Gap analysis of AAM-Maulijagran and AAM-Sector 8, UT, Chandigarh using

- Departmental checklist
- NQAS checklists
- IPHS-ODK toolkit

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Organization: National Health Mission, UT, Chandigarh

About the Organization

The National Urban Health Mission (NUHM)
A sub-mission of NHM, approved by the Cabinet on 1st May 2013. It envisages meeting health care needs of the urban population with the focus on urban poor, by providing essential primary health care services and reducing their out-of-pocket expenses for treatment.

Project

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Learnings and usefulness of internship

- Gained firsthand experience with NHM and AAMs that provided insight into India's public healthcare infrastructure.
- Understood the challenges faced by primary healthcare facilities.
- Assessing the AAMs helped identify areas for improvement and propose solutions, demonstrating critical thinking and problem-solving skills.
- Learned about NQAS and IPHS, along with their role in assessing healthcare facilities, potential of telemedicine for improving access to specialist care.
- Developed communication and collaboration by interactions with healthcare personnel and patients.

Vision

Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

Objectives

- Evaluate adherence of the two facilities to the established Standards.
- Identify Service Delivery Gaps.
- Develop Recommendations for Improvement
- To maximise ABDM adoption by creation and seeding of ABHA.

Mission

To strengthen the health of our community by providing accessible, compassionate quality healthcare through a team of committed and value-based professionals.

Methodologies used

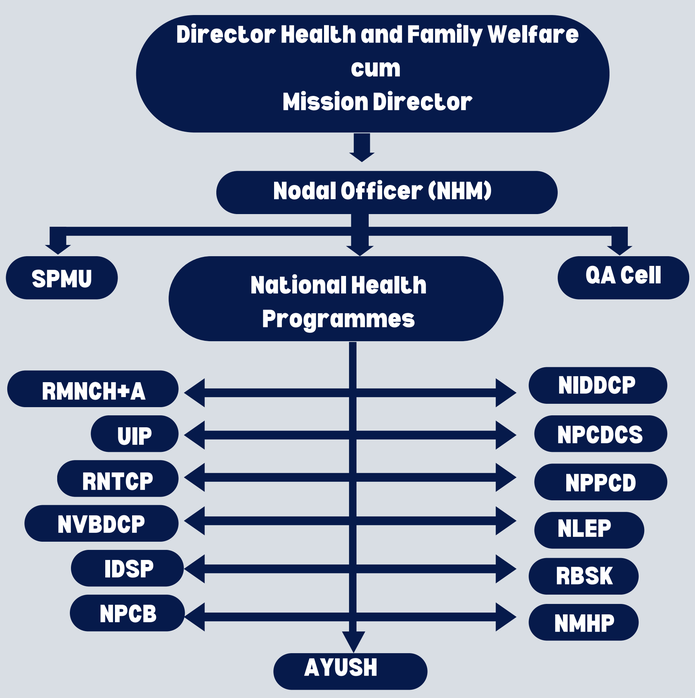
- Record Review
- Observation
- Staff Interview
- Patient Interview

Linking theory with practice at AAMs

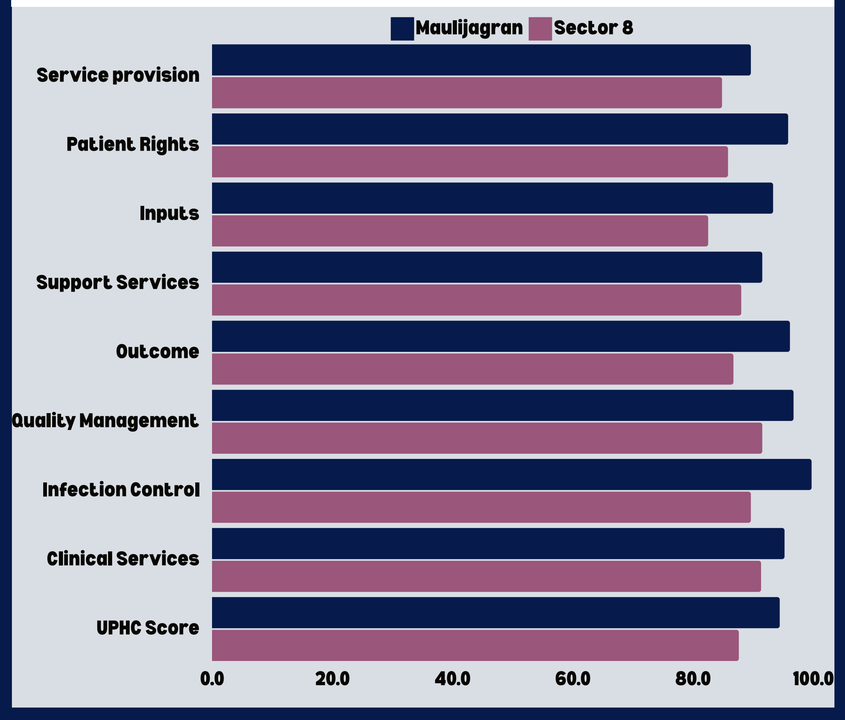
AAMs bridge the gap between public health theory and real-world application

- Hub-and-Spoke: Telemedicine connects remote areas (spokes) to specialist care (hubs).
- Quality Standards: NQAS and IPHS assessments (internal and external) ensure quality care delivery at AAMs.
- IEC Material : Effective IEC materials are required for community awareness.
- Performance Monitoring: Indicators and trend analysis guide future program needs.

Organization Structure



NQAS Scores for the two AAMs



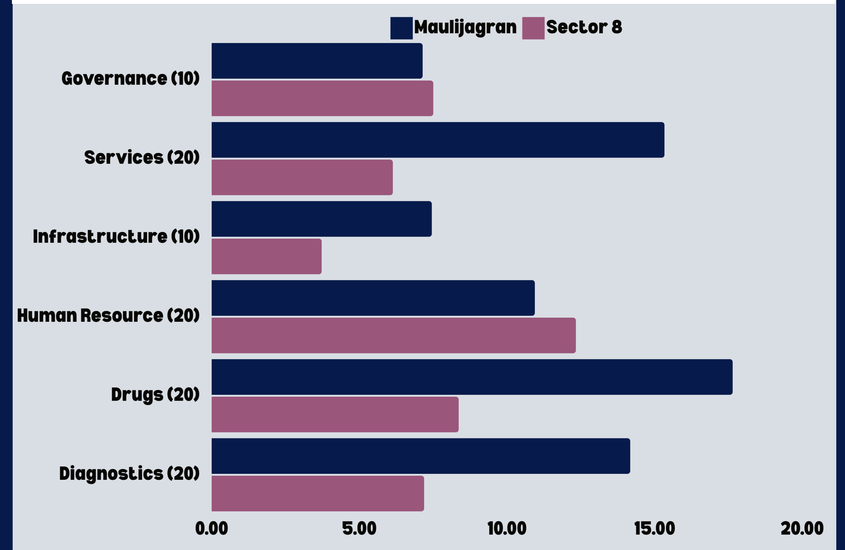
Challenges

- Difficulty obtaining records for review and conducting staff interviews due to busy schedule of staff caused by high patient footfall.
- Patients not carrying their Aadhar cards for OPD visit hindered ABHA creation and its seeding with various health portals.
- Unreliable internet connectivity and high patient footfall hindered data entry on portals and teleconsultations, creating a huge backlog.
- Staff lacked understanding of importance of quality data.
- Time constraints to sustain the changes implemented.

About Ayushman Arogya Mandirs

An attempt to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. There are 29 functional AAMs at Chandigarh.

IPHS Scores for the two AAMs



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SWOT Analysis of AAMs at UT, Chandigarh

Strengths

- Community outreaach potential
- Free drugs and diagnostics initiative
- 7+5 expanded range of services
- Hub and spoke model for teleconsultation and diagnostic services

Weaknesses

- Limited equipment, drugs and diagnostic facility (spoke)
- Unavailability of ASHA workers in Chandigarh leads to increased workload on ANMs, affecting data entry and data quality
- Unreliable internet connectivity and malfunctioning tablets

Opportunities

- Utilizing Multipurpose Health Workers for data entry & ABHA enrollment during downtime.
- Investing in upgrading internet to improve connectivity
- Alternative Data Entry devices to mitigate reliance on malfunctioning tablets

Threats

- Insufficient pay and increasing responsibilities of ANMs.
- Patient dissatisfaction due to delays in diagnostic reports in hub and spoke model.
- Dependence on government supply for drugs.

Recommendations

For AAM- Maulijagran

- Expand Wi-Fi coverage or consider mobile data expense reimbursement and let the staff manage it themselves.
- Establish procedures for local drug procurement.
- Decrease population perANM to reduce workload created by unavailability of ASHA workers.

For AAM- Sector 8

- Conduct regular trend analysis.
- Display timings of wellness activities at the front of facility to encourage more participation.
- Sanitary Beldars and MPHWs can be engaged into ABHA ID creation during downtime