8	100.0	75.0	96.0	56.5
Shree Shankar Hospital, Barabanki	100.0	100.0	100.0	100.0	87.5	100.0	87.0
Jan Kalyan Clinic, Barabanki	92.9	100.0	100.0	100.0	100.0	100.0	91.3
Jan Kalyan Health Centre, Barabanki	100.0	100.0	100.0	100.0	100.0	100.0	91.3
Overall performance of L2,Barabanki	**97.3**	**96.4**	**97.7**	**97.7**	**79.7**	**96.0**	**82.1**

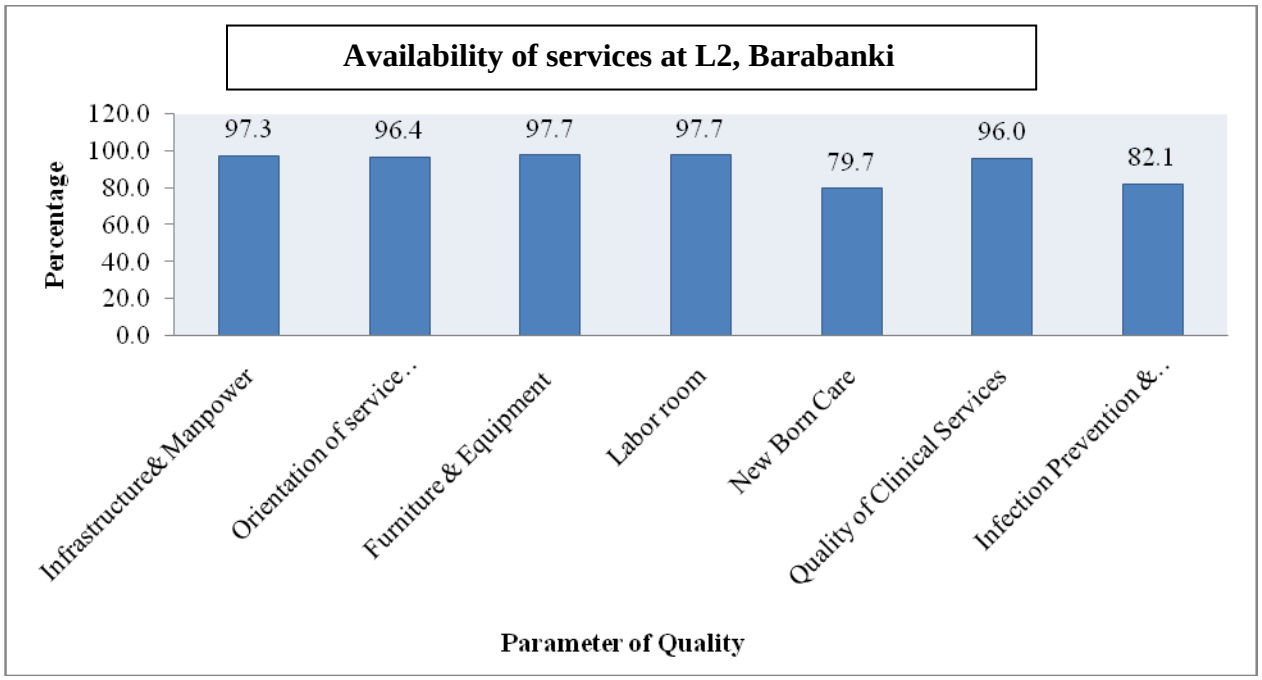


Figure: 10

Table 10 & Figure 10 explains:

None of the criteria is fulfilled completely on an average by the clinics present in Barabanki district. The facilities are lacking significantly on the New Born care facilities available within the clinics in the district and infection prevention practices are also lacking as in other districts. The low performers in the New Born Care and infection Prevention practices were Amina Clinic & Aman Hospital.

3. GORAKHPUR

Table 11 : Percentage scores of QA done at Gorakhpur L2 Facilities

Name of the Facility	A	B	C	D	E	F	G
Divyaman Hospital, Gorakhpur	100.0	100.0	100.0	100.0	87.5	96.0	100.0
Yash Hospital, Gorakhpur	64.3	100.0	43.8	100.0	37.5	52.0	52.2
Gurukripa Hospital, Gorakhpur	92.9	100.0	100.0	100.0	75.0	96.0	73.9
Aashirwad Hospital, Gorakhpur	85.7	100.0	81.3	100.0	62.5	68.0	47.8
Decent Clinic, Gorakhpur	92.9	85.7	93.8	93.8	50.0	76.0	73.9
Madhesia Hospital, Gorakhpur	71.4	100.0	68.8	81.3	0.0	68.0	47.8
Almin Hospital, Gorakhpur	85.7	100.0	93.8	93.8	75.0	100.0	91.3
Shakti Saumya Chikitsalaya, Gorakhpur	92.9	100.0	100.0	93.8	25.0	64.0	56.5
Overall Performance of L2, Gorakhpur	**85.7**	**98.2**	**85.2**	**95.3**	**51.6**	**77.5**	**67.9**

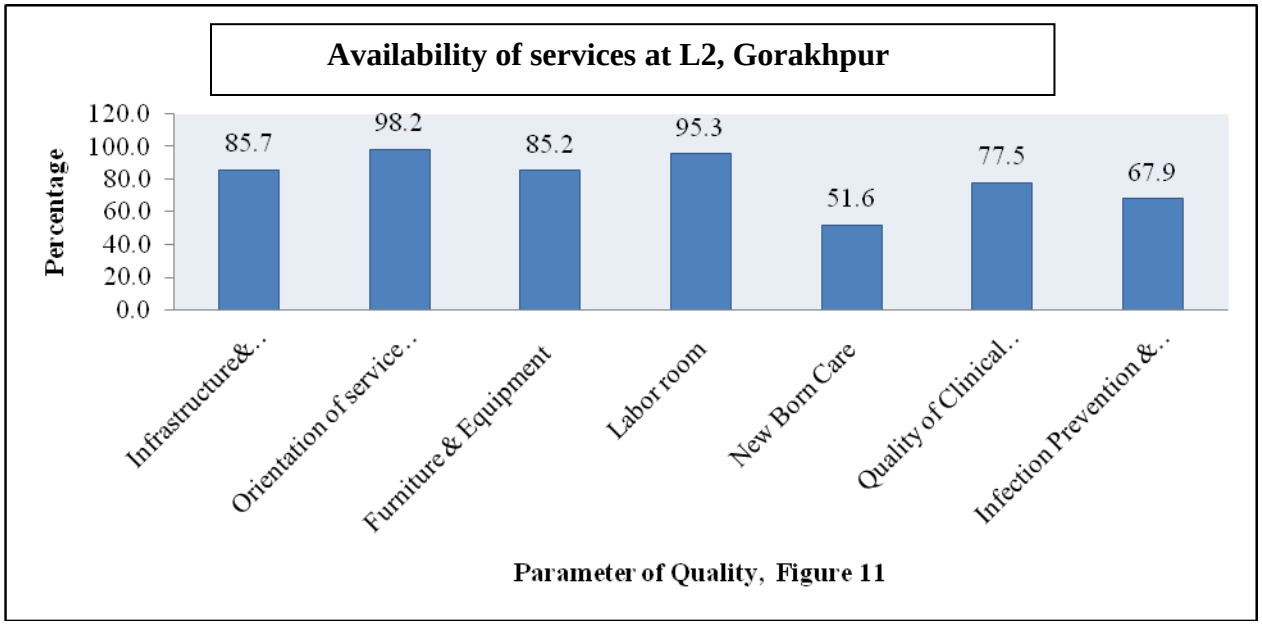


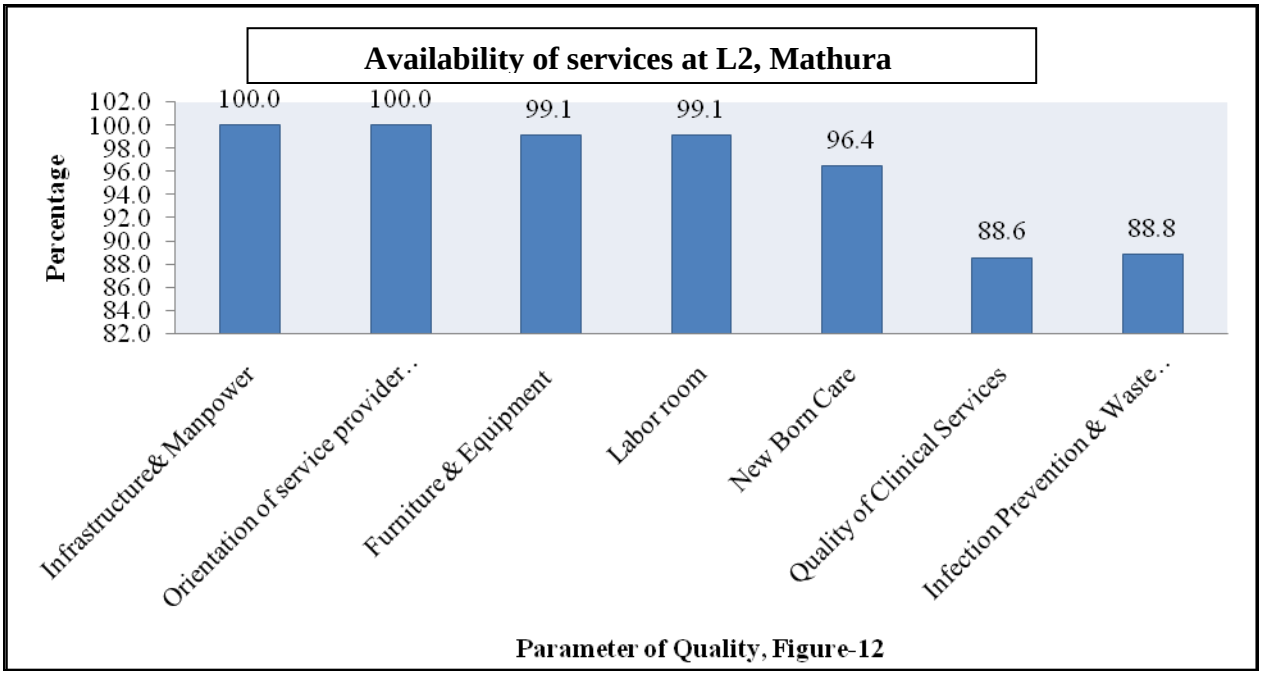
Table 11 & Figure 11 explains:

In the Gorakhpur district except the orientation of service provider to clients' right and labor room facility, rest all parameters are scoring low especially the new born care, quality of clinical services and the infection prevention practices. The new born care facilities are especially lacking on Gorakhpur district with an overall score of 51.6%. Madhesia Hospital has no provision of new born care and scores least in practicing infection prevention.

4. MATHURA

Table 12 : Percentage scores of QA done at Mathura L2 Facilities

Name of the facility	A	B	C	D	E	F	G
Dr. Sheela Sharma Memorial Hospital, Mathura	100.0	100.0	93.8	100.0	100.0	100.0	95.7
Jagdamba Hospital, Mathura	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Chakrapani Arogya Hospital, Mathura	100.0	100.0	100.0	100.0	100.0	96.0	73.9
Sriji Hospital, Mathura	100.0	100.0	100.0	93.8	100.0	96.0	95.7
Asha Hospital, Mathura	100.0	100.0	100.0	100.0	87.5	64.0	82.6
Sangwan Hospital, Mathura	100.0	100.0	100.0	100.0	100.0	76.0	95.7
Dayalu Hospital, Mathura	100.0	100.0	100.0	100.0	87.5	88.0	78.3
Overall performance of L2, Mathura	**100.0**	**100.0**	**99.1**	**99.1**	**96.4**	**88.6**	**88.8**



Parameter of Quality, Figure-12

Table 12 & Figure 12 explains:

All the L2 franchisees in Mathura are structurally sound enough and well equipped. The area of concern is the new born care, quality of clinical services delivered and infection prevention practices. Asha Hospital and Chakrapani Arogya Hospital score lowest in the new born care and infection prevention practices respectively

5. SHAHJAHANPUR

Table 13 : Percentage scores of QA done at Shahjahanpur L2 Facilities							
Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
Handa Nursing Home, Shahjahanpur	100.0	100.0	100.0	100.0	100.0	96.0	87.0
Royal Nursing Home, Shahjahanpur	100.0	100.0	100.0	100.0	75.0	96.0	78.3
Usha Memorial Hospital, Shahjahanpur	100.0	85.7	100.0	100.0	75.0	88.0	73.9
Sahara Nursing Home, Shahjahanpur	100.0	100.0	100.0	100.0	100.0	92.0	87.0
Rakesh Nursing Home, Shahjahanpur	92.9	100.0	93.8	81.3	50.0	60.0	60.9
Sameed Hospital, Shahjahanpur	100.0	100.0	100.0	100.0	87.5	100.0	78.3
Gurunanak Hospital, Shahjahanpur	100.0	100.0	93.8	100.0	75.0	88.0	65.2
Navjoyti Chikitsalaya, Shahjahanpur	100.0	100.0	100.0	100.0	75.0	96.0	87.0
Overall performance of L2, Shahjahanpur	**99.1**	**98.2**	**98.4**	**97.7**	**79.7**	**89.5**	**77.2**

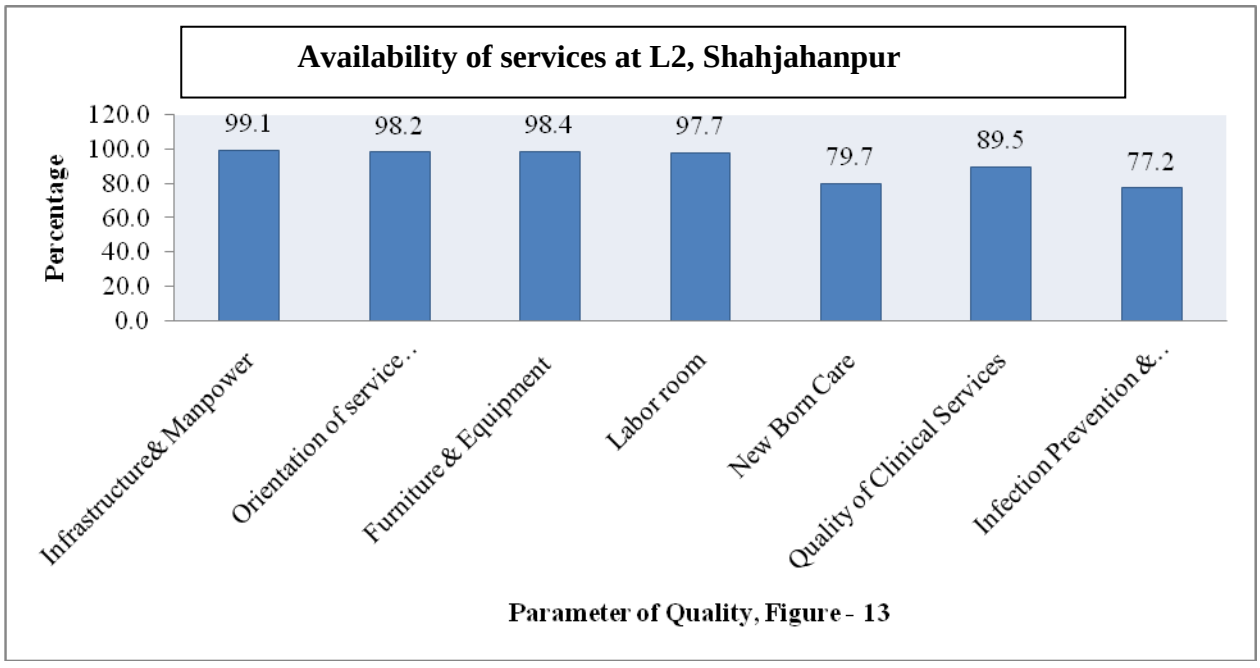


Table 13 & Figure 13 explains:

None of the criteria is fulfilled completely on an average by the clinics present in Shahjahanpur district. Only 2 segments show comparatively lower compliance in new born care and practice of infection prevention. Qualities of services provided are also lacking in the L2 clinics in the Shahjahanpur district. Rakesh nursing Home scores the lowest in new born care as well as the infection prevention practices.

6. MORADABAD

Table 14 : Percentage scores of QA done at Moradabad L2 Facilities							
Name of the Facility	**A**	**B**	**C**	**D**	**E**	**F**	**G**
Usmani Clinic, Moradabad	100.0	100.0	87.5	87.5	62.5	96.0	73.9
Noor Hospital, Moradabad	100.0	100.0	100.0	93.8	87.5	76.0	91.3
Vatsalya Hospital, Moradabad	100.0	100.0	93.8	93.8	100.0	88.0	43.5
Life Care Centre/Mahanagar Hospital & Trauma Centre, Moradabad	100.0	100.0	100.0	100.0	100.0	100.0	82.6
Ruby Hospital, Moradabad	100.0	100.0	100.0	100.0	100.0	96.0	78.3
Zeenat Hospital, Moradabad	92.9	100.0	87.5	87.5	62.5	84.0	65.2
Chaman Hospital, Moradabad	100.0	85.7	100.0	100.0	75.0	96.0	73.9
Zamila Hospital, Moradabad	100.0	100.0	100.0	93.8	87.5	92.0	69.6
Delhi Surgical & Maternity Centre, Moradabad	100.0	100.0	100.0	100.0	87.5	88.0	78.3
MS Nursing Home, Moradabad	100.0	100.0	100.0	100.0	87.5	96.0	82.6
Amrit Nursing Home, Moradabad	100.0	100.0	100.0	100.0	100.0	92.0	78.3
Darul Sifa Hospital, Moradabad	100.0	85.7	100.0	100.0	100.0	96.0	87.0
Overall performance of L2, Moradabad	**99.4**	**97.6**	**97.4**	**96.4**	**87.5**	**91.7**	**75.4**

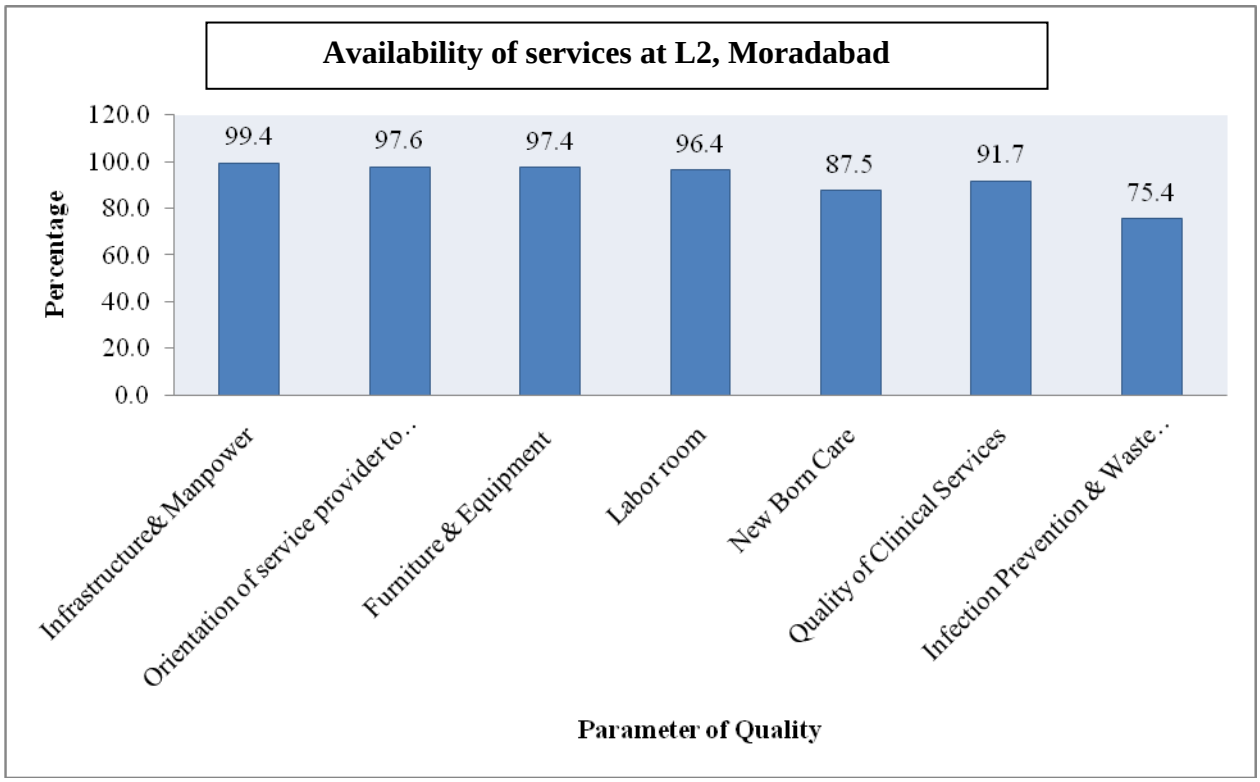


Figure: 14

Table 14 & Figure 14 explains:

None of the criteria is fulfilled completely on an average by the clinics present in Moradabad district. The infection prevention and waste management is lacking in the L2 franchised clinics in the Moradabad district as it is nearly 43.5% in Zameela Hospital. Basic new born care is found low in Usmani Clinic and Zeenat Hospital

7. LUCKNOW

Table 15 : Percentage scores of QA done at Lucknow L2 Facilities

Name of the Facility	A	B	C	D	E	F	G
Indu Nursing Home, Lucknow	100.0	100.0	100.0	100.0	100.0	100.0	78.3
Vatsalya Hospital, Lucknow	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Raj Poyclinic, Lucknow	100.0	100.0	100.0	100.0	87.5	96.0	73.9
Jeevan Hospital, Lucknow	100.0	100.0	100.0	100.0	100.0	100.0	95.7
Bhargawa Nursing Home, Lucknow	100.0	100.0	100.0	100.0	87.5	96.0	95.7
Khadra Hospital, Lucknow	100.0	100.0	100.0	100.0	100.0	84.0	100.0
Dr. Neerja Singh, Lucknow	100.0	100.0	93.8	100.0	75.0	100.0	91.3
Muzzafar Hospital, Lucknow	100.0	100.0	93.8	100.0	87.5	100.0	100.0
Aman Hospital, Lucknow	100.0	100.0	93.8	100.0	87.5	96.0	95.7
Goel Hospital, Lucknow	100.0	100.0	93.8	100.0	100.0	100.0	100.0

Relief Hospital, Lucknow	100.0	100.0	93.8	100.0	87.5	96.0	100.0
Chandrapravha Nursing Home, Lucknow	100.0	100.0	93.8	100.0	87.5	100.0	100.0
Mankameshwar Hospital, Lucknow	100.0	100.0	87.5	93.8	75.0	96.0	95.7
Hazarilal RV Nursing Home, Lucknow	100.0	100.0	93.8	100.0	87.5	96.0	87.0
Overall performance of L2, Lucknow	**100.0**	**100.0**	**96.0**	**99.6**	**90.2**	**97.1**	**93.8**

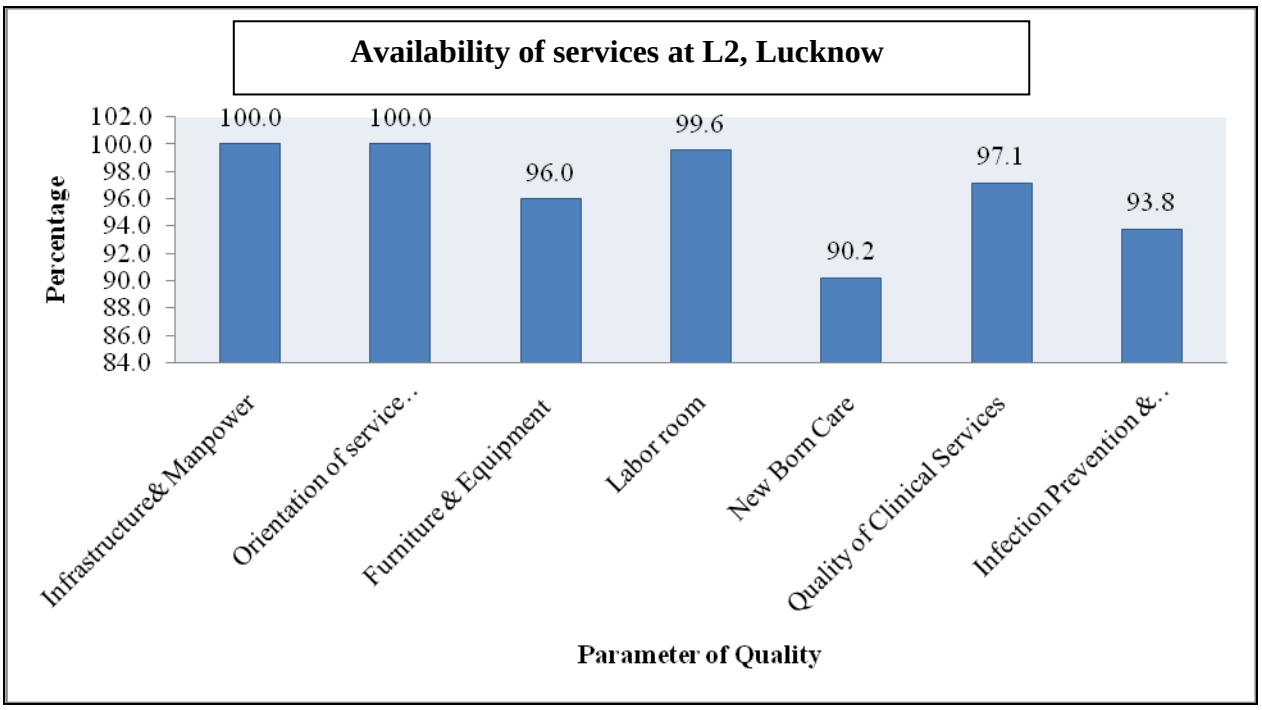


Figure: 15

Table 15 & Figure 15 explains:

The L2 franchised clinics in Lucknow district scored satisfactorily in almost all the criteria's except some in new born care. The facilities are well equipped and labor room availability with equipments is also present. The significant parameters are new born care and infection prevention practices that score comparatively lower than other parameters.

8. MAU

Table 16 : Percentage scores of QA done at Mau L2 Facilities							
Name of the Facility	A	B	C	D	E	F	G
Delhi Hospital, Mau	92.9	100.0	100.0	100.0	62.5	100.0	69.6

Harshita Clinic, Mau	78.6	100.0	75.0	62.5	25.0	68.0	65.2
Usmania Hospital, Mau	92.9	100.0	100.0	100.0	100.0	84.0	82.6
Pramod Jankalyan Hospital, Mau	100.0	100.0	68.8	87.5	37.5	72.0	65.2
Ali Hospital, Mau	92.9	100.0	93.8	93.8	62.5	68.0	56.5
Navjeevan Hospital, Mau	92.9	100.0	100.0	68.8	62.5	88.0	60.9
Jeevan Nursing Home, Mau	100.0	100.0	100.0	93.8	50.0	84.0	73.9
Sajida Nursing Home, Mau	85.7	100.0	93.8	93.8	50.0	92.0	73.9
Limra Nursing Home, Mau	100.0	100.0	100.0	93.8	62.5	80.0	65.2
Overall performance of L2, Mau	92.9	100.0	92.4	88.2	56.9	81.8	68.1

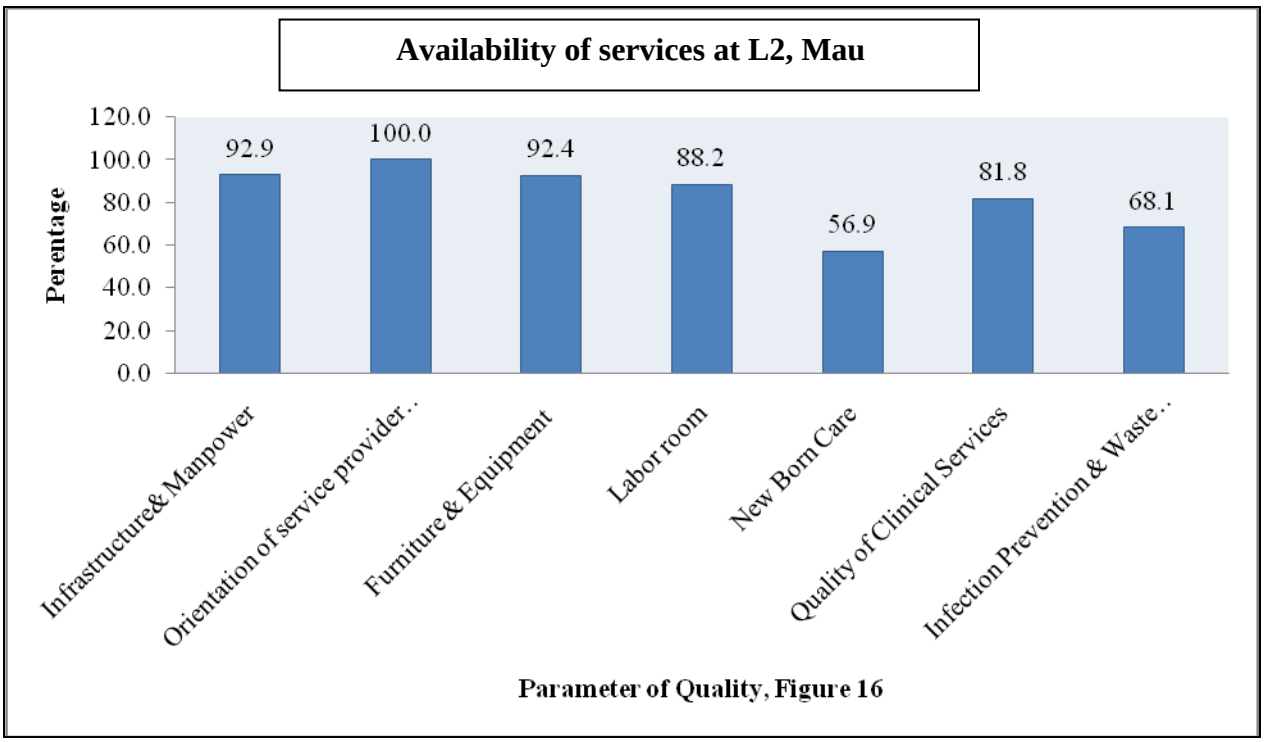


Table 16 & Figure 16 explains:

The L2 franchised Merrysilver clinics are lacking on criteria's of availability of a separate labor room and availability of adequate equipments, severely on new born care practices, quality of clinical services provided to the patients and also very low on infection prevention and waste management. All the Merrysilver clinics were scoring full on orientation of service providers towards client's rights.

2.7 SUMMARY:

The above analysis leads to the inference that basically 5 segments of Quality parameter are suffering despite of training and orientation of the franchisees to such Quality issues. These segments are:

1. Infection Prevention Practices
2. Safe waste disposable practices
3. New Born Care
4. Quality of Clinical Services
5. Adequate labor room availability.

Majority of the L1 and L2 health facilities are lacking on a major quality parameter called infection prevention practices and safe waste disposal practices. There are no colored bins for specific waste types and waste disposal according to the type of waste is not practices. Cleanliness around the hospital or a clinic area is also a major concern because it promotes infection. New born care is lacking in all the facilities and all the health facilities were lacking on the basic parameters specified in the checklist. The present knowledge regarding quality care and cleanliness in the hospital staff is not adequate because most of the hospitals have acquired the services of untrained and unqualified nursing staff due to demand of less remuneration by them. Many of the L2 facilities with labor room were not able to match themselves on the basic parameters and some of them were not even having separate labor room which is an essential criterion for conducting deliveries. Adequate training specifically to infection prevention and waste disposal practices is required to lower down the rate of hospital acquired infection and to follow safe practices. In some of the L1 and L2's the quality of clinical services provided is also lacking which is adding up on the situation. There are also facilities which are claiming to have 24hrs availability of emergency Obstetrics care but doctors are not available at the time of requirement and ultimately patient has to bear the circumstance. As training of the Merrytarang members were also conducted, it came out that these members are not much influenced and motivated to do services required by them because majority of the Merrytarang members are ASHA's & AWWs who don't want to influence patients in their community for normal delivery at Merrygold franchised hospitals or clinics as they are more interested in making money as commission from the pregnant women and the franchised hospitals because they get minimal

amount of honorarium for counseling patients under Merrygold health network. As in this network deliveries are conducted at private clinics or hospitals at minimal charges, so these members try to fetch money from the hospital for referring patients to them and thus corruption enters into the system at the very beginning of the services. While training of these members it is counseled to them, but still there is less willingness and sense of ownership. As money is involved, even doctors force pregnant women to go for caesarian delivery rather than normal delivery because they get more money under CS procedure under the project. All these factors needs to be looked upon under this project to achieve the objectives of the MGHN project so that the aim of better maternal and child health with quality services at affordable prices can be achieved.

2.8 CONCLUSION:

The study reveals that though the private health care facilities are good on infrastructure but some of the essential practices like infection prevention practices and guidelines, guidelines for safe waste disposal, guidelines for a separate OT and a labour room, trained nursing staff is not followed which affects the health of the patients and on the morbidity and mortality ration on a wider scale. All these private hospitals and private clinics need to be upgraded and trained on these essential practices so as to improve the health status of Uttar Pradesh. Training of the untrained staff like nurses on safe delivery and maintaining infection prevention practices is a must which should be strictly abided. Refresher trainings of the old staff on these issues along with training of new staff can also play a vital role for behavior change. The communication officers and the L3 members motivation is lacking which affects the project objectives because these members are unable to motivate community to go for institutional deliveries at Merrygold hospitals and Merrysilver clinics. To be precise, the facilities available at Merrygold hospitals are good, but the quality of services which is more important is lacking. Majority of the focus has been on enrollment of L1 and L2 rather that maintaining quality of services and good clinical practices. One of the major loopholes in the project implementation is that the L2 members are supposed to refer complicated deliveries to L1 hospitals, but it's not happening as L2 members conduct deliveries at their own facilities without having specialized doctors and facilities. is Behavior change communication is one of the most important aspects which needs to be

sincerely focused. The purpose of quality services at affordable prices will only be fulfilled when both the components- good infrastructure and clinical practices are in synchronization with quality of services.

2.9 SUGGESTIONS/ STEPS PROPOSED:

Following suggestions are proposed based on the results in the study:-

1. Special sessions to be conducted on new born care and importance of neonatal resuscitation to be conveyed during the training sessions by means of role play and drills.
2. Participatory trainings to be encouraged where all the participants get chance to demonstrate to others whatever practical issues are discussed.
3. The training and re-trainings should be conducted at other places rather than in their own practicing clinics because it will increase affectivity and sincerity in the training schedule and even in the staff members because they are not able to concentrate much during working hours in the clinic or the hospitals.
4. As QA is conducted 4 times in a year, small re-trainings should also be conducted so that behavior change can be done.
5. Handouts and manuals should be provided to the doctors and staff members of infection prevention and safe waste disposal practices.
6. Chart and other IEC material should be pasted within the hospital or clinic premises showing safe practices, so that staff members can recollect whenever they want.
7. Training of the untrained and unqualified staff should be done so that they can follow adequate practices.
8. Discussions to be made with the participants in order to know the problems faced by them when they put these taught issues in practice.
9. The Merrytarang members should be those women who are willing to work other than ASHA and AWWs. Those women can be influential women of the community or women like teachers, wife of pradhan, etc. Such women can be motivated more and the results can be better.

10. Training manuals should be upgraded accordingly with passage of time and availability of new practices.
11. Feedback to be taken from the participants in the training session and the feedback to be analyzed to make further changes in the training aids.
12. During the QA visits a refresher training session on waste management and infection prevention to be conducted especially in the facilities that have scored very low in these segments.
13. Quality assessment done half-yearly can be analyzed so that hospital or clinic can be suggested for improvements in infrastructure, equipments, cleanliness, safe practices, etc
14. Continuous monitoring and supervision needs to be done on these hospitals and staff so that quality of services can be improved.. As in majority of the hospitals and clinics in Uttar Pradesh don't have qualified and trained nursing staff, so it becomes a necessity to train and educate them in every possible way because ultimately this would affect the patient and quality of care especially maternal and child health. Regular medical audits and quality assessment should check the cleanliness and sterilization of the equipments. Trainings and follow-up trainings are required in the forms of role-play, video and audio aids, through printed aids, and live demonstrations to make training more interesting and effective.

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APPENDIX I

MERRY GOLD HEALTH NETWORK

AGENDA - TRAINING PROGRAM FOR L1 FRANCHISEE HOSPITALS

Objectives of the training program: At the end of the training, the participants will be able to:

1. Work as a team to provide high quality care to women, newborns and children
2. All staff members to understand their job description and discuss few administrative procedures related to medico-legal issues.
3. Obstetricians will discuss, the different procedures and protocols for providing effective obstetric care
4. All staff will discuss and demonstrate the steps for infection control and waste management
5. All the Nurses will be able to discuss and demonstrate procedures and nursing protocols laid down for effective client care and management.
6. Family planning-all the methods of FP will be discussed in detail and practical demonstration of No touch technique of IUCD loading and insertion will be imparted to doctors and paramedical staff

Day 1

Observations and preparation for the training program

1. Observe the hospital building and infrastructure available with L1 hospital. Observe ward condition; reception and administrative area, infection control and cleanliness, waste disposal around the area and different activities and procedures.(09:00am-9:30am)

2. Organize training venue and preparation for next 3 days

Time	**Session (For all staff)**
1100hrs-1130hrs (along with the welcome tea)	Welcome, Registration and introduction, pretest, participants' expectations and objectives of the training program
1130- 1215	Team building exercises. Recognizing one's strength and contribution to saving lives, Feelings chart. Appearance, general behaviour and client relationship management, customer care.
1215-1330 hrs	Operations manual and Legal issues
1330-1400	**Lunch**
1400-1515	ANC – Steps and procedures (demonstration and discussion)(Module 1)
1515-1530	**Tea**
1530-1615	• Normal Labour and Partograph • Fetal distress • Prolonged and obstructed labour

	• Third stage of labour • PPH • Anemia in pregnancy • Hyperemesis gravidarum • Bleeding in early pregnancy • When to refer
1615-1700	• Hypertensive disorders • Preterm Labour • APH • PPROM • Breech Presentation • CS/VBAC
1700-1800	• Post partum care • Puerperal Sepsis • Cord Prolapse

Day 2

Time	**Sessions**
0930 - 1115	• Rapid initial assessment and management of shock
1115-1130	Tea and recap of previous day sessions
1130 - 1145	Family Planning-An Overview of FP programme in India
1115-1330	Overview of FP methods
1330-1400	Lunch
1400-1800 (tea in between)	• Introduction to Anatomical Model and copper bearing IUCD with No Touch Loading • Cu-T 380 A insertion and removal & Practice on Zoe model • Client assessment for IUD • Medical Eligibility Criteria-for IUD • Follow up care and potential problems with IUD

Day 3

Time	**Session**
0930-1230	Practice session

1230-1315	• Vital signs measurement • Bed making • Mouth care • Hair care • Sponge bath • Back care. • P/V cleaning • Dressing • Assisting in Breast feeding • Movement of client. • Basic NeoNatal care
1400-1515	• Offering Bed pan • Injections • Oral Medication • Article Management • Counseling of clients • Record keeping • Posture maintenance • Maintaining Integrity
1530 - 1700	Contd…
1700-1800	Post training questionnaire and conclusion of the session

Morning Tea, Lunch and Evening Tea will be served

APPENDIX II

MERRY GOLD HEALTH NETWORK

AGENDA – INDUCTION TRAINING PROGRAM FOR L2 FRANCHISEE HOSPITALS

Objectives of the training program

1. Doctors will discuss, the different procedures and protocols for providing effective obstetric care
2. Discuss and demonstrate the steps for infection control and waste management
3. All the Nurses will be able to discuss and demonstrate procedures and nursing protocols laid down for effective client care and management

Time	Session	Facilitator/s
15 minutes	Welcome, Registration and introduction, participants' expectations and objectives of the training program	Training team
15 minutes	Appearance, general behaviour and client relationship management, customer care.	Training team
1 hour 30 minutes	• Purpose and Importance of infection control and waste management (10 min) • Surgical hand scrubbing and wearing gloves (20 minutes) • Antiseptics and Disinfectants (15 minutes) • Processing instruments and other items (30 minutes) • Waste management (15 minutes)	Training team will demonstrate the procedures.
1 hour	ANC and Family Planning • Dos and Don'ts in pregnancy • Danger signs in pregnancy • Birth preparedness and complication readiness • Care in post-natal period • Family Planning	Training team

APPENDIX III

Demonstration of use of bleaching powder

Wearing of gloves and hand washing