SUMMER INTERNSHIP PROGRAM

AT

NHM CHANDIGARH U.T

From 6th of May 2024 to 4th of July 2024

A REPORT BY

SARITA

MASTER OF BUSINESS ADMINISTRATION

(HOSPITAL AND HEALTH)

2023-2025

Under the mentorship of

Dr. VARSHA TANU

ASSOCIATE PROFESSOR

IIHMR UNIVERSITY

National Health Mission

Chandigarh Administration

STATE PROGRAMME MANAGEMENT UNIT

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Memo No: NHM-UT/ 3446 Dated 5/7/24

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Sarita D/o Sh. Manoj Kumar student of MBA (Hospital and Health Management) 2023-25 at Indian Institute of Health Management Research, IIHMR Jaipur has successfully completed her Internship Training from 06.05.2024 to 04.07.2024 in National Health Mission-U.T, Chandigarh. During this period, her performance was found to be Excellent.

09/07/24

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

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

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Dr. SARITA of the academic year 2023-25 of the Institute of Health Management Research, has prepared a poster with respect to her summer internship held during May - June 2024

She has carried out work as per the guidelines. her poster is approved for presentation

Date:23-07-2024

23/7/24

Dr. Varsha Tanu
Associate professor

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Gap Analysis of Ayushman Arogya Mandir Sector-19 and Sector-38, U.T. Chandigarh

Faculty Mentor-Dr Varsha Tanu
Organization Mentor- Dr Charru Singla ,Nodal officer

Presented By: Sarita(1818)
MBA,HHM 28,IIHMR University,Jaipur

INTRODUCTION

The National Health Mission (NHM)was launched by the Government of India in 2013 after integrating the NRHM and NUHM. Its main aim is to enhance the overall quality of healthcare delivery in rural and urban areas.

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

- Advisor to Administrator Chairperson of Governing Body, NHM
- Health Secretary-Chairperson of Executive Committee,NHM
- Mission Director cum Director Health and Family Welfare
- Nodal Officer (NHM)
- SPMU
- National Health Programs
- Quality Assurance Cell

National Health Programs:
- RMNCH+A
- IDSP
- NPPCD
- RNTCP
- NLEP
- UIP
- NPCB
- NVBDCP
- NIDDCP
- AYUSH

PROJECT- GAP ANALYSIS AT AYUSHMAN AROGYA MANDIR SECTOR-19 AND SECTOR-38 UNDER NHM U.T. CHANDIGARH

ABOUT AYUSHMAN AROGYA MANDIR

In February 2018, the government of India announced the creation of 1,50000 Health and Wellness Centres (HWCs) by transforming existing Sub Centres and Primary Health Centres . These centres would deliver Comprehensive Primary Health Care bringing healthcare closer to the Doorstep of people covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services

OBJECTIVES

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

SWOT Analysis

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

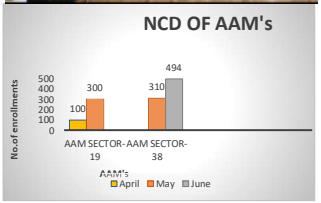
WEAKNESS
- Lack of adequate HR and adequate training compared to the patients visiting the facility leading to long queues and waiting time
- Diagnostic test samples are collected only once a week and the patient has to wait one entire week for results.
- Some essential drugs are out of stock and the patient has to buy from outside.

OPPORTUNITIES
- Better management of Human Resources.
- Proper orientation of health workers regarding various health initiatives e.g.-ABHA.
- Making all essential drugs available.

THREATS
- Dissatisfaction in Front Line Workers because Incentives are not provided in time.
- Patient dissatisfaction due to long waiting times & unavailability of diagnostic equipments .
- Unable to adapt to technical advancements

METHODOLOGY

- Observational Study
- We were provided with 3 checklists for Gap Analysis(NQAS, IPHS, Departmental checklist)
- Primary Survey - Interviewed Front Line Workers with the help of checklists
- Analysis and interpretation of the data collected
- Preparation and presentation of the report to The Mission Director, NHM, U.T. Chandigarh

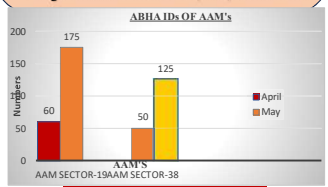


SUGGESTIONS

- Outreach sessions should be conducted effectively and timely
- Delegation of responsibility to Pharmacist/MPHW for ABHA ID generation of every visiting patient
- ANMs should be provided timely incentives for NCD screening
- Patients feedback need to be taken
- Suggestion box for patients should be installed
- Integration of U- WIN and RCH portals

LEARNINGS AND VALUE ADDITIONS

- Learnt about the functioning of HWCs
- Worked on implementing Ayushman Bharat Digital Mission (ABDM) - ABHA ID generation and seeding.
- Contributed in terms of Enhancing the number of NCD screenings by three-fold
- Learnt about the working of various IT portals and helped ANMs to learn more about the NCD portal which enabled me to improve my interpersonal skill
- Got to know about various health initiatives of the government like PMSMA, JAS, Health Mela



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
- Laid back attitude of the staff members which resulted in their underperformance

Weekly Report-1

Name of the Organization**: NHM CHANDIGARH**

Area/Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, sector 19, Chandigarh**

Name of the Student**: SARITA**

Roll no: **1818** Stream: **MBA HHM**

Week no: 1 From: **8th MAY 2024 to 14th May 2024**

Activity Done	I Have been assigned 2 Aayushman Arogya Mandir for two months (one month for each). We got our joining on 8th May. **8th May (first day)** – On the first day Nodal Officer of NHM CHANDIGARH briefed us about all the portals that are currently active. She explained what our duty will be for these two months (we have been provided HWC guidelines, IPHS guidelines, and NQUS guidelines – we have to fill these guidelines as per the facility provided in particular Ayushman Aarogya mandir. We have to mainly focus on ABHA ID, NCD screening and enrollment, RCH portal, 12 Expended range of services in Aayushman Arogya Mandir, whether the JAS meeting conducted properly or not, IEC material display in AAM or not, etc. We have to see the whole workings of AAM and have to submit weekly reports to the Nodal officer. In reports we have to mention best practices of that HWC, GAPS, and over achievement in improving that AAM **9TH MAY** – We went to our assigned AAM and introduced ourselves to the medical officer of the facility. **10th May** – on the 9th and 10th May it took me 2 days to understand the working of all portals, then I gathered information about the staff members there who all are posted in that AAM and I prepared an organogram. **11th May** – I Started observing whether all portals are up to date in HWC and which portals ARE not taken into account, due to what reasons those portals are not up to date.

	13th May- health mela was conducted, I motivated people to get screened for NCD and TBHV motivated them to get screened for TB if they have had a cough for more than 2 days. **14th May** –Every Tuesday Antenatal care is provided(vaccination of pregnant females is done and then folic acid, iron, and calcium tablets are given to them according to month) on that day I learned about which all Antenatal services are provided to pregnant women in HWCs.
Linking theory (Classroom learning) with practice at your organization	• Prior knowledge about AAYUSHMAN Bharat Mission (ABHA IDs), non-communicable diseases, and the NCD program. • Knowledge about HWCs and their working • Knowledge about IEC material
Gaps identified in the working area.	• Only 2% of ABHA IDs are created. • Improper utilization of the HWC portal. • Less no. of NCD screening & enrolment. • Lack of knowledge and training to staff for the operation of portals. • People are not made aware of ABHA ID's. • The HWC register is not up to date. • PMJAY Cards not made. • Seeding of ABHA ID with DVDMS portal not done. • **No** suggestion box for patients.
Suggestions for Improvement	• IEC material to display on LED Screens. • Create more no of ABHA IDs • Create awareness among people about the importance of ABHA IDs • Get more no of people screened for NCD
Plan for next week	• To know about the IDSP portal • TO accompany ANM for the outreach program • Reaching the daily targets of ABHA ID creation • NCD enrollment and screening

Signature of the student

SARITA

Weekly Report-2

Name of the Organization**: NHM CHANDIGARH**

Area/Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, sector 19, Chandigarh**

Name of the Student**: SARITA**

Roll no: **1818** Stream: **MBA HHM**

Week no: **2** From: **16th MAY 2024 to 22nd May 2024**

Activity Done	**16th May** - On 16th of May I went to NHM to submit report . There SPMO mam checked our report and she guided us about what all we have not included in the report and briefed us again about what all should be their in the report, like I have not included about the demographic data(No of houses comes under sector 19 AAM, target population , eligible couple etc) and JAS meeting (Agenda and members of JAS Meeting) ,photos of health promotional activity was also not there in my report along with the matter ,etc and I also told madam about what all problems HWC staff is facing like some portals were not working properly , Sweeper was

	on leave so they need another sweeper for temporary basis. **17th MAY** - on 17th May SPMO mam send Data operator to check why portals are not working so I was with them (DO)explained them the issue HWC staff was facing , DO was checking it and was trying to solve the issues . **18th May** - 18th May (Saturday) is Immunization day. I reiterate immunization schedule and have done some entries on U- Win portal. **20th May**- On 20th May I have done entries In NCD portal and made some ADHA IDs.On this day JAS meeting was also conducted , I became a part of it and observed how it is conducted and what is the agenda discussed in JAS meeting . **21 st May** -On 21st May I have started filling IPHS checklist. Half of it I have completed on 21st May. I gathered information about the drugs which are available at the pharmacy and list of drugs which are not available at the AAM(HWC) **22nd May**- On 22nd May I went to NHM to submit weekly report . Nodal Officer - Dr Charru mam checked our report and she gave us NQUS checklist .She explained how we have to fill it ,

	what is 0,1,2 marking In NQUS check list. We have to see gaps according NQUS and then have to give action plan for it by 30th May.
Linking theory (Classroom learning) with practice at your organization	• Prior knowledge about Immunization Schedule, non-communicable diseases, and the NCD program, role of ANM. • Knowledge about HWCs (AAM)and their working
Gaps identified in the working area.	• JAS meeting was not conducted properly according to guidelines. • TO increase staff specially ANM there are 2 ANMs ,1 is on leave for 1 month . • ANC and Immunization room does not have cooler or AC • HWC(AAM) does not have complete essential drugs.
Suggestions for Improvement	• To conduct JAS meeting according to guidelines • To have Ac or cooler in immunization or ANC room • HWC (AAM) should have all the essential drugs.(according to list of essential drugs) • Create more no of ABHA IDs

	• Create awareness among people about the importance of ABHA IDs • Get more no of people screened for NCD
Plan for next week	• To complete NQUS checklist and IPHS check list along with the Gap Analysis in checklists • Reaching the daily targets of ABHA ID creation • NCD enrollment and screening

Signature of the student

SARITA

WEEKLY REPORT-3

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program: **Ayushman Arrogant Mandir ,sector-19 (Chandigarh (UT))**

Name of the student : Sarita

Roll no: 1818 Stream : MBA HHM

Week no: **3** From : **23rd June – 31st June**

Activity Done	**DAY-1** I worked on KAYAKALP CHECKLIST along with my MO and the staff ANM,DO,PHARMACY OFFICER. We discussed the whole checklist and the works that are need to be done are been noted down and then the records of each column are rechecked with the respected documents ,some of the works are to done by the NHM office MO officer wrote letter to the higher authority for the work to be done. Then After submission of the checklist our AAM got 6o.9% of score .To increase the score the work needs to be done. **DAY-2 –** Worked on IEC Material all the IEC material soft and hard copy according to NQUS are rechecked and many of the IEC material are need to replace with new one. Then we discussed one IEC material for ABHA id creation and its significance in local language and in Hindi will be played over Digi screens for the better understanding of the patients. Then one poster for NO smoking zone (COTPA), One on immunization schedule for child and for ANC visits of pregnant women. IEC material on NPHCE,NPCB,NMHP.IEC on oral cancer .We

	sent the list to NHM office for the approval and the dimensions of the poster. **DAY-3** Today I went for field visit along with ANM to ANGANWADI first we collected the data of Pregnant women of third trimester and newly born infants and neonates of different wards allotted to Anganwadi workers. Then along with the respective AWW we visited their house for the health check-up ,counselling, health education, family planning, for NCD enrolment, MCP card check, asked about consumption of IFA tab regularly and HRP patients are referred to the PHC for the vitals and then after consulting MO they are referred to higher facility. **DAY- 4** Today I started working on NQUS check list today I started with immunization section and family planning section. I coordinated with ANM & LHV for the categories in the check list and referred all the records regarding that for the scoring of the NQAS and the scores are allotted through OB(Observation),RR (records),SI (staff interview) 0,1,2 according to the % . Then we get the individual section scores and at the end complete score of the facility.

	DAY -5 Today I went to NHM office to submit my weekly report of the AAM sector-19, CHD then Nodal officer told some changes and I worked there for the correction of the changes that she told me and then I submitted it to her. **DAY-6** Today I worked for registering the AAM Under Clinical Establishment Act , the form was filled along with my MO some documents are uploaded that are necessary for the registration like the BMW authorization certificate, Registration certificate of MO, ID proof of MO**.** **DAY-7** Today I worked on IPHS standards ODK tool kit for assessment . I coordinated with MO, Pharmacy officer, NM and LHV for completion of the check list and referred all the records and listed all the records need to be renewed and need to be applied new and letter sent to pest control dept under IPHS standard and to water dept for the monthly bill for record maintenance. Then filled the different sections of the checklist and submitted for the individual scores and cumulative scores we got 34% due to lack of laboratory equipments,HR,and lack of infrastructure.

	DAY – 8 Today on 31st MAY we celebrated ANTI – tobacco day by taking oath along with the staff and OPD patients and organized awareness camp in nearby dharmshala and as well as oral check up camp.

Linking theory (classroom learning) with practice at your organization.	• . Prior knowledge about Ayushman Bharat Mission (ABHA ID's), Non-Communicable Diseases and NCD programme. IEC materials / BCC , Anti- tobacco day, NQUS • . Knowing about HWC's and PHC's.
Gaps identified on the working area.	• ANM's not getting incentives for JSY. • Ayushman cards need to be applied for the beneficiaries. • Awareness for E- Shram cards. • Unavailability of Lab diagnostic tests & equipment's and there is no permanent staff for LAB tests . • Lack of Audits at the facility for quality improvement. • Lack of Human resource as per NQUS . • Lack of Infrastructure at HWC- There is only 1 room for ANM's as well as for pharmacy they just divided that room for both. Lack of proper waiting room for patients, there no shed for vehicles, lack of proper drinking water facility for patients and staff, lack of ac room for MO and Staff. Examination room is away from the ANM's room. • The Area of the rooms are very less. • Lack of Staff and Funds – There is no separate staff for handling NCD portals only two ANM's have to handle all the manual registers and portals too. Same data they have to enrol in both portals and registers. • There is no DTO, pharmacist is dealing with the admission section and pharma section portals both and compilations of all portal's

	registrations. Funds are not been granted for JAS committee and meetings. • Lack Of knowledge- About the ABHA ID's and its importance in upcoming time among the people of that area. • Lack of training of staff about the portals and there seeding with ABHA Id's. • Lack of proper functioning of Gadgets for these portals- ANM's having TAB's but they don't work well patient had to wait for long for registering their data. • MO has given laptop it also works very slow they need to be changed.
Suggestions for improvement	• . Improving Infrastructure of HWC's. • . Providing funds for developing the infrastructure and for other activities to HWC's. • . Changing the gadgets like TAB's and Laptops respectively. • .Providing sufficient training and staff to handle the portals and for

	knowledge about the portals respectively. • Increasing awareness activities, health melas and wellness activities and counselling's for patients. • Renewal of records. • Changing of old IEC material according to NQUS.
Plan for the next week	• .Reaching the daily targets of ABHA id creations. • . NCD screening and enrolment and referrals. • . NQUS checklist, Field visit • IEC material display on Digi screens. • Apply for BMW authorization.

Signature of the student

Sarita

WEEKLY REPORT-4

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program:
Ayushman Arogya Mandir, Sector 19 (Chandigarh (UT))

Name of the student: Sarita

Roll no: 1818 Stream: MBA HHM

Week no: **4** From **1st July- 7th July**

Activity Done	**DAY-1** Punjab Elections **DAY-2 – Sunday** **DAY 3–** I collaborated with my Monitoring Officer to assess the discrepancies in the operations of the Health and Wellness Centre across 12 distinct departments: general administration, family planning, immunization, laboratory services, maternity health, general clinic, outreach programs, diagnostics, emergency services, child healthcare, and newborn healthcare. We thoroughly examined these twelve areas, identified the gaps, and documented them for further action. Subsequently, we worked closely with the staff from each department to analyze the identified gaps and collectively brainstormed solutions. We also collected relevant data and effectively implemented innovative strategies to address these gaps. **DAY-4** **Some Major gaps observed-** • There is no waiting area, shed, and waiting chairs & benches in AAM. • The percentage of linking **ABHA IDs to the NCD** portal is less due to technical issues in the portal, not able to link in the first visit of the patient it will be linked in the next visit. • Follow-up on the **NCD portal** is not maintained (for patients diagnosed with hypertension & diabetes). • There are very few registrations in the **NIKSHAY** portal and technical issues in the ANMOL APP.

	• Technical error in the **DVDMS p**ortal was not able to fetch the registered data of the patient in his/her next visit again the patient's data been entered as new patient and there is no monthly and yearly record of the patient. • ABHA ID seeding with **DVDMS** is not done due to technical issues of the portal. • Previous Data of registered patients is not visible in the **E-Hospital/NextGen Portal**. Only it is visible for one month of the previous month e.g.- Data of MAY is visible for the June month. • Only **CBCT i**s performed by the Lab technician. She visits AAM once a week and it takes 1-2 days for results. • **LT** is not available in AAM for Malaria Slides results, patients get results the next day. • There is **no Data operator** posted in AAM, the Pharmacist is performing the activities of Data operators. • Improper management of patients on some clinic days, due to fewer staff not able to give some time for the counselling of the patients at the same time they have to register the patient's data in registers and on the portal, • Few field visits are made by ANMs due to the Overload of OPD, updating all portals, and maintaining all registers. • **The RCH portal** will not run after 11 o'clock due to a busy server after that patient's data is not registered on the portal. • **The ANMOL app** is not working there is a technical error in the app. • The staff is unaware of creating **AYUSHMAN CARDS** for eligible people, there is no proper guidance provided to them • Many people's ABHA ID is not being able to create due to OTP on the registered mobile no., many patients don't remember the mobile number and

	many patients have lost their phones having that no., some have changed their phone number. • Registrations **in the NIKSHAY portal are few because CBNAAT Test enrolments are unknown** to the DO of the AAM and due to over workload on ANM. • Awareness **about the CBNAAT** test and as well as the visits of the CBNAAT Van's schedule's awareness is less amongst the people of that area. • Awareness & Health education is less given by MO & ANM due to heavy OPD. • ANMs are not getting incentives for NCD screening and also **for JSY**. • Online indent of drugs and diagnostics are not done due to technical error, they are following manual process. • Gadgets provided by the government works prolonged one of the important reasons which increase patient wait time and as well as ANM's work and time **DAY-5** **Major RECOMMENDATIONS** • A map chart of the facility with directions needs to be displayed. • Citizen Chart to be displayed at the entrance of the facility. • A list of availability of services needs to be displayed at the entrance of the facility. • IEC material needs to be replaced with the newer ones of (NPCDCS, NVBDCP, NPCB, NMHP, NDCP) • The linen cleaning schedule register needs to be maintained • Daily roaster of duties of staff to be maintained and updated every week.

	• Apply for Fire Safety NOC is required. • NO Smoking area sign to be displayed at different locations within AAM premises. • A record of the issuing of medical certificates along with its copy is required. • List of higher centers with contact no. to be displayed. • Quality team and their meetings need to be established and done respectively. • Quality Policy & Objectives are to be made. • Patient feedback need to be recorded and complaint box to be installed in the corridor. • SOP's to be displayed. • Specified day to be fixed for Adult Health Day. • Record of follow up of confirmed cases for ensuring adherence to DOT need to be maintained. • Record of referral cases to tobacco cessation centre to be maintained. • Record of vulnerable population along with their adress and contact no, to be recorded & updated at regular intervals. • Services provided at outreach sessions need to be displayed at relevant areas. • IEC material is to be available in local language. • Sanitary napkins are included in the ANM kit for outreach • MAS are planned to be formed and the records of their meetings need to be kept. • Defined format is planned tube provided to the ANM for referring the patients to UPHC in outreach session.

	• Home visit forms are made to be available to ANM during visits. • due list of immunization of the areas allotted to ANM to be made. • Planning is done to take feedback of patients during outreach sessions. • Health education & IEC activities regarding the harmful effects of tobacco use & passive smoke records are planned to be kept. • IEC of oral hygiene planned to display • Planned to display Snellen's chart. • Reporting on form 2 is planned to be done under NPHCE • Record of follow-up of referred patients planned to keep. • SUMAN display at point of use, • Tobacco cessation facility details to be displayed & referred cases are recorded. • The patients under DOT prescribed cat I & cat II drugs their records be maintained. • Planned to store LASA drugs separately. Eg, LA- Tramadol--- Losartan's—Diclofenac----Aceclofenac • Bin Card system in the medicine stock is planned to be done. • List of VED categorization planned to be displayed. • % of drugs list expired during the month. • A demarcated area is allotted as a breastfeeding corner. • Emergency Drug tray to be maintained. • Timing of opening/reconstitution of vial recorded on the vial. • Separate box for reused vials.

	DAY -6 Today I joined the new AAM (Ayushman Arogya Mandir) Hallomajra, I interacted with staff Today I observed all the functioning of the AAM. Today is the immunization clinic I observed how they deal with patients, how they update the MCP card and upload the record in the portals E-VIN, and arrangements were made for the AYUSHMAN cards generation Camp on Tuesday. **DAY -7** Today I went to NHM to submit my final report of the previous AAM .

Linking theory (classroom learning) with practice at your organization.	. Prior knowledge about Ayushman Bharat Mission (ABHA IDs), Non-Communicable Diseases, and the NCD program. IEC materials / BCC, Anti-tobacco day, NQUS, IMMUNIZATION Schedule, ANC, PNC visits. . Knowing about HWCs and PHCs.
Suggestions for improvement	• . Implementation of the action plan according to NQAS.. • Increasing awareness activities, health melas and wellness activities, and counseling for patients. • Renewal of records. • Changing of old IEC material according to NQUS.
Plan for the next week	• Ayushman cards generation Camp • Field visit • Anganwadi visit.

Signature of the student

Sarita

WEEKLY REPORT-5

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, Sector 38 (Chandigarh (UT))**

Name of the student: Sarita

Roll no: 1818 Stream: MBA HHM

Week no: **5** From **– 8th June – 13th June**

Activity Done	**DAY-1** I am currently working on the NQAS check list to ensure that the facility meets the requirements for NQAS inspection. My main task is to identify any gaps in the facility's compliance with the standardized checklist. It is expected that more than 75% of the facility will be eligible for NQAS certification. The check list consists of 12 sections, and I have started with the Maternity Health section. In this section, I have identified the gaps and taken steps to bridge them. This includes registering the records in a standardized manner, requesting IEC materials from higher authorities for display, and making changes to the presentation of data. Additionally, I have created specific corners, such as breastfeeding corners, to further improve the facility's compliance with NQAS standards. These measures will be continued and practiced consistently. **DAY-2 – Sunday** **DAY 3**-Today, I am collaborating with my MO and other staff members at this facility to work on the IPHS standards

	checklist. We are focusing on various departments, including general appearance and upkeep, outpatient department, diagnostic services, laboratory services, drugs and equipment, human resources, administration, quality assurance, and primary healthcare services. Our approach involves analyzing every aspect of the facility using a standardized checklist. This allows us to identify any gaps or areas that require improvement, as well as highlight the best practices. To streamline the process, we will be uploading the collected data onto the IDSP toolkit app. This will enable us to calculate individual segment scores and determine the overall percentage of compliance with IPHS standards. **DAY-4** Today, I focused on evaluating the cleanliness of the facility by following the Kayakalp checklist, which includes specific standards and parameters. I also calculated the overall percentage of cleanliness based on the checklist criteria. **DAY -5** Today,I have done immunization part of NQAS checklist , I identified gaps and tried to bridge some gaps, as I have leaned from my last facility how to measure indicators so I taught ANMs about how to measure indicators. **DAY 6** – JAS meeting (Jan Arogya Samiti) The JAS meeting is held monthly, with both internal and external members in attendance as per the standards.

	However, during the last meeting, only the internal members were present as the external members were absent. The agenda of the meeting included discussions on repairs of the infrastructure, equipment requirements, funds for special field visits, awareness programs organized by the organization, health checkup camps, and any necessary equipment or furniture. It is required that 70% of the members show support for the agenda, and once the meeting held.,request was sent to higher authority to release the funds.

Linking theory (classroom learning) with practice at your organization.	. Prior knowledge about Ayushman Bharat Mission (ABHA IDs), Non-Communicable Diseases, and the NCD program. IEC materials / BCC, Anti-tobacco day, IMMUNIZATION Schedule, ANC, PNC visits, JAS Committee . Knowing about HWCs and PHCs.
Suggestions for improvement	• . Implementation of the action plan according to NQAS. • Increasing awareness activities, health melas and wellness activities, and counselling for patients. • Renewal of records. • Improving feedback mechanism and installing complaint/suggestion box • Focusing more towards expanded range of services • Focusing over regular follow-ups • Changing of old IEC material according to NQAS.
Plan for the next week	• Outreach session • Health Mela • Anganwadi visit. • To complete NQAS checklist

Signature of the student

SARITA

WEEKLY REPORT-6

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, Sector 38 (Chandigarh (UT))**

Name of the student: SARITA

Roll no: 1818 Stream: MBA HHM

Week no: **6** From **– 14th June – 20th June**

Activity Done	**DAY-1-** 1. In my role within the HWC department according to HWC Departmental checklist, I was responsible for meticulously reviewing and confirming the functionality of various components such as the AAM Infrastructure, JAS meetings, and the utilization of untied funds. Additionally, I ensured the timely submission of JAS bills, monitored the proper functioning of GOI Portals, and assessed the effectiveness of the AAM building's branding through a comprehensive diagrammatic presentation of 12 expanded range of services. Furthermore, I oversaw the creation of ABHA ids and their integration with different GOI portals, as well as the implementation of E-Sanjeevani. I also tracked the number of available diagnostics out of 63, based on the HUB and Spoke Model, and monitored the availability of essential medicines out of 172. Moreover, I supervised the enrolment and screening process for NCDs, ensured the monthly conduction of Health talks and Health melas, and verified the outreach kit during outreach sessions. Lastly, I managed the feedback process and addressed any patient complaints in a timely manner. **DAY-2 -** Today, I had the opportunity to collaborate with the DOTs provider and volunteers. My primary focus was to gain a comprehensive understanding of their operations and then proceed to verify their monthly records. It was crucial to

	ensure that these records were up-to-date and in compliance with the NQAS checklist. During this process, I familiarized myself with the medication distribution system for both Normal TB patients and MDR patients. This system consists of two phases: the Intensive phase, which lasts for 56 days, and the Continuous phase, which spans 112 days. If the sputum test results remain positive even after the Continuous phase, the treatment will be extended based on the doctor's recommendation. For MDR patients, the TBHV of the GMCH 16 prepared a comprehensive kit containing 8-9 drugs, customized for each patient's name, the number of tablets, and the prescribed dosage. Typically, the treatment duration for these patients ranges from 6 to 9 months. **DAY 3**- Sunday **DAY-4** Bakrid (Holiday) **DAY -5** Today, I conducted an analysis of the pharmacy, general clinic, and general admin sections of NQAS. I collaborated with the staff from each department to review records and assess the need for updating and replacing posters. Additionally, I organized drugs alphabetically in the racks according to their expiry date, familiarized myself with the disposal process for expired drugs, and learned about the minimum drug

	range that triggers the pharmacist to reorder, including the 10% buffer stock. **DAY 6 -** I made note of the new IEC materials in alignment with NQAS guidelines. This month, we initiated the maintenance of records for the expanded range of services under NQAS, ensuring that all necessary information is accurately documented for future reference and quality assurance purposes and there was field visit in nearby Anganwadi. **DAY 7**- A health seminar was organized by NHM 16 at AAM hallomajra, focusing on topics such as hand washing, menstrual hygiene, family planning methods, and the distribution of IEC pamphlets related to family planning. The event also highlighted the celebration of Family Planning Month, emphasizing the importance of breastfeeding, kangaroo care, ORS mixing demonstrations, as well as providing pregnant women with IFA and calcium tablets for their health and well-being.

Linking theory (classroom learning) with practice at your organization.	. Prior knowledge about Ayushman Bharat Mission (ABHA IDs), Non-Communicable Diseases, and the NCD program. IEC materials / BCC, Anti-tobacco day, NQAS, IMMUNIZATION Schedule, ANC, PNC visits, JAS Committee ,Anganwadi, National programme on family planning, Knowing about HWCs and PHCs.
Suggestions for improvement	• Implementation of the action plan according to NQAS. • Increasing awareness activities, health melas and wellness activities, and counselling for patients. • Renewal of records. • Focus more on AFC and Geriatric clinic. • Improving feedback mechanism and installing complaint/suggestion box • Focusing more towards expanded range of services • Focusing over regular follow-ups • Changing of old IEC material according to NQAS. • Customization of NQAS checklist according to the facilities & infrastructure provided to HWC's is required for NQAS certified.

Plan for the next week	• Outreach session • ANC Clinic • International YOGA DAY celebration. • Immunization clinic • Ayushman Cards generation Camp extension.

Signature of the student

Sarita

WEEK REPORT-7

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, Sector 38 (Chandigarh (UT))**

Name of the student: Sarita

Roll no: 1818 Stream: MBA HHM

Week no: **7** From **– 21st June – 27th June**

Activity Done	DAY-1- • **Gap Analysis:** • Completed analysis of all 12 sections using the NQAS checklist. • Identified gaps in each section. **Action Plan:** • Developed an action plan to address the identified gaps. • Started implementation of the action plan in each section. **Recommendations/Suggestions:** • Made several recommendations and suggestions across all 12 departments. • Addressed the non-applicable parts of the NQAS to customize the tool for the PHC. • Adjustments aimed to increase the scores and make the PHC eligible for NQAS certification. • **Celebrated INTERNATIONAL YOGA DAY**. **DAY-2 - Breastfeeding Corner:** o Established for lactating females. o Equipped with IEC material and pamphlets to educate women about exclusive breastfeeding. o Installed appropriate signage for the corner. 2. **ORT Corner:** o Created to demonstrate the mixing of ORS during health talks. o Used to explain diarrhoea and the role of ORS in its management. 3. **Family Planning Corner:** o Set up to provide a range of family planning services. o Includes a choice of contraceptive methods.

	◦ Stocked with pamphlets and IEC material regarding family planning. These additions not only enhance patient education but also improve the overall quality of care provided at the PHC. **DAY 3**- Sunday **DAY-4** Made a comprehensive update to the facility in alignment with NQAS standards. 1. **Display of Materials:** ◦ Work instructions displayed in various departments. ◦ LASA (Look-Alike, Sound-Alike) drugs prominently marked in the pharmacy. ◦ Drugs arranged alphabetically for easy access and better organization. ◦ EDL (Essential Drug List) displayed. 2. **Analysis and Layouts:** ◦ Trend analysis conducted and results displayed. ◦ Layout of AAM (Accident and Emergency Management) displayed at the entrance. 3. **Zone Designations:** ◦ No smoking zones established. ◦ Danger zones clearly marked. These steps are crucial in enhancing the safety, efficiency, and overall quality of care at the PHC **DAY -5 O**utreach sessions in the Anganwadi are a fantastic initiative to provide essential health services to the community services provided during these sessions: 1. **Family Planning:** Offering a range of contraceptive methods and counselling.

	2. **Immunization:** Administering vaccines to children and adults. 3. **Counselling:** Providing guidance and support on various health issues. 4. **Referral to Higher Centres:** Referring patients to higher medical facilities when needed. 5. **Malaria Detection:** Screening and diagnosing malaria cases. 6. **Health Talks and Education:** Conducting sessions to educate the community on various health topics. 7. **Primary Management of Common Diseases:** Treating common illnesses on the spot. 8. **Follow-Up of TB and HIV Patients:** Monitoring and supporting patients with TB and HIV. 9. **Follow-Up of Geriatric Patients:** Providing care and follow-up for elderly patients. 10. **Adolescent Friendly Day (Quarterly):** Hosting special days focused on adolescent health. 11. **IEC Distribution:** Distributing Information, Education, and Communication materials. 12. **Providing Different Methods of Contraception:** Ensuring access to various contraceptive options. These sessions significantly enhance healthcare accessibility and education in the community. **DAY 6** - Furthermore, I made note of the new IEC materials in alignment with NQAS guidelines. This month, we initiated the maintenance of records for the expanded range of services under NQAS, ensuring that all necessary information is accurately documented for future reference and quality assurance purposes and there was field visit in nearby Anganwadi. Assigned the specific day for

	geriatric clinic, Adolescent friendly clinic, Oral health care and Tobacco cessation sessions were planned and initiated making micro plans for the sessions and health melas and awareness activities. **DAY 7-** Started celebrating World Population Day by this month till 11th July. Planned various sessions on Family planning, motivating both women/men for the usage of contraceptive methods, Spacing, Choice of Basket, Counselling for permanent method of family planning like tubectomy, Vasectomy etc.

Linking theory (classroom learning) with practice at your organization.	. Prior knowledge about Ayushman Bharat Mission (ABHA IDs), Non-Communicable Diseases, and the NCD program. IEC materials / BCC, Anti-tobacco day, NQAS, IMMUNIZATION Schedule, ANC, PNC visits, JAS Committee, Anganwadi, National programme on family planning, Knowing about HWCs and PHCs.
Suggestions for improvement	• Implementation of the action plan according to NQAS. • Increasing awareness activities, health melas and wellness activities, and counselling for patients. • Renewal of records. • Focus more on AFC and Geriatric clinic. • Improving feedback mechanism and installing complaint/suggestion box • Focusing more on expanded range of services • Focusing over regular follow-ups • Changing of old IEC material according to NQAS. • Customization of NQAS checklist according to the facilities & infrastructure provided to HWC's is required for NQAS certified. • Display of protocols, work instructions, SOPs, demarcated Areas according to NQAS.
Plan for the next week	• Implementing all other Action plans . • Display of IEC material • Display of IEC on Digi screens • Approval of the report in NHM • Receiving of completion Certificate

Signature of the student

Sarita

WEEK REPORT-8

Name of the Organization: **NHM CHANDIGARH (UT)**

Area/ Department/Project of Summer Internship Program: **Ayushman Arogya Mandir, Sector-38 (Chandigarh (UT)**

Name of the student: Sarita

Roll no: 1818 Stream: MBA HHM

Week no: **8** From **– 28th June – 4th July**

Activity Done	**DAY-1.** Based on the action plan formulated after analysing the gaps according to NQAS, Departmental Checklists, and IPHS standards, the following progress has been made towards completing the identified gaps: **Maternity Health Services:** 1. **Entitlements Display:** Installed and displayed entitlements under JSY and PMSMA in the maternal section of the IEC corner in the OPD/examination room. 2. **Notice Boards:** Notice boards installed in various locations displaying ambulance numbers. 3. **IEC Materials:** Displayed IEC materials on maternal health, ANC, PNC visits, and danger signs in pregnancy. A letter has been sent to the Program Officer requesting new IEC materials. 4. **Work Instructions:** Displayed work instructions for abdominal examination, counseling, and identification of high-risk pregnancies at the point of use/examination room. 5. **Rapid Urine Test Kits:** Indented rapid urine test kits for use during ANC visits. 6. **Readability of IEC Materials:** Ensured that all IEC materials were easily readable and available in the local language. 7. **Quality Team Formation:** Formed a Quality team with internal and external assessors for the internal assessment of maternity health services. 8. **Infrastructure and Facilities:** 9. **Signage:** Installed user-friendly, bilingual signage throughout the facility, including directional signs for different departments. **DAY 2 - Service Lists:** Displayed comprehensive lists of available services, including specific service days and timings.

	○ Added sanitary pads to the outreach kit. ○ Installed ramps, wheelchair access, and handrails throughout the facility. ○ Created disabled-friendly toilets with appropriate features. ○ Developed and implemented a written disaster management plan. ○ Installed fire alarms and emergency exit doors. ○ Conducted regular fire drills and staff training. ○ Conducted an annual electrical audit. ○ Installed digital displays to monitor voltage between neutral and earthing. ○ Ensured separate toilets for men, women, staff, and patients. ○ Developed and used a cleanliness checklist to monitor hygiene. ○ Established a regular cleaning schedule. ○ Displayed clear signage throughout the campus, including near entrances. ○ Ensured signage is bilingual and user-friendly. ○ Ensured laboratory services are available during all facility hours. ○ Demarcated areas for sample collection and testing. **DAY – 3 SUNDAY** **DAY 4**--Developed and implemented a mechanism for properly tracking SAM children and infants. ○ Proposed transforming the area with condemned articles into a waiting area. ○ Implemented a system to archive medical certificates provided to patients by documenting these records in a dedicated register and keeping a copy. ○ Developed a micro plan for IEC activities for the identification and removal of the stigma of mental disorders and greater participation

	of the community in the prevention of mental disorders. o Conducted proper counseling and linkage with the Tobacco Cessation Center and maintained records of follow-up patients. o Developed a micro plan for IEC activities for prevention and awareness of oral cancer, breast cancer, cervical cancer, hypertension, and diabetes. o Increased community involvement and participation by increasing outreach sessions and field visits. o Listed vulnerable populations and provided special care by identifying and conducting outreach sessions and maintaining records of follow-up patients. **DAY -5 Staff and Capacity Building:** o Suggested recruiting additional staff, lab technicians, and support staff. o Conducted capacity-building sessions for staff on various health services. o Formed a quality team with internal and external assessors for internal assessment of maternity health services. o Ensured all staff received Hepatitis B immunization. o Conducted training sessions on fire safety, biohazard management, and infection control practices. o Developed and implemented a defined schedule for linen changes and maintenance. o Conducted regular geriatric physiotherapy and home-based care. o Offered capacity-building sessions for family members and caregivers. o Scheduled regular eye and hearing check-ups. o Ensured proper counseling and linkage with the Tobacco Cessation Center and maintained a record of follow-up patients.

	○ Developed a micro plan for IEC activities for prevention and awareness of oral cancer, breast cancer, cervical cancer, hypertension, and diabetes. **DAY 6 - Ongoing Actions:** • Regularly calculating scores and percentages for various operational metrics. • Performing periodic trend analysis to identify areas for improvement. • Maintaining a record of patient complaints and feedback for service improvement. • Implementing a system for the regular disposal of outdated records. • Displaying 'No Smoking' signs prominently throughout the facility. • Ensuring the facility is properly ventilated with greenery around the premises. By systematically addressing the identified gaps through these actions, the facility is progressively aligning with NQAS, departmental checklists, and IPHS standards, thereby improving the quality and accessibility of healthcare services. **DAY 7** – Submitted the report of both the facilities both soft and hard copy and got the completion certificate from both DHS and mentor Nodal officer.

Linking theory (classroom learning) with practice at your organization.	. Prior knowledge about Ayushman Bharat Mission (ABHA IDs), Non-Communicable Diseases, and the NCD program. IEC materials / BCC, Anti-tobacco day, NQAS, IMMUNIZATION Schedule, ANC, PNC visits, JAS Committee, Anganwadi, National program on family planning, Knowing about HWCs and PHCs.
Suggestions for improvement	• SOPs, STGs, and IEC material need to be provided by the program officer by mail so that the score of their quality assessment will increase. • Infrastructure needs to be improved. • Staff should receive salaries on time. • Not applicable criteria of NQAS customization are required according to UPHC. • Implementation of the action plan according to NQAS. • Internal assessment and external assessment at frequent intervals are a must for improving the quality of care. • Audits should be there. • Field visits and awareness and screening camps for different Non-communicable diseases under different national programs are required. • Increasing awareness activities, health melas and wellness activities, and counseling for patients. • Renewal of records. • Focus more on AFC and Geriatric clinic. • Improving feedback mechanism and installing complaint/suggestion box • Focusing more on an expanded range of services • Focusing on regular follow-ups • Changing of old IEC material according to NQAS.

	• Customization of the NQAS checklist according to the facilities & infrastructure provided to HWCs is required for NQAS certification. • Display protocols, work instructions, SOPs, and demarcating Areas according to NQAS.
Plan for the next week	Completion of summer internship.

Signature of the student

Sarita