

SUMMER INTERNSHIP PROGRAM

at

National Health Mission Gujarat

From 6th May 2024 to 6th July 2024

A REPORT BY

B Hari Hara Krishna

Master of Business Administration

Hospital and Health management

2023-25

under the Mentorship of

Dr.Seema Mehta





Certificate of Internship

This is to certify that ~~Mr./Miss.~~ Dr B. Hari Hara Krishna student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at Quality Cell, COH, Gandhinagar

During the period of his/her internship programme with us, He/~~She~~ has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish him/~~her~~ every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission, Gujarat

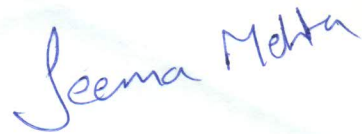
Remya Mohan, IAS
Mission Director,
National Health Mission, Gujarat

IIHMR University Faculty Mentor Approval

This is to certify that Dr. B HARI HARA KRISHNA of academic year 2023-25_of
INSTITUTE OF HEALTH MANAGEMENT RESEARCH has prepared a poster with
respect to his/her summer internship held during_May-July 2024.

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

Date: 24/7/2024

A handwritten signature in blue ink that reads 'Seema Mehta'.

SEEMA MEHTA
Professor
IIHMR University , Jaipur

Name of the Organisation: NHM Gujarat

Area/ Department/ Project of Summer Internship Program: Quality Cell

Name of the Student: B.Hari Hara Krishna

Roll no: 1693

Stream: HM 28

Week 1

Activity Done	Orientation: • Introduced to staff and department functions. • Learned about core programs: ◦ Kayakalp (cleanliness in healthcare facilities) ◦ NQAS (quality standards) ◦ AEFI (immunization side effects) ◦ Swachh Bharat Mission (sanitation & hygiene) ◦ Swasthya Lakshya (healthcare outcomes) ◦ MUCSQAN (mother & child tracking) • Familiarized with resources (guidelines, manuals, tools). • Observed departmental tasks (data collection, reporting, communication).
Linking theory (Classroom learning) with practice at your organisation	During the first week of the internship, a gap was identified between theoretical knowledge of public health programs and their practical implementation. Classroom learning focused on general concepts of healthcare quality management, but the internship provided a deeper understanding of specific programs within NHM Gujarat.

Gaps identified on the working area.	Gaps Identified on the Working Area The gap identified lies in the application of theoretical knowledge to the specific context of NHM Gujarat's Quality Cell programs. While classroom learning provided a foundation in public health quality, the internship exposed a range of specialized programs like Kayakalp, NQAS, and MUCSQAN, requiring a more nuanced understanding for effective implementation

Suggestions for improvement	Suggestions for Improvement To bridge this gap, it is recommended to incorporate practical exercises or case studies within classroom learning that simulate real-world scenarios encountered in public health quality management programs. This would allow students to apply theoretical knowledge to specific program guidelines and procedures used by organizations like the Quality Cell.

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Week 2

Activity Done	Focus: Data Collection and Analysis on Kayakalp • Reviewed cleanliness & hygiene data for PHCs, UPHCs, UHCs, CHCs across 8 districts. • Analyzed scores in internal/external assessment, sanitation, infection control, hygiene promotion etc. • Communicated with district officials for program updates. Learnings: • Kayakalp assessment criteria & scoring for cleanliness in healthcare facilities. • Challenges in implementing Kayakalp (resource limitations, staff shortages, awareness). • Data collection, analysis & reporting skills for public health programs.
Linking theory (Classroom learning) with practice at your organisation	Linking Theory to Practice at NHM Gujarat Classroom Learning: • Public health quality management principles ○ Program evaluation & assessment ○ Data collection & analysis ○ Quality improvement frameworks

	○ Communication for quality improvement ○ Standards for healthcare delivery Internship Experience: • Applied theory in real-world programs: ○ Kayakalp (cleanliness assessment) ○ NQAS (healthcare service quality) ○ MUCSQAN (mother & child tracking) Benefits of Linking Theory and Practice: • Solidified understanding of public health principles • Developed practical skills (data analysis, reporting) • Enhanced problem-solving abilities (e.g., addressing challenges in Kayakalp implementation)
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Gaps identified on the working area.	Gaps Identified on the Working Area The internship at the Quality Cell department of NHM Gujarat revealed a gap between theoretical knowledge gained in classrooms and its application in the real world. Classroom learning provided a general foundation in public health quality management principles. However, the internship experience highlighted the need for more specific training on programs like Kayakalp, NQAS, and MUCSQAN, which are crucial for effective implementation at the ground level.
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Suggestions for improvement	Suggestions for Improvement To bridge this gap, the following improvements can be considered: • Curriculum Integration. • Guest Lectures and Field Visits • Project-Based Learning Integrate real-world scenarios: Include practical exercises or case studies simulating public health quality programs (e.g., applying NQAS guidelines). • Guest lectures and field visits: Invite professionals and conduct field visits to showcase practical applications. • Project-based learning: Develop projects on program improvement (e.g., analyzing Kayakalp challenges).
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Week 3

Activity Done	Field Visit: • Observed AEFI compliance practices at a sub-center in Anand. • Learned about the importance of proper AEFI management for patient safety and vaccine program trust. Budget Analysis: • Analyzed healthcare budget allocation across Gujarat districts. • Identified consistent underspending in Botad, Dwarka, Chhota Udaipur, Gir Somnath, Dahod, and Narmada. • Focused on Dahod and Narmada, categorized as "aspirational districts" by NITI Aayog due to development challenges. Reasons for Underspending: • Lack of planning for fund utilization. • Implementation challenges (bureaucracy, logistics). • Capacity constraints (manpower, expertise). • Awareness issues about budget utilization for quality improvement. Improving Healthcare in Aspirational Districts: • Centralized support from NITI Aayog for infrastructure and service delivery. • Capacity building programs to train healthcare workers for budget management and quality improvement. • Community engagement initiatives to promote healthcare service utilization. Quality Cell's Role: • Highlight areas for improvement in resource allocation and utilization. • Facilitate communication for addressing implementation
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	challenges. • Advocate for capacity-building programs for effective budget management.
Linking theory (Classroom learning) with practice at your organisation	Linking Theory to Practice at NHM Gujarat AEFI Management: • Classroom: Importance of Adverse Events Following Immunization (AEFI) management. • Internship: Witnessed AEFI compliance practices at a sub-center, solidifying classroom learning. Budgeting and Resource Allocation: • Classroom: Importance of effective budgeting in healthcare. • Internship: Analyzed healthcare budget allocation, identifying gaps between theory and practice (underspending in districts). Challenges in Aspirational Districts: • Classroom: Concept of aspirational districts facing development challenges. • Internship: Analyzed underspending in aspirational districts (Dahod, Narmada) to understand their impact on healthcare delivery.
Gaps identified on the working area.	Gaps Identified at NHM Gujarat, Quality Cell Department • Limited Budget Utilization: Consistent underspending in districts, especially aspirational ones (Dahod, Narmada), indicates inefficiency in using allocated funds. This could be due to: ◦ Lack of planning for fund utilization. ◦ Implementation challenges (bureaucracy, logistics). ◦ Capacity constraints (manpower, expertise). • Communication and Collaboration Gaps: Budget analysis suggests potential gaps between: ◦ State government ◦ District health officials ◦ Facility administrators

	• Awareness Issues Among Healthcare Staff: Inadequate awareness about: ○ Available budget lines ○ Their use for quality improvement initiatives
Suggestions for improvement	Recommendations for Improvement at NHM Gujarat, Quality Cell Department Addressing Budget Underspending: • District-Level Planning: Advocate for clear plans at the district level to utilize allocated healthcare budgets effectively, addressing local needs. • Capacity Building: Identify the need for targeted programs in aspirational districts to equip healthcare workers with budget management skills. • Knowledge Sharing: Develop initiatives (workshops, online resources) to raise awareness among healthcare staff about available budget lines and their use for quality improvement programs. Enhancing Communication and Collaboration: • Facilitate Communication: Foster better communication between state government, district health officials, and facility administrators through workshops or task forces to address implementation challenges. By implementing these recommendations, the Quality Cell can ensure: • Equitable distribution of healthcare resources. • Improved healthcare outcomes, especially in aspirational districts.
Plan for the next week	Further analysis of Budget and identify districts and corporations who are underspending and pin point facilities which have underspent

Week 4

Activity Done	Quality Cell Budget Analysis and Field Visit Summary Focus: Analyzed budget utilization within the Quality Department and across Gujarat districts. • Identified institutions with spending below 75% of allocated funds. • Created a map to highlight underperforming districts and institutions. • Conducted a field visit to Botad district (underspending district). Field Visit - Botad District: • Sarangpur Sub-Center: ○ Infrastructure challenges (water damage). ○ Expertise in family planning procedures. ○ Data entry gap on "techo +" platform. ○ Discrepancy in Mamta Diwas location. • Sarangpur PHC: ○ Exemplary adherence to NQAS standards. ○ Proper IEC materials, pharmaceutical storage, and lab data management. • Sonawala District Hospital: ○ Land allocation issues (frequent relocation). ○ Space constraints hindering blood bank installation (latest technology available). Key Findings: • Importance of infrastructure and resource allocation (contrasting experiences at PHC and District Hospital). • Need to address under-utilized resources at the District Hospital. Recommendations: • Address land allocation and infrastructure issues at Sonawala District Hospital (prioritize blood bank installation). • Investigate reasons behind data entry gaps at the sub-center and ensure proper "techo +" training. • Clarify Mamta Diwas program guidelines and ensure adherence.
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	• Provide ongoing support to institutions with low budget utilization. Overall Impact: • Improved budget utilization can lead to enhanced healthcare delivery across Gujarat.
Linking theory (Classroom learning) with practice at your organisation	This internship week provided an opportunity to apply classroom knowledge of healthcare budgeting and management practices in a real-world setting. Here's how theory connected to practice: • Budget Analysis and Resource Allocation: Classroom studies emphasized the importance of analyzing healthcare budgets to identify areas for improvement. Analyzing the NHM budget for Gujarat allowed me to see this concept applied. We identified underperforming districts and institutions with low spending, highlighting the need for targeted interventions. • National Quality Assurance Standards (NQAS): Classroom learning covered quality assurance frameworks in healthcare. The field visit to Botad district involved inspecting facilities against NQAS guidelines. This practical experience solidified my understanding of these standards and their importance in ensuring quality healthcare delivery. • Real-time Data Collection: In public health courses, I learned about the importance of real-time data collection for effective program monitoring. The "techo +" platform encountered during the field visit exemplifies such a system. However, the data entry challenges observed highlight the need for proper training and support to ensure its effectiveness.
Gaps identified on the working area.	The internship experience revealed some key gaps in the working area of the Quality Cell Department: • Infrastructure Constraints: The field visit to Sonawala District Hospital exposed the significant impact of infrastructure limitations on healthcare delivery. Land allocation issues and frequent relocations hampered the hospital's ability to utilize resources effectively. This highlights a gap between resource allocation and addressing basic infrastructure needs. • Data Management Challenges: The sub-center nurse's lack of data entry on the "techo +" platform indicates a gap in either training or support for utilizing the real-time data collection system. This hinders data-driven decision making and program monitoring efforts. • Program Implementation Discrepancies: The discrepancy regarding Mamta Diwas location highlights a potential gap in adherence to established program guidelines. This could lead to confusion and hinder the program's effectiveness.

	• Utilization of Allocated Resources: The underutilized resources in several institutions point to a gap in effectively translating allocated budgets into improved healthcare services. This could be due to various factors requiring further investigation.
Suggestions for improvement	Based on the identified gaps, here are some suggestions for improvement: • Prioritize Infrastructure Development: The Quality Cell can advocate for addressing infrastructure limitations at under-resourced facilities like the Sonawala District Hospital. This could involve collaborating with relevant departments to secure land allocation and prioritize permanent facility establishment. • Enhance Data Management Training: The Quality Cell can identify institutions facing challenges with real-time data collection and ensure healthcare workers receive proper training and support for using the "techo +" platform effectively. • Ensure Program Standardization: The Quality Cell can collaborate with program implementers to ensure adherence to established guidelines for programs like Mamta Diwas. This could involve issuing clarifications, conducting training sessions, or strengthening monitoring mechanisms. • Targeted Capacity Building: The Quality Cell can develop programs to assist institutions with low budget utilization. This could involve workshops on resource management, budget planning, or identifying and addressing challenges specific to their context.
Plan for the next week	Further Budget analysis and follow up with the institutions who are underspending

Week 5

Activity Done	☐ SQAC meeting: Discussed NQAS standards for CHCs, Sreshtha G funding for LAQSHYA certification, Swastha Mission, AEFI, AERB compliance, fire safety, and the 4x4 method for gap identification in healthcare facilities. ☐ CLMC visit and NQAS assessment: Identified shortcomings in staff development and patient outcomes at a CLMC. ☐ Mamta Card design meeting: Revised the format for identifying high-risk pregnancies on Mamta Cards
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Linking theory (Classroom learning) with practice at your organisation	• National Quality Assurance Standards (NQAS): Classroom learning covered NQAS frameworks. Attending the 17th SQAC meeting and participating in the CLMC's NQAS assessment solidified my understanding of these standards and their application in evaluating healthcare facilities. • Gap Identification Methods: Classroom discussions touched upon various methods for identifying gaps in service delivery. This week's introduction to the "4x4 method" provided a practical framework for systematically assessing healthcare facilities across various dimensions. • Program Management: My studies covered program management principles. The meetings on Swastha Mission and discussions around LAQSHYA certification provided insights into managing healthcare programs at the state level
Gaps identified on the working area.	• Performance Gaps in CHCs: The 17th SQAC meeting highlighted that many CHCs (Community Health Centers) struggle to meet NQAS benchmarks. This indicates a gap in quality adherence across these facilities. • Compliance Challenges: The SQAC meeting discussions about AEFI, AERB, fire safety, and waste management point to potential gaps in adhering to mandatory healthcare regulations. • Data Management Issues: The Kayakalp portal undergoing maintenance highlights a gap in consistently maintaining critical data management systems for program monitoring. • Staff Development Needs: The NQAS assessment of the CLMC revealed shortcomings in staff development, indicating a potential gap in providing healthcare workers with the necessary skills and training. • Communication Issues: The confusing format for identifying high-risk pregnancies on Mamta Cards suggests a gap in clear communication regarding crucial patient data.
Suggestions for improvement	Based on the identified gaps, here are some suggestions for improvement: • Targeted Support for CHCs: The Quality Cell can develop targeted interventions to assist CHCs in achieving NQAS compliance. This could involve workshops, mentorship programs, or sharing best practices from high-performing facilities. • Compliance Assistance Programs: The Quality Cell can design programs to assist healthcare facilities in adhering to regulations related to AEFI, AERB, fire safety, and waste management. This could involve developing checklists, training modules, or collaborating with relevant agencies. • Invest in Data Management Infrastructure: The Quality Cell can advocate for investing in robust data management systems to ensure consistent functionality of portals like Kayakalp, crucial for program monitoring and evaluation. • Staff Development Programs: The Quality Cell can identify

	areas where healthcare staff require additional training and develop programs to enhance their skills and knowledge. This could be based on NQAS assessment findings or feedback from facilities. • Standardize Patient Data Communication: The Quality Cell can collaborate with program implementers to establish clear and standardized formats for communicating critical patient data like high-risk pregnancies on the Mamta Cards. This can ensure clarity and avoid confusion among stakeholders. By addressing these gaps and implementing the suggested improvements, the Quality Cell Department of NHM Gujarat can play a vital role in elevating healthcare quality standards across the state. The learnings from the 4x4 method can be further explored to develop a comprehensive assessment strategy for healthcare facilities, enabling targeted interventions and improved service delivery.
Plan for the next week	Follow up with the CLMC to Improve their scores according to the NQAS Framework.

Week 6

Activity Done	Summary of Fire Safety and Quality Cell Activities Fire Safety: • Followed up on fire safety protocols in districts: ○ Ensured updates of Fire NOCs (certificates) for healthcare facilities. ○ Confirmed implementation of regular fire mock drills. Biomedical Waste Management: • Verified the existence of proper plans for collection, transportation, and disposal of healthcare waste. RCH Quality Cell Meeting: • Three healthcare facilities received LAQSHYA quality
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	improvement certifications. • Importance of accurate deficiency data and standardized case definitions for health conditions was emphasized. • Discussed concerns about timely uploading of newborn screening data to TeCHO+ platform. • A TeCHO+ dashboard for real-time healthcare data visualization was introduced. Nutrition Cell Meeting: • Ensured timely salary disbursement to nutrition cell members. • Discussed Jhpiego's training program on promoting PPIUCD acceptance among healthcare workers.
Linking theory (Classroom learning) with practice at your organisation	My internship week provided valuable insights into the practical application of various healthcare quality improvement concepts: • Fire Safety and Biomedical Waste Management: Classroom studies emphasized the importance of safety protocols in healthcare facilities. Following up on fire NOC updates, fire drills, and biomedical waste management plans allowed me to see how these principles translate into real-world actions. • Data Management for Quality Improvement: Classroom learning covered the significance of data collection and analysis in healthcare. Discussions about deficiency data, newborn screening data, and the TeCHO+ dashboard highlighted the importance of data quality and real-time information for program monitoring and improvement. • Reproductive and Child Health (RCH): Classroom studies introduced key concepts in RCH. Participating in the RCH Quality Cell meeting provided practical examples of initiatives like LAQSHYA certification and PPIUCD acceptance training, which contribute to improving maternal and child health outcomes.
Gaps identified on the working area.	The internship experience this week revealed some potential gaps in the working area of the Quality Cell Department: • Timely Data Submission: The emphasis on uploading newborn screening data within three days suggests potential gaps in ensuring timely data submission across all facilities. • Data Quality and Standardization: The discussions about deficiency data and case definitions highlight the need for robust data quality and adherence to standardized definitions for accurate reporting and program evaluation.

Suggestions for improvement	Based on the identified gaps, here are some suggestions for improvement: • Develop Data Quality Monitoring Systems: The Quality Cell can implement data quality monitoring systems to ensure timely and accurate data submission from healthcare facilities. This could involve automated data validation checks or feedback mechanisms. • Standardize Data Collection Practices: The Quality Cell can collaborate with relevant departments to develop standardized data collection protocols and case definitions for various health conditions. This can ensure consistency and improve data quality for reporting purposes. • Invest in Training and Support: The Quality Cell can organize training programs for healthcare workers on effectively utilizing the TeCHO+ platform for data entry and analysis. Additionally, technical support channels can be established to address data submission challenges faced by facilities. By addressing these gaps and implementing the suggested improvements, the Quality Cell Department of NHM Gujarat can strengthen its data management practices and leverage real-time information for more effective program monitoring and targeted interventions to improve healthcare delivery across the state. This will contribute to achieving better health outcomes, particularly for mothers and children.
Plan for the next week	Further follow up with districts to ensure timely update and follow up of information in Fire safety audit and mock drill; Biomedical Waste Management

Week 7

Activity Done	NABL M(EL)T Program Implementation Plan for Gujarat This report outlines a 3-month plan to implement the NABL M(EL)T program across Gujarat's healthcare facilities (348 CHCs, 22 DHs, 37 SDHs) in phases. Target Audience:
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	• All healthcare facilities (CHCs, DHs, SDHs) Program Partners: • Gujarat Health and Family Welfare Department • NABL M(EL)T (National Accreditation Board for Testing and Calibration Laboratories) Plan Breakdown: Month 1: • Week 1: Secure participation from all facilities, identify NABL M(EL)T-accredited labs for support, and collaborate with NABL M(EL)T to determine assessors. • Week 2: Develop a region-wise schedule for training, sample distribution, analysis, and assessments. Prioritize training for rural CHCs. Design training modules aligned with NABL M(EL)T standards for DH, SDH, and CHC personnel. • Week 3: Conduct Phase 1 training for DH and SDH lab personnel on EQAS procedures, laboratory practices, and NABL M(EL)T compliance. Distribute EQAS samples to Phase 1 facilities. • Week 4: Phase 1 facilities analyze samples and submit data following NABL M(EL)T protocols. Month 2: • Week 1: Analyze Phase 1 data, prepare preliminary performance reports, and provide feedback to DH & SDH on improvement areas for NABL M(EL)T compliance. • Week 2-3: Conduct Phase 2 training for remaining DH, SDH, and CHC personnel following the same format as Phase 1. Distribute EQAS samples to Phase 2 facilities. • Week 4: Phase 2 facilities analyze samples and submit data following NABL M(EL)T protocols. Month 3: • Week 1-2: Analyze Phase 2 data, prepare preliminary performance reports. Facilitate interaction between facilities and NABL M(EL)T assessors for pre-assessment consultations. Schedule instrument calibrations with NABL M(EL)T-approved
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	providers. • Week 3-4: Organize training workshops for pathologists on interpreting EQAS data and implementing quality control measures in CHC laboratories.
Linking theory (Classroom learning) with practice at your organisation	• External Quality Assurance Schemes (EQAS): Classroom studies covered the importance of EQAS programs in laboratory quality control. Developing the NABL M(EL)T program implementation plan directly translates this concept into action by incorporating EQAS procedures, sample distribution, and data analysis for participating healthcare facilities. • Laboratory Accreditation: Classroom learning introduced the concept of laboratory accreditation, such as NABL M(EL)T. The plan outlines training modules aligned with NABL M(EL)T guidelines and facilitates interaction with assessors, reflecting the practical application of accreditation processes. • Training and Capacity Building: My studies emphasized the importance of training healthcare workers for quality improvement initiatives. The plan incorporates training workshops for different levels of laboratory personnel (DH, SDH, CHC) on EQAS procedures, laboratory practices, and NABL M(EL)T compliance, ensuring personnel have the necessary skills and knowledge.
Gaps identified on the working area.	While the plan itself doesn't reveal existing gaps, it highlights some potential challenges that need to be considered for successful implementation: • Logistical Challenges: The large number of facilities (348 CHCs, 22 DHs, 37 SDHs) spread across various regions suggests potential logistical challenges in terms of training, sample distribution, and assessment scheduling. The plan acknowledges this by considering phased training and prioritizing remote facilities. • Human Resource Capacity: The plan proposes training for a wide range of personnel. It's important to assess if there are enough trainers and assessors available, particularly for covering remote areas. Collaboration with NABL M(EL)T is crucial to ensure sufficient resources for the program. • Sustainability: The plan focuses on a three-month timeframe. A long-term strategy for ongoing monitoring and support for facilities to maintain NABL M(EL)T compliance needs to be considered beyond the initial implementation phase.

Suggestions for improvement	Based on the potential challenges identified, here are some suggestions for improvement: • Develop a Phased Roll-Out Strategy: Consider a phased roll-out by region or facility type (rural vs. urban) to manage logistics and ensure quality training delivery. • Explore Training Delivery Methods: In addition to in-person workshops, explore online training modules or a combination of both to reach personnel in remote locations and optimize resource allocation. • Plan for Ongoing Support: Develop mechanisms for ongoing support beyond the initial training phase. This could involve creating a resource pool of trainers or establishing online forums for addressing challenges faced by facilities in their pursuit of NABL M(EL)T compliance. By addressing these potential challenges and incorporating these suggestions, the Quality Cell Department can increase the likelihood of successful program implementation and achieve its goal of improving laboratory quality across healthcare facilities in Gujarat.
Plan for the next week	Ensure a smooth roll out of the NABL ME(L)T Training program according to plan , follow up of details in real-time.

Week 8

Activity Done	Supporting the CLMC's NQAS Certification This week focused on helping the CLMC at GMERS Gandhinagar achieve NQAS certification. Activities: • Advocated for NQAS benefits (improved outcomes, staff training, grants). • Analyzed NQAS assessment and developed improvement plans for thematic areas G (Quality) and H (Outcome). • Reviewed service delivery protocols and implemented improvements to enhance patient experience and rights. • Collaborated with nurses to create educational materials on
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	breastfeeding. • Encouraged data collection through feedback systems for donors and patients. • Provided resources: ◦ Standard Operating Procedures (SOPs) for core functionalities. ◦ Policies on patient privacy, transparency, and rights. Expected Outcome: • Increased NQAS score from 56 to 62 (closer to the benchmark of 75).
Linking theory (Classroom learning) with practice at your organisation	This internship week provided practical experience in applying classroom knowledge to support the CLMC's NQAS certification efforts. Here's how theory connected to practice: • National Quality Assurance Standards (NQAS): Classroom learning covered the NQAS framework for healthcare facilities. My experience involved using the NQAS assessment results to identify areas for improvement (thematic areas G & H) and working collaboratively with the CLMC staff to implement corrective measures. • Quality Improvement Strategies: Classroom discussions covered various quality improvement methodologies. This week involved targeted improvement strategies for specific areas like informed consent, patient communication, and service delivery, directly impacting the CLMC's NQAS score. • Patient Centered Care: Classroom studies emphasized the importance of patient-centered care. We reviewed service delivery protocols to ensure the CLMC upholds patient rights, comfort, and privacy, reflecting this core principle in practice.
Gaps identified on the working area.	While working with the CLMC, some potential gaps in their operations were identified: • Staffing Constraints: The planned hiring of additional nurses and a dedicated manager suggests the CLMC may have been understaffed, potentially hindering service delivery and quality assurance efforts. • Limited Patient Education: The focus on creating IEC materials and installing an LCD display highlights a potential gap in existing patient education strategies for breastfeeding practices and milk donation. • Data Collection for Improvement: Encouraging the

	implementation of a feedback collection system addresses a gap in gathering data to identify areas for improvement and ensure patient satisfaction.
Suggestions for improvement	Based on the identified gaps, here are some suggestions for further improvement: • Invest in Staff Development: Additional training for existing staff, along with the planned recruitment, can strengthen the CLMC's workforce and ensure they have the knowledge and skills to deliver high-quality lactation services. • Develop Comprehensive Patient Education Materials: The creation of IEC materials is a positive step. Consider including these materials in various formats (e.g., brochures, videos) and languages to cater to diverse patient needs. • Utilize Feedback Data for Continuous Improvement: The implemented feedback collection system should be effectively analyzed to identify recurring themes and areas requiring improvement. This data can be used to refine service delivery and patient education efforts. By addressing these gaps and implementing the suggestions, the CLMC can further strengthen its lactation services, improve patient experience, and achieve its NQAS certification goals.
Plan for the next week	Ensure complete rollout of SOPs(Standard Operating Procedures),policies and IEC material in CLMC bu regularly following up with the AHA GMERS Gandhinagar

Compiled Reporting Format

Name of the Organisation: NHM Gujarat

Area/ Department/ Project of Summer Internship :

Quality Cell

Name of the Student: B Hari Hara Krishna

Roll no: 1693

Stream: MBA Health and Hospital Management

Activity Done	Week 1: Learned about core programs (Kayakalp, NQAS, AEFI, etc.) and familiarized yourself with resources. Week 2: Focused on Kayakalp data collection and analysis - learned about assessment criteria and challenges in implementation. Week 3: Conducted a field visit to observe AEFI compliance practices at a sub-center. Week 4: Analyzed healthcare budget allocation across Gujarat districts and identified underperforming districts. Learned about reasons for underspending and initiatives to improve healthcare in aspirational districts. Week 5: Analyzed budget utilization within the Quality Cell and across Gujarat districts. Conducted a field visit to Botad district to understand reasons behind under-spending and recommend improvements. Week 6: Summary of Fire Safety and Quality Cell Activities - fire safety follow-up, biomedical waste management, RCH Quality Cell meeting (LAQSHYA certifications, importance of accurate data, TeCHO+ dashboard), and Nutrition Cell activities. Week 7: Drafted a NABL M(EL)T program implementation plan for Gujarat. Week 8: Focused on supporting the CLMC's NQAS certification - advocated for NQAS benefits, analyzed assessment results, improved service delivery protocols, created educational materials, and provided resources.
Linking theory (Classroom learning) with practice at your organisation	This internship provided a valuable opportunity to bridge the gap between theoretical knowledge of public health programs and their real-world application. Key Learnings: • Solidifying Public Health Concepts: Classroom learning on quality management, program evaluation, data analysis, and communication was reinforced through practical experience with NHM Gujarat programs (Kayakalp, NQAS, MUCSQAN). • Applying Theory in Action: Witnessing AEFI compliance practices at a sub-center,

	analyzing healthcare budget allocation, and understanding challenges in aspirational districts all solidified theoretical concepts. • Benefits of Linking Theory and Practice: This internship deepened understanding, developed practical skills (data analysis, reporting), and enhanced problem-solving abilities (addressing Kayakalp implementation challenges). Examples of Theory Connecting to Practice: • Budget Analysis and Resource Allocation: Analyzed NHM Gujarat budget to identify underperforming districts, highlighting the importance of analyzing budgets for improvement. • National Quality Assurance Standards (NQAS): The Botad district field visit involved inspecting facilities against NQAS guidelines, solidifying understanding of these standards. • Real-time Data Collection: Encountered the "techo +" platform, a real-time data collection system, highlighting the need for proper training to ensure its effectiveness. Additional Insights from Internship Week: • Gap Identification Methods: Learned the "4x4 method" for systematically assessing healthcare facilities across various dimensions. • Program Management: Gained insights into managing healthcare programs at the state level through meetings on Swastha Mission and LAQSHYA certification.
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	• Fire Safety and Biomedical Waste Management: Observed the implementation of safety protocols learned in theory (fire NOC updates, fire drills, waste management plans). • Data Management for Quality Improvement: Discussions about data quality and real-time information for program monitoring reinforced classroom learning. • Reproductive and Child Health (RCH): Participating in the RCH Quality Cell meeting provided practical examples of initiatives like LAQSHYA certification. • External Quality Assurance Schemes (EQAS): Developed the NABL M(EL)T program implementation plan, incorporating EQAS procedures for laboratory quality control. Supporting the CLMC's NQAS Certification: • National Quality Assurance Standards (NQAS): Used NQAS assessment results to identify areas for improvement and implemented corrective measures with CLMC staff. • Quality Improvement Strategies: Implemented targeted improvement strategies for specific areas (informed consent, communication, service delivery) to improve the CLMC's NQAS score. • Patient Centered Care: Reviewed service delivery protocols to ensure the CLMC upholds patient rights, comfort, and
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	privacy. Overall, this internship provided a rich learning experience by bridging the gap between theory and practice in public health program management and implementation.
Gaps identified on the working area.	Key Gaps Identified: • Program-Specific Training: A need for more specific training on programs like Kayakalp, NQAS, and MUCSQAN for effective implementation at the ground level. • Infrastructure Constraints: Limited infrastructure, such as the land allocation issues at Sonawala District Hospital, hinders effective resource utilization. • Data Management Challenges: Inconsistencies in data entry (e.g., "techo +" platform) and discrepancies in program implementation (e.g., Mamta Diwas location) highlight data management and program adherence gaps. • Underutilized Resources: Several institutions underutilize allocated resources, suggesting a gap in translating budgets into improved healthcare services. • Performance Gaps in CHCs: Many CHCs struggle to meet NQAS benchmarks, indicating a gap in quality adherence. • Compliance Challenges: Discussions at SQAC meetings revealed potential gaps in adhering to mandatory regulations (AEFI, AERB, fire safety, waste management). • Staff Development Needs: The NQAS assessment of the CLMC highlighted a gap in providing healthcare workers with the necessary skills and training. • Communication Issues: Confusing formats for crucial patient data (e.g., Mamta Cards) suggest a gap in clear communication. Additional Gaps Identified During the Week: • Timely Data Submission: Potential gaps in ensuring timely data submission across all facilities (e.g., newborn screening data). • Data Quality and Standardization: A

	need for robust data quality and adherence to standardized definitions for accurate reporting and program evaluation. Potential Challenges in the NABL M(EL)T Program Implementation Plan: • Logistical Challenges: Training, sample distribution, and assessment scheduling across a large number of facilities spread across various regions. • Human Resource Capacity: Ensuring enough trainers and assessors are available, particularly for remote areas. • Sustainability: A long-term strategy for ongoing monitoring and support beyond the initial implementation phase is necessary. Potential Gaps Identified While Working with the CLMC: • Staffing Constraints: Planned hiring of additional staff suggests the CLMC may have been understaffed, impacting service delivery and quality assurance. • Limited Patient Education: A focus on creating educational materials suggests a gap in existing patient education strategies. • Data Collection for Improvement: The proposed feedback collection system addresses a gap in gathering data for improvement and ensuring patient satisfaction.
Suggestions for improvement	• Addressing Budget Underspending: ○ Advocate for clear plans at the district level. ○ Develop targeted programs for aspirational districts. ○ Raise awareness about available budget lines. • Enhancing Communication and Collaboration: ○ Foster better communication between stakeholders. Suggestions for Improvement at NHM Gujarat • Prioritize Infrastructure Development: Address limitations at under-resourced

	facilities. • Enhance Data Management Training: Ensure proper training for using data collection platforms. • Ensure Program Standardization: Collaborate with program implementers to ensure adherence to guidelines. • Targeted Capacity Building: Develop programs to assist institutions with low budget utilization. • Targeted Support for CHCs: Develop interventions to assist CHCs in achieving NQAS compliance. • Compliance Assistance Programs: Design programs to assist facilities in adhering to regulations. • Invest in Data Management Infrastructure: Advocate for investing in robust data management systems. • Staff Development Programs: Identify areas where staff require additional training and develop programs. • Standardize Patient Data Communication: Collaborate to establish clear formats for communicating patient data. Suggestions for NABL M(EL)T Program Implementation Plan: • Develop a Phased Roll-Out Strategy: Consider a phased roll-out by region or facility type. • Explore Training Delivery Methods: Explore online training modules in addition to in-person workshops. • Plan for Ongoing Support: Develop mechanisms for ongoing support beyond the initial training phase. Suggestions for the CLMC: • Invest in Staff Development: Provide additional training for existing staff. • Develop Comprehensive Patient Education Materials: Create IEC materials in various formats and languages. • Utilize Feedback Data for Continuous Improvement: Analyze feedback data to identify areas requiring improvement.
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Signature of the Student

Approved by the IIHMR University's Mentor