GAP ANALYSIS OF AYUSHMAN AROGYA MANDIR BEHLANA & HALLOMAJRA, NATIONAL HEALTH MISSION U.T.CHANDIGARH

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INTRODUCTION

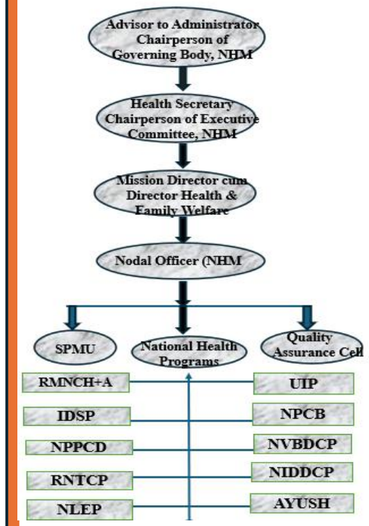
ORGANIZATION PROFILE

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

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

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

ORGANIZATIONAL STRUCTURE-NHM



PROJECT- GAP ANALYSIS AT AAM BEHLANA AAM HALLOMAJRA UNDER NHM U.T. CHANDIGARH

ABOUT AYUSHMAN AROGYA MANDIR

- Existing sub-health centers covering a population of 3000-5000 would be converted to health and wellness centers (HWC), with the "time to care" being no more than 30 minutes. Primary Health Centers in rural and urban areas would also be converted to HWCs.
- HWC is envisaged to deliver an expanded range of services that go beyond Maternal and child health care services to include care for non –non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health, and first-level care for emergencies and trauma, including free essential drugs and diagnostic services

.29th December 2022- India operationalized 1.5 lakh HWCs

OBJECTIVES

- To identify current gaps in AAM for effective, efficient & quality patient healthcare
- To facilitate smooth implementation of the Ayushman Bharat Digital Mission at the allocated AAM by supporting ABHA enrollment of maximum visiting patients and its seeding to various portals.
- To increase the enrollments, screening, treatment & referral of NCD.

METHODOLOGY

Formulation of checklist for gap analysis (NQAS, IPHS, Department checklist) → Primary Data collection through staff interviews, observation → Analysis & interpretation of the data collected in comparison to the expected values derived from OPD values. → Preparation & presentation of the report to the mission director, NHM U.TChandigarh

SWOT ANALYSIS OF AAM's

STRENGTH

Availability and affordability of free drugs and diagnostics

Easy access because of proximity to the community

Wide range of services with primary management including oral, eye, ENT, mental health ailments emergency care

WEAKNESS

Lack of adequate HR compared to the patients visiting the facility leading to long queues and waiting time Diagnostic test samples are collected only once a week and the patient must wait one entire week for results. Some essential drugs are out of stock and the patient must buy from outside. Proper follow–up is not recorded. Adequate equipment is not available.

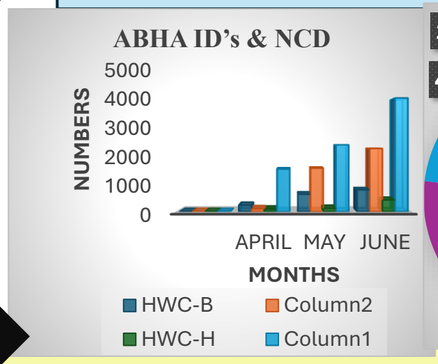
OPPORTUNITIES

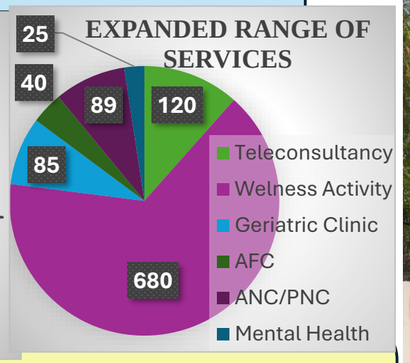
Better management of Human Resources. Proper orientation of health workers regarding various health initiatives e.g.-ABHA. Making all essential drugs available. Adequate utilization of available HR in multiple activities. Regular training and skill building were done by HR.

THREATS

Local private practitioners. ANM Strike due to work overload and insufficient pay because ANM's are performing the roles of both ASHA & ANM.Incentives are not provided regularly. Patient dissatisfaction due to long waiting times & unavailability of diagnostic equipment and diagnostics. Unable to adapt to technical advancements. Unable to understand the functioning of new GOI portals.

ANALYSIS & INTERPRETATIONS





SUGGESTIONS

Proper infrastructure. Separate refrigerator with a pharmacist for storage of injections Provision of giving Lab test results to patients at the earliest. A separate hall/space on rent for yoga sessions Delegation of responsibility to pharmacist/MPHW for ABHA ID generation of every visiting patient Looking into the working of ANMOL App and U-WIN Portal Integration of Anmol App, U-WIN and RCH portals Involvement of general members from in JAS committee.

LEARNINGS & VALUE ADDITION

I learned how to create a checklist for gap analysis according to the Ayushman Bharat guidelines. Worked on implementing Ayushman Bharat Digital Mission (ABDM)-ABHA ID generation and seed. Learned about the working of various IT portals and shared my learnings with all the medical and program officers under NHM, U.T. Chandigarh through a virtual training session which helped me improve my interpersonal skills. I got to know about various health initiatives of the government like PMSMA, JAS, Health Mela& theoretical principles in the field.

CHALLENGES

Time constraints to sustain the changes implemented The hesitation of the HWC staff to adapt to new health schemes & initiatives. Unavailability of a personal mentor. Lack of technical proficiency with the staff Staff members lack a proper understanding of the importance and what impact a health initiative they are working for can make at ground level