SUMMER INTERNSHIP PROGRAM

At

NATIONAL HEALTH MISSION, CHANDIGARH

From 06/05/2024 to 04/05/2024

A REPORT BY

Mehak

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Vinod Kumar SV (Professor and Dean)

IIHMR UNIVERSITY

National Health Mission

Chandigarh Administration

STATE PROGRAMME MANAGEMENT UNIT

4th Floor, Administrative Block, Govt. Multi Specialty Hospital, Sector-16, Chandigarh

Phone No. 0172-2702924,2702927, Fax: 0172-2702924

Website: http://www.nrhmchd.gov.in, Email: nrhmchd@gmail.com

Memo No: NHM-UT/ 3448 Dated 5/7/24

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Mehak D/o Sh. Ravinder 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.

05/07/24

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. Mehak of academic year 2023-25 of 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: 22/07/2024

(Signature of Faculty Mentor)

Dr. Vinod Kumar SV

Professor and Dean

IIHMR University, Jaipur

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

- Departmental checklist
- NQAS checklists
- IPHS-ODK toolkit

Presented by: Dr. Mehak
MBA-Hospital and Health Management
Roll no. 1750

University Mentor: Dr. Vinod Kumar SV
Organization Mentor: Dr. Charru Singla
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.

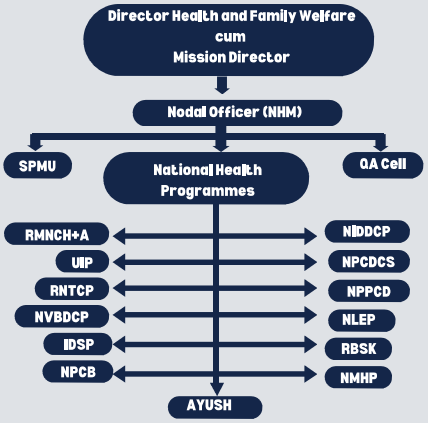
Vision

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.

Mission

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

Organization Structure



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.

SWOT Analysis of AAMs at UT, Chandigarh

Strengths

- Community outreach 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.

Project

Gap Analysis of AAM-Maulijagran and AAM-Sector 8 using Departmental checklist, NQAS checklists and IPHS-ODK toolkit

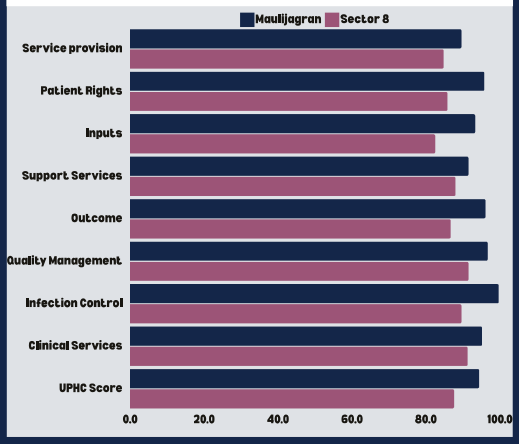
Objectives

- 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.

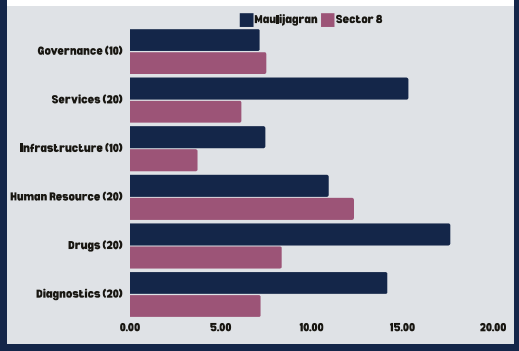
Methodologies used

- Record Review
- Observation
- Staff Interview
- Patient Interview

NQAS Scores for the two AAMs



IPHS Scores for the two AAMs



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 per ANM 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

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.

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.

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.

Gallery

WEEKLY REPORT 1

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Maulijagran

Week no: 1 **From:** 06/05/2024 to 11/05/2024

Activity Done	**Learning about NHM** • Understanding organizational structure, portals, hub-spoke model, teleconsultation. • Learning about lists of diagnostics and drugs available at various healthcare centres, human resource categories at NHM. **Prepared presentations for regional workshop** • Free Drugs and Diagnostics Initiative, Human Resource for Health, Ayushman Arogya Mandirs **Understanding Ayushman Arogya Mandirs (AAMs)** • Functions, services provided, supervision, community participation, facilities. **First posting at AAM-Maulijagran** • Observing daily operations, interacting with staff and community. • Identifying gaps in diagnostics, drugs, data entry, and cleanliness. • Analyzed the numbers and credibility of data entries done on public health portals like RCH, NCD, DVDMS. • Partially filled the departmental checklist for of AAMs by observation and record review- ccollecting data on area and population served, population structure, patient load, clinic days, daily OPD registrations with both medical and dental officers, number of beneficiaries under each ANM, JAS meetings, and health melas.
Linking theory (Classroom learning) with practice at your organisation	**Hub-and-Spoke Model** • District Hospital and Sub-district Hospitals as Hubs and AAMs as Spokes for Teleconsultation- This model ensures efficient delivery of specialized services (hubs) to peripheral areas (spokes) through telemedicine, improving access to care. **Importance of Data Collection and Analysis** • Accurate data entry in Public Health Portals is crucial for planning, implementing, and evaluating public health programs. The challenges faced (workload, internet) highlight the need for efficient data collection systems.

	Primary healthcare at AAMs • The expanded range of services offered at AAMs reflects a primary healthcare approach, focusing on preventive and promotive care at the community level.
Gaps identified on the working area.	**Infrastructure** • Inadequate infrastructure for wellness activities contributing to patient dissatisfaction and discouraging participation in yoga sessions. **Data Management** • Low volume of data entries on public health portals due to work overload on ANMs, insufficient time for data entry and unreliable internet connectivity. **Availability of Diagnostics and Drugs** • 29/63 diagnostic tests not available compared to IPHS 2022 standards. • 29/172 drugs not available compared to IPHS 2022 standards.
Suggestions for improvement	**Availability of Diagnostics and Drugs** • Ensure consistent availability of all essential medications as per IPHS 2022 standards by establishing a procedure for local procurement. **Data Management** • Reducing ANM workload by hiring additional staff for data entry and getting quality data. **Internet connectivity:** • Investigate internet connectivity issues and explore options for upgrading internet infrastructure or using offline data entry with later syncing capabilities. **Infrastructure and Facilities:** • Allocate resources for cleaning and maintaining the yoga area to create a more inviting and hygienic environment for participants.
Plan for the next week	• Understanding other portals like Next Gen e-Hospital, U-WIN, e-WIN, HMIS, and HWC. • Understanding the quality standards of AAMs with the help of NQAS checklists.

Dr. Mehak

WEEKLY REPORT 2

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Maulijagran

Week no: 2 **From:** 13/05/2024 to 18/05/2024

Activity Done	**Learning about Portals** • DVDMS for medicine dispensing and stock records, Nextgen E-Hospital for patient registration. **Teleconsultations** • Performed E-Sanjeevani consultations (doctor to doctor). **Data Entry** • Facilitated data entry on NCD portals. • Registered ANMs' mobile phones for portal access so that poor condition of tablets does not hamper data entry. • Created ABHA IDs for some patients. **Quality Assurance** • Completed checklists for: AEFI Surveillance (Immunisation), Kaya Kalpa (cleanliness and hygiene) and Laboratory services with the help of Medical officer, LHV, ANMs, MPHW, Pharmacist, Lab technician etc.
Linking theory (Classroom learning) with practice at your organisation	**Quality Assurance (NQAS)** • Completing NQAS checklists reinforces the importance of pre-defined standards in healthcare facility evaluation. • Observing NQAS criteria related to immunization and Kaya Kalpa highlights real-world application of public health initiatives.
Gaps identified on the working area.	**Technology and Equipment** • Poor internet connectivity and malfunctioning tablets. • Unavailability of registration facility for alternative devices to continue data entry. **Staffing**

	• Unavailability of both medical officers of the area (AAM-Maulijagran and AAM- Mauli village) on the same day as per duty rosters, causing inconvenience to patients and hampering primary healthcare. **Patient Awareness** • Lack of awareness about ABHA and EHR benefits, missing IEC material. • Patients do not bring Aadhar cards and linked phone numbers. • Lack of awareness about importance of immunization cards of children and misplacing them often. **Facility Management** • Stray animals entering the premises. • Unmaintained water supply system in staff washroom.
Suggestions for improvement	**Technology and Equipment** • Ensure proper internet connectivity and replace malfunctioning tablets. • Register ANMs' mobile phones for data entry as a backup. **Staffing** • Carefully monitor duty rosters to guarantee at least one medical officer available daily in the area. **Patient Awareness** • Procure missing IEC material from the program officer, explaining ABHA and EHR benefits. • Encourage patients to bring Aadhar cards and linked phone numbers. • Conduct community awareness drives on immunization cards. **Facility Management** • Implement measures to restrict stray animal entry. • Properly maintain the staff washroom water supply system.
Plan for the next week	• Completing NQAS and IPHS checklists.

Dr. Mehak

WEEKLY REPORT 3

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Maulijagran

Week no: 3 **From:** 20/05/2024 to 25/05/2024

Activity Done	**Quality Assurance Assessments** • Completed NQAS checklists for various departments: family planning, communicable diseases, general clinic, immunization, maternity health, dressing room & emergency and outreach. • Worked on IPHS checklists with staff members, identifying available and unavailable services, diagnostics, and medications. **Community Outreach** • Facilitated a health camp at AAM-Maulijagran, increasing reach through announcements at public gatherings. • The camp had demonstrations on dental hygiene practices for children and adults; menstrual hygiene and family planning counselling for women and adolescents; examination of ANC beneficiaries, including fundal height, FHR, and risk factor assessment; distribution of free nutritional supplements, tooth hygiene products, and medications.
Linking theory (Classroom learning) with practice at your organisation	**Standards Translated to Action** • Observing adherence to NQAS and IPHS requirements at AAM-Maulijagran showcased how theoretical frameworks translate into tangible actions that impact patient care. This provided a concrete understanding of how these standards shape day-to-day operations.
Gaps identified on the working area.	**Equipment and Supplies:** • Rapid diagnostic kits for malaria and leprosy drugs/services unavailable. • Otoscope and X-ray view box missing. • Fixtures unavailable for IUCD insertion and emergency area. **Emergency and disaster Preparedness:** • Emergency drug tray incomplete and poorly labelled. • No mock drills conducted for fire safety. **Community Engagement:**

	• Mahila Arogya Samiti not formed, hindering its functions.
Suggestions for improvement	**Emergency Preparedness:** • Regularly check and label emergency drug trays. • Conduct mock drills and fire safety training for staff. **Other Improvements:** • Address equipment and supply deficiencies. • Acquire missing fixtures. • Establish Mahila Arogya Samiti for community outreach.
Plan for the next week	• Being a part of JAS meeting • Preparation of final report of AAM-Maulijagran.

Dr. Mehak

WEEKLY REPORT 4

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Maulijagran

Week no: 4 **From:** 27/05/2024 to 01/06/2024

Activity Done	**Outreach** • Visited Anganwadi with ANMs for outreach session and immunization. **Not Applicable Standards sorted for revision of checklists** • Certain NQAS standards are not applicable on AAMs, and the checklists need to be updated. Therefore, sorted out the gaps and not applicable standards from all checklists. **Attracting new participants for ABHA** • Facilitated ABHA ID creation in waiting area to engage more people and create interest **Working on Final Report Preparation** • Started compiling the observations, score cards, best practices, gaps, recommendations for the final report to be submitted to the organization. **Health talks** • Gave health talks to mothers on breastfeeding techniques and the use of breast pumps, women with unwanted pregnancies about MTP options, TB patients on medication adherence, infection control, and nutrition.
Linking theory (Classroom learning) with practice at your organisation	**Aligning to public health framework** • Best practices of organization explain how they directly reflect principles learned in public health framework.
Gaps identified on the working area.	**No emphasis on mental health** • No IEC material available regarding mental health programs and there is no emphasis on mental health

	Services under National Iodine Deficiency Program not provided • Monitoring and reporting are not being done under National Iodine Deficiency Program and there is no system for checking the iodine presence in salt unlike other similar facilities. **National Deafness Control Program not functional** • No IEC material and awareness about deafness, reporting of cases is also not being done.
Suggestions for improvement	**Outreach as an opportunity** • Outreach services can be expanded for salt testing, mental health and deafness awareness, rather than being limited to vaccination and supplementation. • Malaria workers do not have much workload throughout the year and only smears are being prepared by them at the facility. They can accompany ANMs for outreach and engage in salt testing.
Plan for the next week	**Preparation and presentation of final report of AAM-Maulijagran.**

Dr. Mehak

WEEKLY REPORT 5

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Maulijagran

Week no: 4 **From: 0**3/06/2024 to 08/06/2024

Activity Done	**Final Report Preparation and presentation** • Completed the final report of AAM-Maulijagran and presented it to the Nodal officer and SPMU.
Linking theory (Classroom learning) with practice at your organisation	**Correlating NQAS and IPHS Standards with actual implementation**
Gaps identified on the working area.	**Overall gaps identified using the three checklists and are as follows:** **Facilities and Infrastructure** • Poor Wi-Fi coverage, unmaintained yoga area, lack of disabled-friendly toilets • Missing information displays (nearby facilities, protocols) **Medicine and Diagnostics** • Shortage of some essential drugs and availability of diagnostic tests. **AYUSH, Adolescent and Elderly Clinic** • No functional and dedicated AYUSH, adolescent and elderly clinics **Equipment and Supplies** • Faulty BP apparatus, unavailability of X-ray view box, otoscope, baby weighing scale, resuscitation equipment, functional splints and cervical collars. • Tabs provided to ANMs malfunction frequently **Staffing** • Unavailability of administrative staff and ASHA workers, increasing ANM workload.

Suggestions for improvement	**Overall recommendations are as follows:** **IT and Infrastructure** • Expand Wi-Fi coverage or allow staff internet expense reimbursement for timely portal updates. **ABHA Creation** • During field visits, ANMs to guide people to carry Aadhaar cards and linked mobiles to facility for ABHA ID creation. • Organize camps with E-sampark for mobile number linking and ABHA ID creation. • Assign multipurpose health workers or sanitary beldars for ABHA ID creation during low workload periods. **Patient Care** • Display information about nearby facilities, higher centers, and ambulance numbers for emergencies. • Repair the baby weighing scale for nutritional assessment. • Fix a dedicated day for adolescent and geriatric clinic with proper assessments. **Logistics and Management** • Establish a procedure for local emergency drug purchases. • Implement a bin card system for stockroom inventory management. **Sustainability and Environment** • Make solar panels functional for a reliable cold chain power backup. • Develop a comprehensive disaster management plan and conduct regular mock drills. • Install disable-friendly side rails in existing toilets. **Assigning smaller populations** • Reduce ANM workload by assigning smaller populations as there are no ASHA workers.
Plan for the next week	**Joining the next posting at AAM- Sector 8.**

Dr. Mehak

WEEKLY REPORT 6

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Sector 8

Week no: 6 **From:** 10/06/2024 to 15/06/2024

Activity Done	**Second posting at AAM- sector 8** • Reviewed departmental checklists with staff to identify available and missing resources. • Designed and displayed missing NQAS-mandated materials (e.g., fire exit signs, clinic schedules, signages) and the layout of AAM sector 8. **IEC Material Management** • Assessed available IEC materials and identified gaps related to ABHA, chronic diseases, etc. • Created a procurement list for missing IEC materials and initiated contact with program officers. **ABHA Promotion:** • Created ABHA IDs for consenting patients after counselling them on benefits.
Linking theory (Classroom learning) with practice at your organisation	**IEC for Community Awareness** • Identifying the need for IEC materials on ABHA and chronic diseases aligns with public health communication theory, which emphasizes the role of information dissemination in raising awareness and promoting healthy behaviors.
Gaps identified on the working area.	**Limited IEC Materials** • The lack of IEC materials on ABHA, blindness, deafness, mental health, and chronic diseases hinders patient education and trust in new initiatives. **Incomplete Branding** • Branding of AAM-Sector 8 falls short of established norms. **Diagnostic Delays** • The hub-and-spoke model for diagnostics creates delays when the hub facility is closed. Patients have to wait for the whole week for the next scheduled day.

Suggestions for improvement	**Strengthening Quality Compliance** • Regular staff training sessions on standards, protocols, and best practices to ensure consistent quality care delivery. • Implement periodic mock audits to identify areas for improvement before external evaluations. Encourage a culture of continuous self-assessment among staff. **Enhancing Patient Education and Communication** • Organize interactive sessions with patients during wait times to address their concerns and promote preventive care practices. • Procure relevant IEC materials. **Collaboration with Community Stakeholders** • Collaborate with community leaders, NGOs, and local health workers to promote ABHA enrollment and address patient education gaps.
Plan for the next week	**Completing NQAS checklists with record review, observation, staff interview and patient review.**

Dr. Mehak

WEEKLY REPORT 7

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Sector 8

Week no: 7 **From:** 17/06/2024 to 22/06/2024

Activity Done	**Quality Assurance Assessments** • Completed 12 NQAS checklists for various departments to identify the gaps. Conducted record review, staff interview and patient review along with observation as per the requirement of the different standards of checklists. • Worked on IPHS checklists to identify available and unavailable services, diagnostics, and medications. **Maintenance of Indicators** • Prepared lists of mandated indicators and asked the required people to maintain them. • Taught Trend analysis to ANMs and pharmacist. **Not Applicable Standards sorted for revision of checklists** • Certain NQAS standards are not applicable on AAMs, and the checklists need to be updated. Therefore, sorted out the gaps and not applicable standards from all checklists. **Outreach** • Visited Anganwadi with ANMs for outreach session and gave health talks to the people reaching out for services.
Linking theory (Classroom learning) with practice at your organisation	**Indicators and trend analysis** • Indicators help measure performance and trend analysis shows how these numbers change. • These help to observe trends, evaluate programs and plan for the future needs based on data driven decisions.
Gaps identified on the working area.	**Indicators and trend analysis** • Only a few indicators are maintained at AAM and no trend analysis is being done. The staff is not aware of the needs, benefits and process of trend analysis. **Not applicable standards**

	• Certain NQAS standards are not applicable on AAMs but they reduce the scores by being in checklists, depriving the facility of incentives for quality maintenance. **Diagnostic and Drug Stock Shortages** • Unavailability of 106/172 drugs and 41/63 diagnostics restricts service provision and patient care.
Suggestions for improvement	**Strengthening Quality Compliance** • Identify trends and prioritize improvement areas. • Analyse service utilization data to tailor services effectively. **Explore Alternative Diagnostic Options** • Advocate for exploring alternative diagnostic service options within the network or nearby facilities to minimize delays in the hub-and-spoke model. **Drug Procurement** • Establishing a procedure for local purchase of drugs in case of unavailability in government supply.
Plan for the next week	**Preparation and presentation of final report of AAM-Sector 8.**

Dr. Mehak

WEEKLY REPORT 8

Name of the Organization: National Health Mission, Chandigarh

Area of Summer Internship Program: Ayushman Arogya Mandir (AAM)- Sector 8

Week no: 8 **From:** 23/06/2024 to 30/06/2024

Activity Done	**Final Report Preparation and presentation** • Completed the final report of AAM-Maulijagran and presented it to the Nodal officer and SPMU.
Linking theory (Classroom learning) with practice at your organisation	**Correlating NQAS and IPHS Standards with actual implementation**
Gaps identified on the working area.	**Overall gaps identified using the three checklists and are as follows:** **Infrastructure and Accessibility** • Incomplete branding as per norms • Missing signage (list of services, available drugs, citizen charter) • Issues with building structure (seepage, unstable tiles) • Lack of accessibility features (handrails, ramps, signage for visually impaired, toilets for differently abled) **Record Keeping and Management:** • Inconsistent record-keeping practices (lack of standardization, proper indexing, record retention policy) **Service Delivery:** • Shortage of essential medicines and diagnostic tests. • Overburdened pharmacist hindering additional tasks (ABHA ID creation). • Inefficient processes (stock management, patient triaging, follow-up). • Unavailability of crucial equipment (suturing, incision & drainage). • Inconsistent lab service availability. **Biomedical Waste Management:** • Improper or no disinfection of sharp waste before disposal. **Quality Assurance** • Incomplete or unavailable SOPs and work instructions • Lack of practice of periodic trend analysis for indicators • No employee satisfaction surveys conducted

Suggestions for improvement	**Overall recommendations are as follows:** **Facility Management** • Completing the missing signage. • Getting the required repairs done in time to avoid accidents with staff and patients. • Display timings for wellness activities and community mobilization for them. • Display ABHA IEC material and assign staff for daily ABHA ID creation. **Patient Care and Service Delivery** • Display information on nearby facilities and ambulance numbers. • Record drug allergies and infertility treatments. • Train staff on high-risk pregnancy identification, BLS, ETAT etc • Fix a dedicated geriatric clinic day with proper guidelines and assessments. • Ensure complete emergency equipment and drugs. Also, establish a procedure for local drug procurement **Disaster Preparedness** • Follow up on fire safety NOC and Clinical Establishments Act license, conduct fire safety mock drills. Quality Assurance • Completing SOPs as per requirements of NQAS. • Conduct regular trend analysis of the indicators • Regular employee satisfaction surveys to be conducted. • Establishing a procedure for grievance redressal of both patients and staff.
Plan for the next week	**Getting completion certificates after submitting Project Files and checklists duly signed by Medical Officer to the office of National Health Mission, Chandigarh.**

Dr. Mehak

COMPILED REPORT

Name of the Organization: National Health Mission, Chandigarh

Areas of Summer Internship Program: Ayushman Arogya Mandirs- Maulijagran and Sector 8, Chandigarh

Project of Summer Internship Program: Gap analysis of AAM- Maulijagran and AAM-sector 8 using departmental checklist, NQAS checklists and IPHS-ODK toolkit.

Name of the student: Mehak **Stream:** MBA (Hospital and Health Management)

Roll no: 1750

Activity Done	**Learning about NHM** • Gained understanding of the NHM structure, portals (RCH, NCD, DVDMS, Next-gen E- hospital), hub-spoke model, and teleconsultation. • Learned about available diagnostics and drugs at healthcare AAMs and human resources at AAMs. • Prepared presentations for regional workshops on Free Drugs and Diagnostics Initiative, Human Resource for Health, and Ayushman Arogya Mandirs. **Understanding Ayushman Arogya Mandirs (AAMs)** • Learned about AAM functions, services, supervision and facilities. **Observing Daily Operations and Identifying Gaps** • Observed daily operations at both AAM-Maulijagran and AAM-Sector 8. • Interacted with staff and community members at both AAMs. • Identified gaps in diagnostics, drugs, data entry, cleanliness, IEC materials, and signage, operations, ABHA creation etc across both facilities. **Data Management and Quality Assurance** • Analysed data entries on public health portals (RCH, NCD, DVDMS, Next-gen E-hospital) for both AAMs. • Completed departmental checklists for both AAMs, gathering data on population served, patient load, etc. • Completed NQAS checklists for 12 departments- general clinic, maternity health, new-born and child health, immunization, family planning, communicable diseases, NCDs, pharmacy, dressing room & emergency, laboratory, outreach and general admin at both AAMs. • Worked with staff on IPHS checklists to identify services, diagnostics, and medications available at both AAMs. • Designed and displayed missing NQAS-mandated materials (signages and layout of AAMs).

	• Assessed available IEC materials, created a procurement list for missing IEC materials and contacted program officers. • Prepared lists of mandated indicators and ensured proper data maintenance. • Introduced trend analysis to ANMs and pharmacists. • Learned about DVDMS for medication dispensing and stock records, and Nextgen E-Hospital for patient registration. • Performed E-Sanjeevani teleconsultations (doctor-to-doctor). • Facilitated data entry on NCD portals by ANMs at both AAMs. • Got ANMs' mobile phones registered for portal access due to malfunctioning tablets. **Community Outreach and ABHA Promotion** • Facilitated health camp at AAM-Maulijagran, providing services like dental hygiene demonstrations, menstrual hygiene counselling, eye checkups and ANC checkups. • Visited Anganwadis with ANMs for outreach sessions and immunization at both locations. • Facilitated ABHA ID creation in waiting areas to attract new participants. • Delivered health talks on various topics (breastfeeding, MTP options, TB medication adherence, infection control, and nutrition) at both AAMs. **Final Report Preparation and Presentations** • Compiled observations, scores, best practices, gaps, and recommendations for the final reports of both AAMs. • Completed the final reports and presented them to the Nodal Officer and SPMU.
Linking theory (Classroom learning) with practice at your organisation	**Hub-and-Spoke Model** • District Hospital and Sub-district Hospitals as Hubs and AAMs as Spokes for Teleconsultation- This model ensures efficient delivery of specialized services (hubs) to peripheral areas (spokes) through telemedicine, improving access to care. **Importance of Data Collection and Analysis** • Accurate data entry in Public Health Portals is crucial for planning, implementing, and evaluating public health programs. The challenges faced (workload, internet) highlight the need for efficient data collection systems.

	Primary healthcare at AAMs • The expanded range of services offered at AAMs reflects a primary healthcare approach, focusing on preventive and promotive care at the community level. **Quality Assurance (NQAS)** • Completing NQAS checklists reinforces the importance of pre-defined standards in healthcare facility evaluation. • Observing NQAS criteria related to immunization and Kaya Kalpa highlights real-world application of public health initiatives. **Standards Translated to Action** • Observing adherence to NQAS and IPHS requirements at AAM-Maulijagran showcased how theoretical frameworks translate into tangible actions that impact patient care. This provided a concrete understanding of how these standards shape day-to-day operations. **Aligning to public health framework** • Best practices of organization explain how they directly reflect principles learned in public health framework. **Correlating NQAS and IPHS Standards with actual implementation** **IEC for Community Awareness** • Identifying the need for IEC materials on ABHA and chronic diseases aligns with public health communication theory, which emphasizes the role of information dissemination in raising awareness and promoting healthy behaviors. **Indicators and trend analysis** • Indicators help measure performance and trend analysis shows how these numbers change. • These help to observe trends, evaluate programs and plan for the future needs based on data driven decisions.
Gaps identified on the working area.	**Infrastructure and Accessibility** • Poor Wi-Fi coverage. • Unmaintained yoga area and recreational facilities. • Lack of disabled-friendly toilets. • Missing information displays (nearby facilities, protocols).

	• Incomplete branding as per norms. • Missing signage (list of services, available drugs, citizen charter). • Issues with building structure (seepage, unstable tiles). • Lack of accessibility features (handrails, ramps, signage for visually impaired, toilets for differently abled). **Data Management** • Low volume of data entries on public health portals due to various reasons (work overload on ANMs, insufficient time, unreliable internet connectivity). **Availability of Diagnostics and Drugs** • Shortage of essential drugs as per IPHS standards. • Limited diagnostic tests available. **Technology and Equipment** • Malfunctioning tablets for data entry and unavailability of registration facility for alternative devices. • Unavailability of essential equipment (X-ray view box, otoscope, baby weighing scale, resuscitation equipment, functional splints, cervical collars). **Staffing** • Unavailability of both medical officers of the area (AAM-Maulijagran and AAM- Mauli village) on the same day, causing inconvenience to patients. • Unavailability of administrative staff and ASHA workers, increasing ANM workload. **Patient Awareness** • Lack of awareness about ABHA and EHR benefits and missing IEC material. • Patients not bringing Aadhar cards and linked phone numbers. • Lack of awareness about the importance of immunization cards. **Facility Management** • Stray animals entering the premises. • Unmaintained water supply system in staff washroom. **Emergency and Disaster Preparedness** • Incomplete and poorly labelled emergency drug tray. • No mock drills conducted for fire safety.

	Community Engagement • Mahila Arogya Samiti not formed, hindering its functions. • No emphasis on mental health programs (missing IEC material, no awareness campaigns). • Services under National Iodine Deficiency Program and National Deafness Control Program not functional (no monitoring, reporting, or awareness). **Record Keeping and Management** • Inconsistent record-keeping practices (lack of standardization, proper indexing, record retention policy). **Service Delivery** • Shortage of essential medicines and diagnostic tests. • Inefficient processes (stock management, patient triaging, follow-up). • Unavailability of crucial equipment (suturing, incision & drainage). • Inconsistent lab service availability. **Biomedical Waste Management** • Improper or no disinfection of sharp waste before disposal. **Quality Assurance** • Incomplete or unavailable SOPs and work instructions. • Lack of practice of periodic trend analysis for indicators. • No employee satisfaction surveys conducted.
Suggestions for improvement	**Infrastructure and Facilities** • Expand Wi-Fi coverage or provide internet expense reimbursement for staff to ensure timely data entry. • Allocate resources for cleaning and maintaining the yoga area to create a more inviting environment. • Complete missing signage (list of services, available drugs, citizen charter). • Address building structure issues (seepage, unstable tiles) and install accessibility features-handrails, ramps, signage for visually impaired, install disable-friendly side rails in existing toilets. • Make solar panels functional for a reliable cold chain power backup. **Data Management** • Reduce ANM workload by hiring additional data entry staff.

	• Investigate internet connectivity issues and explore options for upgrades or offline data entry with syncing capabilities. **Availability of Diagnostics and Drugs** • Establish a procedure for local procurement of essential medications to ensure consistent availability as per IPHS standards. • Address equipment and supply deficiencies. **Technology and Equipment** • Ensure proper internet connectivity and replace malfunctioning tablets. • Register ANMs' mobile phones for data entry as a backup. **Staffing** • Carefully monitor duty rosters to guarantee at least one medical officer available daily in nearby facilities. • Assign smaller populations to ANMs in the absence of ASHA workers. **Facility Management** • Implement measures to restrict stray animal entry. • Properly maintain the staff washroom water supply system. **Emergency Preparedness** • Regularly check and label emergency drug trays. • Conduct mock drills and fire safety training for staff. • Follow up on fire safety NOC and Clinical Establishments Act license. **Community Engagement** • Establish Mahila Arogya Samiti for community outreach. • Expand outreach services for salt testing, mental health, and deafness awareness. • Collaborate with community leaders, NGOs, and local health workers to promote ABHA enrolment and address patient education gaps. **Record Keeping and Management** • Implement a consistent record-keeping system with proper standardization, indexing, and retention policy. • Establish a bin card system for stockroom inventory management.

	Service Delivery • Display information about nearby facilities, higher centres, and ambulance numbers for emergencies. • Repair the baby weighing scale for nutritional assessment. • Fix a dedicated day for adolescent and geriatric clinics with proper assessments. • Train staff on high-risk pregnancy identification, BLS, and ETAT. • Ensure complete emergency equipment and drugs. • Establish a procedure for local drug procurement in case of unavailability in government supply. **Quality Assurance** • Conduct regular staff training sessions on standards, protocols, and best practices. • Implement periodic mock audits to identify areas for improvement. • Analyse service utilization data to tailor services effectively. • Conduct regular trend analysis of indicators and identify improvement priorities. • Conduct regular employee satisfaction surveys. • Establish a procedure for grievance redressal of both patients and staff. **ABHA Promotion** • ANMs to guide people to carry Aadhaar cards and linked mobiles for ABHA ID creation during field visits. • Organize camps with E-sampark for mobile number linking and ABHA ID creation. • Assign multipurpose health workers or sanitary beldars for ABHA ID creation during low workload periods. • Display ABHA IEC material and assign staff for daily ABHA ID creation. **Diagnostics** • Explore alternative diagnostic service options within the network or nearby facilities to minimize delays in the hub-and-spoke model.

Dr. Mehak

Approved by IIHMR University's Mentor