A STUDY ON THE NATIONAL QUALITY ASSURANCE STANDARDS (NQAS) SCORE OF AAM SECTOR 26 & AAM SARANGPUR, U.T., CHANDIGARH

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Organization Name: NHM, U.T., Chandigarh

ABOUT ORGANISATION

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

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

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

ABOUT AAM & NQAS

National Health Mission, UT Chandigarh, operates 44 AYUSHMAN AROGYA MANDIRs, categorized into 29 AB HWCs (renamed as AYUSHMAN AROGYA MANDIRs) for comprehensive health and preventive care, and 15 Urban AYUSHMAN AROGYA MANDIRs under PM-ABHIM for urban health services.

Launched in 2013, the Ministry of Health & Family Welfare's NQAP recognizes high-performing health facilities with certification based on National Quality Assurance Standards (NQAS) across eight Areas of Concern.

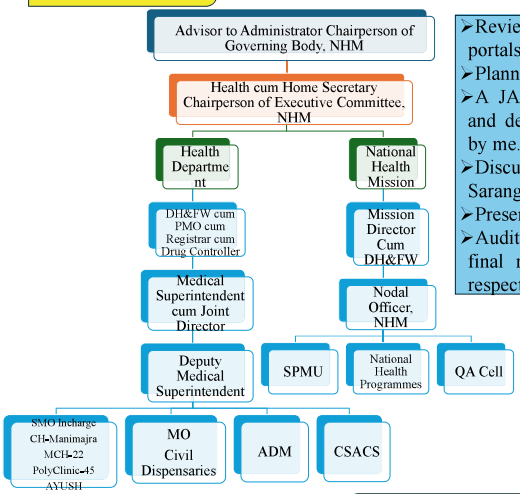
ABOUT PROJECT

AIM- Aimed to conduct a comprehensive analysis of AAM located in U.T., Chandigarh using NQAS, IPHS, and departmental checklists.

OBJECTIVES

- To identify current gaps in AAM SECTOR 26 & AAM SARANGPUR.
- To give suggestions to rectify such gaps before the external NQAS assessment

ORGANOGRAM



ACTIVITIES DONE

- Reviewed data and their entries for various government portals.
- Planned an ABHA ID awareness campaign.
- A JAS meeting where identified dispensary shortcomings, and departments were given some improvement suggestions by me.
- Discussed with MO the disposal of old, torn IEC materials at Sarangpur AAM.
- Presented on the 3-bucket system and spill management.
- Audited the drug & diagnostic inventory and presented the final report of both the AAM to the Nodal Officer and respective MO.

METHODOLOGY

Study Design

A descriptive cross-sectional study was conducted to evaluate adherence to NQAS and departmental standards in two AAMs in Chandigarh.

Data Collection Methods

- Observation

Direct observation of health center facilities, processes, and practices.

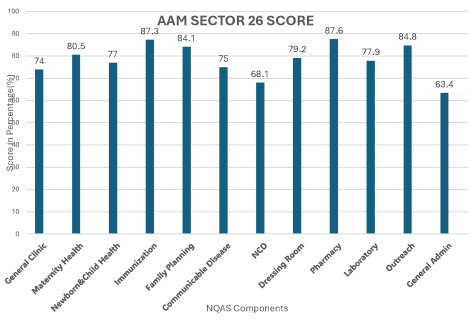
- Interviews

Semi-structured interviews with staff and patients.

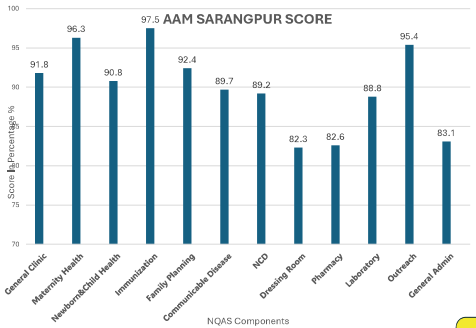
- Records Review

Reviewed records across various GOI portals and registers for the current and previous month in two units. This included OPD, emergency, RCH, U-WIN, E-WIN, NCD, NIKSHAY, immunization, AEFI, MCH, pharmacy inventory, referral, and training records

ANALYSIS & INTERPRETATION

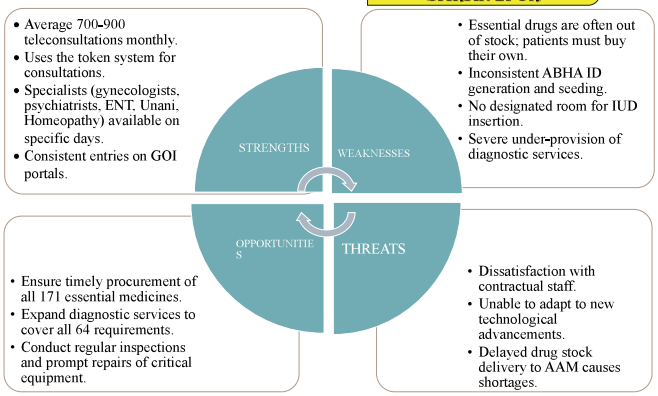


HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
86.7%	64.6%	87.3%	84.3%
AAM SECTOR 26 HOSPITAL SCORE			
76.9%			
Clinical Services	Infection Control	Quality Management	Outcome
83.3%	73.7%	31.7%	73.3%



HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
93.7%	86.2%	85.9%	91.3%
AAM SARANGPUR HOSPITAL SCORE			
89.4%			
Clinical Services	Infection Control	Quality Management	Outcome
94.1%	100.0%	69.5%	83.3%

SWOT ANALYSIS OF AAM SECTOR26 & SARANGPUR



CHALLENGES IN INTERNSHIP

- Staff hesitant to adopt new health initiatives.
- Insufficient incentives for ANMs and contractual staff, leading to feeling overburdened.
- Delayed responses from higher authorities on medicine stock, equipment, and repairs.
- Time constraints to sustain implemented changes.
- Lack of staff understanding of the initiative's importance and impact.

LEARNINGS & VALUE ADDITIONS

- Gained insights into the functioning of various IT portals and programs under NHM.
- Observed the ground-level operations of government organizations.
- Built self-confidence by giving presentations and advising leaders on improving their work habits.
- Learned about the daily operations of AAM and the communication hierarchy between authorities.

RECOMMENDATIONS

- Recruit adequate staff for all 12 expanded services.
- Provide refresher training and clear guidelines for comprehensive exams.
- Procure essential equipment, allocate budget, explore loan/rental options, and train staff on usage and maintenance.
- Install gender-sensitive and disability-friendly toilets at AAMs.
- Customize the NQAS checklist to align with state policies.

DIFFERENCE B/W THEORETICAL & PRACTICAL EXPOSURE

Theoretical Exposure

- Understanding protocols and the structure of government health organizations.
- Overview of various government health portals and their functions.

Practical Exposure

- Evaluate to uncover program strengths, flaws, and gaps, enabling targeted improvements.
- Understanding successes and shortcomings enhances outreach to disadvantaged communities and addresses emerging issues.