SUMMER INTERNSHIP PROGRAM

at

QUALITY ASSURANCE

NHM, RAJASTHAN

From 6th May 2024 to 5th July 2024

A REPORT BY

Dr. Vipin Khaneja (P.T.)

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

DR. Jagajeet Prasad Singh

(ASSOCIATE PROFESSOR)

Government of Rajasthan
National Health Mission, Rajasthan
Department of Medical, Health & FW, Swasthya Bhawan, Jaipur
Tel.No.0141-2229108, Email ID: spm_raj.nrhm@yahoo.com

No. F 2 (153) NHM/SPM/2024/ 843 Dated: 5/7/24

CERTIFICATE

This is to certify that **Dr Vipin Khaneja**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed his Summer Training at National Health Mission, Rajasthan from 06/05/2024 to 05/07/2024. He has worked on the project-

ASSESSMENT OF PHC GONER, JAIPUR II UNDER QUALITY ASSURANCE PROGRAM BY USING PRE-DEFINED STRUCTURED CHECKLIST

His performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

(Dr Jitendra Kumar Soni)
Mission Director, NHM
Special Secretary
Medical Health & Family Welfare

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Vipin Khaneja of** the academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared poster with respect to his summer internship held during May-July 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 25/07/ 2024

Jagajeet Prasad Singh
(Signature of Faculty Mentor)

Dr. Jagajeet Prasad Singh

Professor

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Quality Assessment of PHC Goner, Jaipur II Using a Structured Checklist

ORGANIZATION PROFILE

The National Health Mission was launched by Government of India on April 12,2005 to provide rural people , particularly vulnerable groups , with accessible, affordable, and high-quality healthcare.

Vision: To emerge as the preferred healthcare provider among all public and private health facilities in Rajasthan

Mission : To Strengthen the health of our community by providing accessible , compensate quality health care through a team of committed and value based professional.

ABOUT NQAS

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

OBJECTIVE:-

- Evaluate the performance of PHC Goner using the NQAS checklist.
- Identify areas for improvement in various departments.
- Train staff on maintaining high standards of healthcare delivery.

Methodology

Study design: Observational Study.
Study area: NHM, Jaipur, PHC Goner, Jaipur II
Study period: 2 months.
Study tool: NQAS checklist for PHC

Internal Assessment

1. **Self-Assessment:** Using the NQAS framework, the facility performs a self-evaluation across eight key areas
2. **Data Collection:** The facility gathers evidence to demonstrate compliance with each standard

External Assessment

1. **Document Review**: Assessors review the facility's self-assessment documents and collected evidence to get a preliminary understanding of their compliance
2. **On-Site Visit**: Assessors conduct a site visit to the facility and evaluate various departments
3. **Data Collection** : During the visit, assessors use various tools and techniques to gather data
4. **Analysis and Scoring**: Assessors analyze the collected data (observations, interview responses, documents) to assess compliance with each NQAS standard within the eight key areas. Scores are assigned based on a pre-defined scoring system
5. **Feedback and Recommendations:** After the visit, assessors provide feedback to the facility on their strengths and areas for improvement. Recommendations are made for areas that don't meet NQAS standards.

COMPLIANCE AND SCORING SYSTEM

Rules for Scoring
2 marks full compliance
I mark for partial compliance
0 Marks for Non-Compliance
The formula for percentages is
Obtaining a score X 100 / the number Of Checkpoints in the Checklist X 2

Importance of NQAS

- Improved Quality of Care
- Patient Rights and Safety
- Public Confidence
- Standardization and Efficiency

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL LEARNING

- I saw how theoretical concepts translate into real-world actions.
- I picked up unspoken and unwritten things from colleagues, mentors, and observation.
- I made errors and learn valuable lessons that help refine my skills.
- I experienced how practical knowledge is shared and applied in a team setting.
- I improved my communication, time management, and interpersonal abilities, which are essential in any workplace.

USEFULNESS OF INTERNSHIP

- Internship have confirmed my interest in a particular field and helped me realize it's the right fit.
- I made connections with professionals in industry who could offer guidance or potential job leads.
- Internship experience make me a more competitive job candidate.
- I learned to take initiative, manage my own workload, and work independently.
- Get to know the exact situation of the health care sector and work of NHM during our orientation session scheduled for a week.

SWOT

S
- Free drug and diagnostics services
- Good structure
- Well equipped facility
- Effective implementation of National Health Programs

W
- Lack of programmatic training and capacity building
- Shortage of few categories of staff.
- Some lab tests an investigations are not available

O
- Training and development for healthcare professionals can improve the quality of care
- Better management of Human Resources
- High potential to implement the quality assurance program

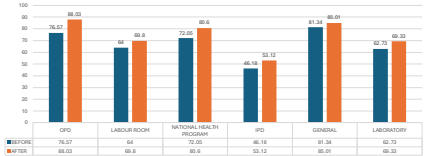
T
- Low government fundings
- Political interference

Pre Intervention PHC Score Card			Post Intervention PHC Score Card		
OPD	PHC GONER SCORE	LABORATORY	OPD	PHC GONER SCORE	LABORATORY
76.57	70.58	62.73	88.03	77.85	69.33
LABOUR ROOM		NATIONAL HEALTH PROGRAM	LABOUR ROOM		NATIONAL HEALTH PROGRAM
64		72.05	69.80		80.60
IPD		GENERAL	IPD		GENERAL
46.18		81.34	53.12		85.015

Area of Concern wise Score

Service Provision	Patient's Right	Input	Support Services
69.82	66.46	66.21	81.25
Clinical Services	Hospital Infection Control	Quality Management	Outcome
76.41	62.66	76.99	32.85

BEFORE AND AFTER INTERVENTION PHC'S SCORE



LEARNINGS AND VALUE ADDITIONS

- Developed critical thinking and troubleshooting skills by tackling challenges.
- Learned to use the NQAS tools.
- Acquired practical knowledge by working in the field.
- Gained experience in delivering projects, planning and executing.
- Improved verbal communication skills by interacting with colleagues, clients, and supervisors.
- Build relationships with professionals in field, which can lead to future job opportunities.

CHALLENGES FACED DURING INTERNSHIP

- Harsh environmental conditions.
- Difficulty motivating staff to consistently engage in quality improvement activities.
- Limited budgets hindering upgrades, maintenance, and staff incentives.
- Insufficient staffing levels impacting service delivery and staff workload.
- Lack of training opportunities for staff to develop skills and knowledge.
- Unfamiliarity with Standard Operating Procedures (SOPs)

Recommendations

- Implement a system to recognize and reward staff for their efforts in quality improvement. This could involve small bonuses, extra time off, or public acknowledgment of their achievements.
- Encourage staff to take ownership of quality improvement initiatives and give them the autonomy to implement their ideas.
- Conduct regular training sessions offered by government agencies.
- Conduct regular training sessions to familiarize staff with SOPs and ensure they understand their importance.

Name: Vipin Khaneja
Roll No. :1884
Stream: MBA Hospital & Health Management
Faculty Mentor: Dr. Jagajeet Prasad Singh
Organization Mentor: Dr. Khushboo Jain,
(Additional state program Officer Quality Assurance)

Name of the Organization: NHM, Rajasthan

Weekly Report

Week 1

Area/ Department/ Project of Summer Internship Program: Not yet allotted.

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 1 **From: 6th May 2024 to 9th May 2024**

Activity Done	• The week started with the Orientation of different National Health programs that are operational in the state of Rajasthan. • Directors or State Program Officers generally introduce and teach about the concerned National Health Programs. **Following is the day wise list of programmers introduced:** • **1st Day:** Family Welfare, Immunization & Supply Chain, Mobile Medical Units, Ayushman Arogya Manthan, PreConception and Pre-Natal Diagnostic Techniques Act. • **2nd Day:** Quality Assurance, Community Health, Mukhyamantri Nishulk Dava Yojna, Mukhyamantri Nishulk Jaanch Yojna, Maternal Health • **3rd Day:** National Programme for Prevention and Control of Non-Communicable Diseases, National Vector Borne Disease Control Programme. • **4th Day:** Integrated Disease Surveillance Programme
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • Epidemiology and Demography was widely used to discuss the disease prevalence of different districts of Rajasthan. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't performed any gap analysis to figure out the gaps as still the orientation is going on. • But from the lectures that we have received on different health programs we have figured out that despite efforts by the govt., are some the gaps that are hindering the success of these National Health Programs: a) Behaviour/perspectives of population b) Lack of technology integration due to technical limitations c) Lack of interpectoral coordination d) Lack of proper training and knowledge e) Resistance to change

Suggestions for improvement	**NA**
Plan for the next week	• The orientation would continue for the first two days of the week. • Then we'll be asked to choose a program of Interest and then we'll start working in our respective areas.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Name of the Organisation: NHM, Rajasthan

Weekly Report

Week 2

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 2 **From: 13th May 2024 to 17th May 2024**

Activity Done	• The week started with the Orientation of different National Health programs that are operational in the state of Rajasthan. **Following is the day wise list of programmes introduced:** • **1st Day:** RBSK, RKSK, NPCB, NIDDCP, NPPCF. • **2nd Day:** NUMH, ASHA, DEO-FW, NOHP, NTEP. • **3rd Day:** Assigned to Quality Assurance Department. And brief about the department. • **4th Day:** Trained about the reporting system and database of the NQAS. • **5th Day:** Visit to the UPHC.
Linking theory (Classroom learning) with practice at your organization	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • Epidemiology and Demography was widely used to discuss the disease prevalence of different districts of Rajasthan. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't performed any gap analysis to figure out the gaps as still the orientation is going on.
Suggestions for improvement	**NA**
Plan for the next week	• The visit to the PHC or UPHC.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 3

Name of the Organization: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 3 **From: 20th May 2024 to 24th May 2024**

Activity Done	• **1st Day:** Visit to the UPHC. For the review the NQAS Checklist. • **2nd Day:** Research Paper review on NQAS hospital in India. • **3rd Day:** Prepare Literature Review on 10 different research papers of NQAS & KAYAKALP certified hospital. • **4th Day:** Trained about the SOPs of the PHCs. • **5th Day:** Trained about the Checklist of the PHCs.
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't performed any gap analysis to figure out the gaps as still the orientation is going on.
Suggestions for improvement	**NA**
Plan for the next week.	• The visit to the PHC

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 4

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 4 **From: 27th May 2024 to 31st May 2024**

Activity Done	• **1st Day:** Visit to the UPHC Khakkharas. For the review the NQAS Checklist. • **2nd Day:** Visit to the PHC Bilwa. For the review the NQAS Checklist. • **3rd Day:** Visit to the PHC Goner. For the review the NQAS Checklist. • **4th Day:** Meeting & reporting to the Organisation Mentor. • **5th Day:** Provided training to the staff of the PHC Goner about the NQAS checklist.
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't performed any gap analysis to figure out the gaps as still the orientation is going on.
Suggestions for improvement	**NA**
Plan for the next week.	• The visit to the PHC Goner.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 5

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 5 **From: 3rdMay 2024 to 7thMay 2024**

Activity Done	• **1st Day:** Visit to the PHC Goner. Provided training to the staff about the NQAS checklist. • **2nd Day:** Internal assessment Done in the Laboratory as per the NQAS Checklist**.** • **3rd Day:** Internal assessment Done in the Laboratory as per the NQAS Checklist**.** • **4th Day:** Internal assessment Done in the OPD as per the NQAS Checklist**.** • **5th Day:** Internal assessment Done in the OPD as per the NQAS Checklist**.**
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• They were not provided with proper commodities to meet required National Qualities Assurance Standard. • This is creating a negligence from their side to observe and undertake required National Qualities Assurance Standard
Suggestions for improvement	Government Should address this concern seriously to meet Required NQAS certification standards.
Plan for the next week.	• The visit to the PHC Goner.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 6

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 6 **From: 10th May 2024 to 14thMay 2024**

Activity Done	• **1st Day:** Internal assessment Done in the Labour room as per the NQAS Checklist**.** • **2nd Day:** Internal assessment Done in the Indoor as per the NQAS Checklist**.** • **3rd Day:** Internal assessment Done in the NHP as per the NQAS Checklist**.** • **4th Day:** Internal assessment Done in the NHP as per the NQAS Checklist**.** • **5th Day:** Internal assessment Done in the General Admin as per the NQAS Checklist**.**
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• They were not provided with proper commodities to meet required National Qualities Assurance Standard. • This is creating a negligence from their side to observe and undertake required National Qualities Assurance Standard
Suggestions for improvement	Government Should address this concern seriously to meet Required NQAS certification standards.
Plan for the next week.	• The visit to the PHC Goner.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 7

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 7 **From: 18th May 2024 to 21st May 2024**

Activity Done	• **1st Day:** Action taken to full fill the gaps in the INDOOR and Labour room as per the NQAS Checklist. • **2nd Day:** Action taken to full fill the gaps in the General Admin & LAB as per the NQAS Checklist. • **3rd Day:** Action taken to full fill the gaps in the NHP & OPD as per the NQAS Checklist. • **4th Day:** Reporting to the Organization mentor about the action taken and the regarding the university poster**.**
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• They were not provided with proper commodities to meet required National Qualities Assurance Standard. • This is creating a negligence from their side to observe and undertake required National Qualities Assurance Standard
Suggestions for improvement	Government Should address this concern seriously to meet Required NQAS certification standards.
Plan for the next week.	• The visit to the PHC Goner.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Week 8

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no: 1884 **Stream: MBA Hospital & Health Management**

Week no: 8 **From: 24th May 2024 to 28th May 2024**

Activity Done	• **1st Day:** Prepared a detailed report in the reporting system of the organization for further working. • **2nd Day:** Submission of report and meeting with organizational mentor regarding findings. • **3rd Day:** Collection of data for preparation of report. • **4th Day:** Preparation of report and submission of finding. • **5th Day:** Presentation and further processing and photography.
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • The knowledge of the structure and working of public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• They were not provided with proper commodities to meet required National Qualities Assurance Standard. • This is creating a negligence from their side to observe and undertake required National Qualities Assurance Standard
Suggestions for improvement	Government Should address this concern seriously to meet Required NQAS certification standards.
Plan for the next week.	Reporting to the university.

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: NHM, Rajasthan

Department: Quality Assurance

Name of the Student: VIPIN KHANEJA

Roll no:1884 **Stream: MBA (Hospital and Health Management)**

Activity Done	This week commenced with a comprehensive orientation on various National Health programs operational in Rajasthan, led by Directors and State Program Officers. They provided in-depth knowledge about the programs, enhancing our understanding of their implementation and significance. Then we visited two Urban Primary Health Centres (UPHC) to evaluate their performance using the National Quality Assurance Standards (NQAS) checklist. These evaluations were crucial in assessing the quality of services provided and identifying areas for improvement. Additionally, we conducted reviews of the NQAS checklist at three different Primary Health Centres (PHC) in Jaipur, further expanding our quality assessment efforts. A significant part of the week involved providing training to the staff at PHC Goner on the NQAS checklist, equipping them with the necessary skills and knowledge to maintain high standards of healthcare delivery. Following the training, we conducted an internal assessment at PHC Goner, utilizing the NQAS checklist across six departments: OPD, Pharmacy, Laboratory, Indoor, General, and National Health Programs. This thorough assessment helped identify gaps and areas needing attention. To ensure continuous improvement, we took immediate action to address the gaps found during the internal assessment. By focusing on these gaps, we aim to enhance the quality of services in each department, ensuring better healthcare outcomes for the community. This week has been instrumental in reinforcing the importance of quality assurance and continuous improvement in healthcare facilities across Rajasthan. • NQAS**:** National Quality Assurance Standards - This is a set of criteria used to assess the quality of services provided at healthcare facilities in India. • UPHC**:** Urban Primary Health Centre - These are government-run healthcare facilities located in urban areas, providing basic healthcare services to the community. • PHC**:** Primary Health Centre - Similar to UPHCs, these are government-run healthcare centers in rural areas offering basic preventive and curative care.

	• OPD**:** Outpatient Department - This is a section of a healthcare facility where patients receive treatment without requiring hospitalization. • Indoor**:** This likely refers to the Inpatient Department, which is the section where patients are admitted for observation and treatment requiring hospitalization.
Linking theory (Classroom learning) with practice at your organization	**Theory:** Constructivism (Learning by Doing) **Application:** The training provided to the staff at PHC Goner on the NQAS checklist exemplifies a constructivist approach. This theory emphasizes that learners actively construct their knowledge through experiences. **Connection:** Here's how the training aligns with constructivism: • **Focus on Skills and Knowledge:** The training equips staff with the necessary skills and knowledge to maintain high standards of healthcare delivery as outlined in the NQAS checklist. • **Active Learning:** The training likely involved elements beyond just lectures. There could have been practical exercises, demonstrations, or role-playing scenarios where staff practiced applying the NQAS criteria in real-world situations. • **Building on Existing Knowledge:** The training presumably assumed some existing knowledge about healthcare practices. The NQAS checklist provided a framework for staff to organize and expand their existing knowledge into a specific quality assurance framework. **Impact:** By actively engaging with the NQAS through practical exercises, staff members are more likely to retain the information and apply it effectively in their daily work routines. This fosters a deeper understanding of quality standards and empowers them to contribute to continuous improvement at PHC Goner **Behaviorism (Positive Reinforcement):** Following the internal assessment, taking immediate action to address identified gaps can be seen as a form of positive reinforcement. By addressing shortcomings and recognizing efforts toward improvement, staff motivation and commitment to quality healthcare delivery are likely to increase.

Gaps identified on the working area.	• There are no extra clinics available e.g. eye, ear, mental etc. • Shortage of the IEC material • Maintenance of the things are done very rarely • Poor hygiene • Emergency item like splint is not available • Privacy of the patients are not taken care of • The staff is not well trained • Temperature is not maintained even in the necessary room's • Internal assessment of the PHC is not done periodically • Needles are being broken on the table. Cotton is not being used. Sprirt is also not available
Suggestions for improvement	**1. Limited Data on UPHC Performance (High Impact):** **Root Cause:** The report suggests a limited sample size for UPHC evaluations. This restricts understanding of the overall quality landscape across urban healthcare facilities. **Solution:** • **Standardized NQAS Assessments:** Develop a standardized approach to NQAS assessments for UPHCs in Rajasthan. This could involve creating a central database to collect and analyze data from all UPHCs using the NQAS checklist. • **Stratified Sampling:** Instead of random selection, employ stratified sampling to ensure representation from UPHCs in different geographical locations, sizes, and socioeconomic areas. This provides a more accurate picture of quality variations across the state. **2. Focus on Internal Assessment (Medium Impact):** **Root Cause:** The passage emphasizes internal assessment at a single PHC. This might not capture systemic issues prevalent across various healthcare facilities. **Solution:** • **Needs Assessment Surveys:** Conduct needs assessments across a representative sample of PHCs. This could involve standardized surveys for staff and patients to identify common challenges and areas for improvement beyond NQAS criteria. Tools like Fishbone analysis can be used to identify root causes of these issues. • **Benchmarking:** Identify high-performing PHCs within the state and conduct site visits to understand their best practices. This allows for knowledge sharing and replication of successful quality improvement strategies. **3. Sustainability of Training Impact (Medium Impact):** **Root Cause:** The report doesn't mention strategies to ensure staff retain and implement the knowledge gained from NQAS training. **Solution:** • **Cascading Training:** Train a core group of staff members (e.g., department heads) who can then cascade the training down to their respective teams. This creates a network of trainers within the facility. **Performance-Based Incentives:** Consider incorporating NQAS compliance into performance evaluations and potentially linking

	it to incentive programs. This motivates staff to actively implement the learned skills for improved quality. **Mentorship and Knowledge Sharing:** Establish peer mentorship programs where newly trained staff can receive ongoing support and guidance from experienced colleagues. Additionally, create knowledge-sharing platforms for staff to discuss NQAS implementation challenges and best practices. • Implement a system to recognize and reward staff for their efforts in quality improvement. This could involve small bonuses, extra time off, or public acknowledgment of their achievements. • Encourage staff to take ownership of quality improvement initiatives and give them the autonomy to implement their ideas. • Conduct regular training sessions offered by government agencies. • Conduct regular training sessions to familiarize staff with SOPs and ensure they understand their importance. .

VIPIN KHANEJA

Signature of the Student

Approved by the IIHMR University's Mentor