



SUMMER INTERNSHIP PROGRAM

at

NATIONAL HEALTH MISSION

GANDHINAGAR, GUJARAT

From 12TH MAY to 21ST JULY 2025

A REPORT BY

DR. SHRUTI DESHMUKH

Master of Business Administration

Hospital And Health Management

Roll no: 1935

2024-2026

Under the Mentorship of

Prof. S. P. CHATTOPADHYAY

IIHMR UNIVERSITY JAIPUR



Dr.Nayan P.Jani
Additional Director(FW)

No.FW/2025-26/Internship/Dr Shruti Deshmukh /Certificate/2025 ,
Dated: 21 July, 2025

**Commissionerate of Health, Medical Services &
Medical Education (HS), 5, Dr. Jivraj Mehta Bhavan,
Gandhinagar, Gujarat. 382 010.**

Phone : 079 – 23253311

Email : addir1.health.fw@gmail.com

To,
Dr Shruti Deshmukh,
MBA – HM Intern Student, (Batch 2024-26)
IIHMR University
1, Prabhu Dayal Marg,
Near Sanganer Airport, Jaipur - 302029

Sub: Internship Completion Certificate

This is to certify that Dr Shruti Deshmukh, MBA – HM Intern Student, (Batch 2024-26) IIHMR University, Jaipur has undergone Internship at the State Quality Assurance Unit, Family Welfare Branch, office of the Commissionerate of Health, Gandhinagar from Dt:- 12 May, 2025 to 21 July, 2025.

During her Internship, Dr Shruti Deshmukh observed the implementation and functioning of key initiatives such as Public Health Quality interventions and their operationalization at the state and field level.

Dr Shruti Deshmukh demonstrated a strong understanding and enthusiastic attitude towards the subject matter and fieldworks.



Gandhinagar
Date: 21/07/2025



[Dr. N.P. Jani]

Additional Director (FW)

Health, Medical Services and Medical
Education (Health Section)
Gandhinagar

C.C. to:-

- ✓ Programme officer (Admin), NHM, Gandhinagar
- ✓ Director, IIHMR University, 1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur - 302029

Certificate of Internship

This is to certify that Mr./Miss. DR. SHRUTI DESHMUKH student of Indian Institute of Health Management Research Jaipur (IIHMR), has successfully completed the Internship/Dissertation of MBA (Hospital And Health Management, From 12.05.2025 to 25.07.2025 Quality Care, Cost, Gardlines) During the period 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.


Commissioner Of Health (Rural)

&

Mission Director,
National Health Mission, Gujarat

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shruti Deshmukh** of academic year **2024-26** of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May - July 2025.

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

Date: 28/07/2025

A handwritten signature in black ink, appearing to be 'S P Chattopadhyay'.

(Signature Faculty Mentor)

Name: Professor S P Chattopadhyay



Comparative Evaluation of NQAS-Certified vs. Non-Certified Public Health Facilities on Quality of Care in Gujarat

University Mentor – S.P. Chattopadhyay ,

Under the Guidance of – Dr. Jatin Malvaniya (State Quality Medical Officer),

By : Dr. Shruti Deshmukh Roll No-1935 MBA HM 29



History, Vision & Mission

History

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

Vision: To provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

Mission:

To strengthen public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization.

SWOT

Strength

- KPI, PSS, Grievance redressal, OPD/IPD data, SOPs, CAPA ensures regular quality assessment
- Government support and guidelines
- Strong focus on clinical governance, SOPs, infection control, patient safety, risk management
- Evidence based assessment with checklists ensure objectivity & transparency



Threat

- Risk of data falsification or bogus entries in performance indicators (PSS/KPIs).

Administrative delays hinder adoption of NQAS in non certified facilities

Weakness

Non-NQAS facilities lacked proper recordkeeping.

1. Lack of documentation and standard procedures in Non-NQAS facilities.
2. Absence of quality tools like CAPA, fishbone analysis, and root cause analysis.
3. Shortage of trained staff; low compliance with SOPs, clinical protocols, and KPIs.
4. Poor biomedical waste management and infection control practices.
5. Minimal patient feedback systems and grievance redressal processes.

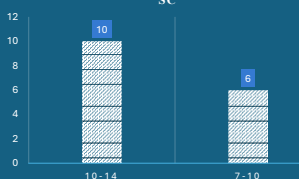
Opportunity

Use of NQAS as a scalable model to uplift non-certified facilities by using standard Quality tools .

Data from already certified facilities can help other facilities to follow the same guidelines and practices.

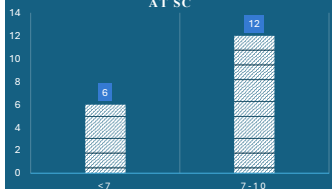
NOAS

COUNT OF NAME OF NOAS CERTIFIED FACILITY BY TOTAL DIAGNOSTICS TEST AVAILABLE AT SC



Non-NQAS

COUNT OF NAME OF NON-NQAS CERTIFIED FACILITY BY TOTAL DIAGNOSTICS TEST AVAILABLE AT SC



Objective of Study

To evaluate and compare the quality of care in NQAS certified and non-certified public health facilities.

Methodology

Data Acquisition

Primary data was collected from 86 healthcare facilities in four districts. This included Primary Health Centres (PHCs), Community Health Centres (CHCs), and Sub-Centres (SCs). We designed a structured questionnaire to gather key information from these centres.

Data Analysis:

Google form was used to collect the data. Microsoft Excel used to sort and examine the data.

- Bar graphs compared quality measures and standards between NQAS and Non-NQAS facilities.

Intervention

Based on the assessment, we identified and sorted the facilities.

- We held targeted counseling and training sessions for non-certified facilities to raise awareness and help them prepare for certification..
- Certified facilities received extra support to maintain and improve their adherence to NQAS quality standards.

Learnings and Value Additions

1. Gained in-depth knowledge of the National Quality Assurance Standards (NQAS) and their practical application across public health facilities.
2. Critical Evaluation of Health Systems- Understood the stark differences in service delivery between certified and non-certified facilities.
3. Gained experience in conducting field visits, collecting qualitative insights, and presenting data-driven conclusions.
4. Recognized the role of supportive supervision and state-level follow-up in sustaining quality interventions.

Challenges

1. Lack of state-level capital investment, delayed renovation proposals, and absence of long-term planning for rented premises.
2. Capacity building - Lack of capacity to conduct internal assessments or quality improvement initiatives.
3. Many frontline staff, including CHOs and MOs, lacked understanding of NQAS beyond documentation compliance. This affected their engagement and motivation in sustaining quality measures post-certification.

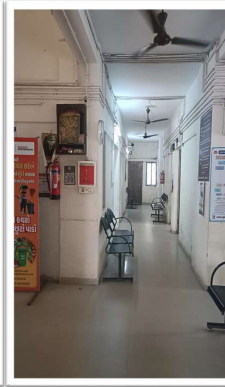
Suggestions

- Conduct training on documentation, clinical SOPs, and patient feedback systems.
- Offer guidance and conduct regular internal reviews for non-certified facilities to help them get ready for future NQAS certification.
- Non-NQAS facilities should follow the infection prevention and cleanliness practices found in NQAS-certified facilities.

NQAS



Non-NQAS





Name of the Organization: NATIONAL HEALTH MISSION

Department: QUALITY CELL

Name of the Student: Dr. SHRUTI KAILASHRAO DESHMUKH

Roll no: 1935

Stream: MBA (HM)

WEEK- 1 REPORT (12TH MAY TO 17TH MAY'2025)

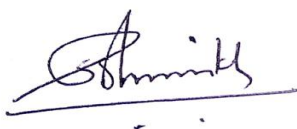
Activity Done	In the first week, our mentor from the Quality Cell oriented us with the national guidelines and standards. We were asked to read and understand the following: • NQAS (National Quality Assurance Standards) • LaQshya (Labour Room Quality Improvement Initiative) • IPHS (Indian Public Health Standards) I studied the documents thoroughly and tried to understand their application at different levels of healthcare - Sub-Centre (SC), Primary Health Centre (PHC), Community Health Centre (CHC), and District Hospital (DH). I also learned about the organogram of the Quality Cell and the key functions of various positions and departments.
Linking theory (Classroom learning) with practice at your organization	The theoretical understanding from subject like Health policy and Healthcare delivery system and National Health Programs helped me comprehend the structure and intent of the NQAS, LaQshya, and IPHS guidelines. I could relate how standards and indicators are framed.
Gaps identified on the working area.	No gaps were identified during this week as the focus was primarily on reading and understanding the guidelines.
Suggestions for improvement	No suggestions provided for this week
Plan for the next week	1) Visit NQAS-certified facilities to observe implementation on ground. 2) Begin documenting quality practices at UPHC level. 3) Interact with facility staff to understand how the guidelines are followed in routine work.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 2 REPORT (19TH MAY TO 23RD MAY2025)

Activity Done	Attended the Swachh, Swasth, Sarvatra (SSS) training workshop organized by the State Quality Cell, NHM Gujarat, for Medical Officers and Staff Nurses of PHCs and UPHCs. Learned about the WASH (Water, Sanitation and Hygiene) initiative and its role in improving facility-level hygiene and infection control practices. Understood the integration of Kayakalp, National Quality Assurance Standards (NQAS), and LaQshya within the SSS program to ensure quality improvement across healthcare facilities. Assisted in the certification process for facilities aiming for State-level NQAS certification.
Linking theory (Classroom learning) with practice at your organization	The concepts learned in National Health Program and Health Policy helped me grasp how hygiene and sanitation initiatives are implemented at the facility level. I was able to relate the theoretical framework of NQAS and Kayakalp assessment checklists with the on-ground training and certification process.
Gaps identified on the working area.	No specific gaps were identified during this week's activities as the focus was primarily on attending the training and observing the certification process.
Suggestions for improvement	No suggestions provided for this week
Plan for the next week	To assist the Executive Assistant in the certification process for healthcare facilities applying for State-level NQAS certification.

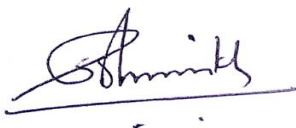


Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 3 REPORT (26TH MAY TO 31ST MAY 2025)

Activity Done	Received AEFI (Adverse Event Following Immunization) data from the consultant for analysis. Spent time sorting and organizing the dataset as it was my first experience working with raw data for analysis. Continued to assist in the certification process for healthcare facilities working towards State-level National Quality Assurance Standards (NQAS) certification.
Linking theory (Classroom learning) with practice at your organization	Applied foundational knowledge from subjects like Biostatistics and DBMS to sort and begin understanding the AEFI dataset. Experience in NQAS certification reinforced theoretical learning on healthcare quality standards, assessment frameworks, and public health program implementation.
Gaps identified on the working area.	No specific gaps identified during this week.
Suggestions for improvement	No suggestions provided for this week
Plan for the next week	Begin analysis of the AEFI data received. Continue assisting the Executive Assistant in the certification process of healthcare facilities seeking State-level NQAS certification.

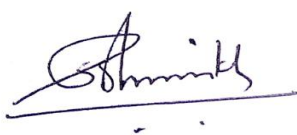
A handwritten signature in blue ink, appearing to read 'Shruti', with a horizontal line underneath.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 4 REPORT (2nd JUNE TO 7TH JUNE'2025)

Activity Done	Completed the analysis of AEFI (Adverse Event Following Immunization) data. Prepared and submitted the analytical report to the Consultant, Quality Cell, NHM Gujarat. Continued assisting in the certification process of healthcare facilities working toward State-level NQAS (National Quality Assurance Standards) certification.
Linking theory (Classroom learning) with practice at your organization	Applied DBMS and public health concepts from Biostatistics and Epidemiology courses to interpret AEFI data trends.
Gaps identified on the working area.	Districts with 0 PHCs scoring >70%: Patan, Navsari, and Surendranagar revealed significant quality issues in data entry and AEFI response practices. Districts with 100+ PHCs scoring >70%: Banaskantha, Sabarkantha, and Bhavnagar indicated robust processes that could serve as models for other districts.
Suggestions for improvement	Promote real-time and clean data entry to reduce duplication and ensure consistent AEFI records for accurate reporting. Conduct structured training on AEFI surveillance and proper documentation practices for Medical Officers, ANMs, and data handlers.
Plan for the next week	Prepare for the NQAS assessment visit to AMC UPHC Ramol in coordination with the Project Officer.



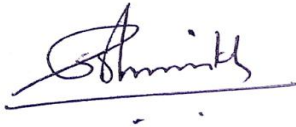
Signature of the Student

Approved by the IIHMR University's Mentor

Week -5 Report (9th JUNE TO 13th JUNE 2025)

Activity Done	Accompanied the Quality Cell Project Officer for the State-level NQAS assessment of Ramol-2 UPHC under Ahmedabad Municipal Corporation (AMC). Observed the on-ground application of NQAS standards and assessment protocols that I had previously studied in the guidelines. Gained practical exposure to key components such as liquid waste management, mercury spill kit, AEFI kit, and blood spill kit—along with their proper usage. Learned how Key Performance Indicators (KPIs) and Patient Satisfaction Scores (PSS) are calculated and used to evaluate service quality. Understood the practical application of quality improvement tools in optimizing healthcare processes. Visited Anganwadi Basan-1, where I learned about Mamta Divas and Gauravi Divas initiatives and interacted with ANCs and frontline staff. Continued assisting in the certification process for healthcare facilities under the State-level NQAS initiative.
Linking theory (Classroom learning) with practice at your organization	Waste management concepts from Hospital Operations Management were reinforced through hands-on learning. Concepts from Maternal and Child Health were reflected during the visit to Anganwadi and participation in Mamta Divas and Gauravi Divas.
Gaps identified on the working area.	No specific gaps identified during this week.
Suggestions for improvement	No suggestions provided for this week.

Plan for the next week	Prepare a Google Form for the assigned project, as per mentor's instructions. Continue assisting the Executive Assistant in the certification process for healthcare facilities aiming for State-level NQAS certification.
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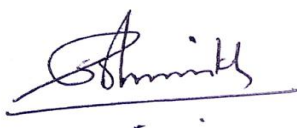


Signature of the Student

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Week -6 Report (16th JUNE TO 21st JUNE 2025)

Activity Done	Assigned a project titled Comparative Study of NQAS and Non-NQAS Certified Facilities by the mentors at NHM Gujarat. Developed a data collection tool for the study under the guidance of consultants from the Quality Cell. Received feedback and final approval of the tool from our mentor. Conducted pilot testing of the tool at UPHC Palaj. Based on the testing and observations, identified areas of improvement and refined the tool after further discussion with our mentor.
Linking theory (Classroom learning) with practice at your organization	Applied research methodology and survey design principles from courses like Research Methods and Health Program Evaluation to develop a field-appropriate tool. Understood the importance of pilot testing, validation, and stakeholder involvement in the tool development process.
Gaps identified on the working area.	No specific gaps identified during this week.
Suggestions for improvement	No suggestions provided for this week
Plan for the next week	Attend the LaQshya Workshop to be held in Vadodara , organized by the State Quality Cell, Gujarat.

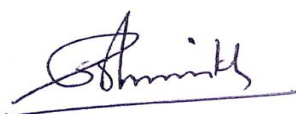


Signature of the Student

Approved by the IIHMR University's Mentor

Week -7 Report (23rd JUNE TO 28th JUNE 2025)

Activity Done	Attended a 1-day NQAS Workshop for DQMOs, Medical Officers, and facility staff, organized by the State Quality Cell. Participated in a 2-day LAQSHYA Workshop in Vadodara along with the consultants from the Quality Cell. Prepared the research proposal for the Comparative Study of NQAS and Non-NQAS Certified Facilities, which was reviewed and approved by the State Quality Medical Officer (SQMO). Finalized four districts for data collection: Vadodara, Bhavnagar, Sabarkantha, and Ahmedabad Municipal Corporation. Conducted random sampling and selected 20 facilities per district (10 NQAS Certified and 10 Non-NQAS Certified) for the study.
Linking theory (Classroom learning) with practice at your organization	The NQAS and LAQSHYA workshops provided a strong practical extension of theoretical content from Quality in Healthcare, Maternal and Child Health, and Hospital Operations. Applied research design and sampling methods from the Research Methodology coursework to frame the study design and select sample facilities. Gained a better understanding of how academic research aligns with field-level program implementation and quality improvement.
Gaps identified on the working area.	No specific gaps identified during this week.
Suggestions for improvement	No suggestions provided for this week.
Plan for the next week	Visit the 20 selected healthcare facilities in Ahmedabad Municipal Corporation for data collection as part of the comparative study.



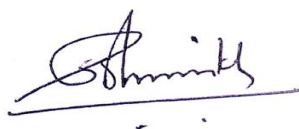
Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 8 REPORT (30TH JUNE TO 5TH JULY 2025)

Activity Done	Visited 20 healthcare facilities under Ahmedabad Municipal Corporation (AMC) as part of the comparative study on NQAS and Non-NQAS certified facilities. Conducted field-level data collection using the pre-approved tool. Carried out data sorting and initial analysis of the collected information.
Linking theory (Classroom learning) with practice at your organization	Applied fieldwork and quality improvement concepts from Hospital Operations Management and Quality in Healthcare Practically implemented research design, survey techniques, and data analysis principles learned in Research Methodology. Compared how structured quality assurance systems impact service delivery, reinforcing theoretical knowledge on health systems strengthening.
Gaps identified on the working area.	Observed significant variations between NQAS-certified and non-NQAS certified facilities in terms of: • Cleanliness and infection control • Signage and IEC (Information, Education & Communication) materials • Availability and use of SOPs (Standard Operating Procedures) • Monitoring of KPIs (Key Performance Indicators) • Patient Satisfaction Scores (PSS) • Grievance redressal mechanisms • Consistency in clinical processes
Suggestions for improvement	Ensure availability of updated clinical guidelines at the point of care.

	Conduct refresher training for MOs and ANMs on protocol-based treatment and documentation. Ensure proper and visible signage for patient navigation and departmental identification. Display IEC materials related to patient rights, services, and public health schemes in common and strategic areas.
Plan for the next week	Visit the 20 selected healthcare facilities in Vadodara and Bhavnagar for data collection as part of the comparative study.

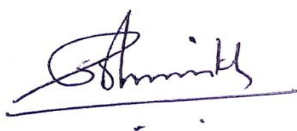


Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 9 REPORT (7th JULY to 11th JULY 2025)

Activity Done	Visited 22 healthcare facilities in Vadodara and 22 healthcare facilities in Bhavnagar as part of the comparative study on NQAS and Non-NQAS certified facilities. Continued data collection using the validated survey tool.
Linking theory (Classroom learning) with practice at your organization	Applied principles from Essentials of Hospital Services in assessing and comparing operational processes. Reinforced knowledge from Research Methodology through field-based survey implementation and observational assessments.
Gaps identified on the working area.	Marked disparities in cleanliness, documentation practices, service quality indicators, and grievance redressal systems between certified and non-certified facilities.
Suggestions for improvement	Implement training and orientation programs for non-certified facilities on quality improvement protocols and clinical documentation. Promote standardized operating procedures, ensure cleanliness audits, and initiate patient feedback systems in non-NQAS certified facilities. Provide handholding support and periodic review for underperforming facilities to prepare them for NQAS certification.
Plan for the next week	Visit the 20 selected healthcare facilities in Sabarkantha for data collection as part of the comparative study.



Signature of the Student

Approved by the IIHMR University's Mentor

WEEK- 10 REPORT (14th JULY TO 18TH JULY 2025)

Activity Done	Visited 22 healthcare facilities in Sabarkantha district as part of the final leg of data collection for the comparative study on NQAS and Non-NQAS certified facilities. Completed data sorting and analysis of all the collected data from four selected districts: Ahmedabad Municipal Corporation, Vadodara, Bhavnagar, and Sabarkantha.
Linking theory (Classroom learning) with practice at your organization	Utilized skills from Data Base Management and Health Systems Research courses to complete sorting, cleaning, and analysis of field data.
Gaps identified on the working area.	Consistent and significant gaps in non-certified facilities related to sanitation, documentation, clinical protocols, grievance mechanisms, and overall service quality.
Suggestions for improvement	Encourage non-NQAS facilities to adopt structured quality improvement tools and practices. Conduct targeted training on documentation, clinical SOPs, and patient feedback systems. Support non-certified facilities with mentorship and periodic internal assessments to prepare for future NQAS certification.
Plan for the next week	Submit the final report to mentors for approval. Collect all necessary completion certificates and formal documentation related to the internship.



Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organization: NATIONAL HEALTH MISSION

Area/ Department/ Project of Summer Internship Program: QUALITY CELL

Name of the Student: Dr. SHRUTI DESHMUKH

Roll no:1935

Stream: MBA-HM

Activity Done	WEEK 1: In the first week, our mentor from Quality Cell oriented us with the national guidelines and standards. We were asked to read and understand the following: • NQAS (National Quality Assurance Standards) • LaQshya (Labour Room Quality Improvement Initiative) • IPHS (Indian Public Health Standards) I studied the documents thoroughly and tried to understand their application at different levels of healthcare - Sub-Centre (SC), Primary Health Centre (PHC), Community Health Centre (CHC), and District Hospital (DH). I also learned about the organogram of the Quality Cell and the key functions of various positions and departments. WEEK 2: • Attended the Swachh, Swasth, Sarvatra (SSS) training workshop organized by the State Quality Cell, NHM Gujarat, for Medical Officers and Staff Nurses of PHCs and UPHCs. • Learned about the WASH (Water, Sanitation and Hygiene) initiative and its role in improving facility-level hygiene and infection control practices. • Understood the integration of Kayakalp, National Quality Assurance Standards (NQAS), and LaQshya within the SSS program to ensure quality improvement across healthcare facilities. • Assisted in the certification process for facilities aiming for State-level NQAS certification. WEEK 3: • Received AEFI (Adverse Event Following Immunization) data from the consultant for analysis. • Spent time sorting and organizing the dataset as it was my first experience working with raw data for analysis. • Continued to assist in the certification process for healthcare facilities working towards State-level National
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	Quality Assurance Standards (NQAS) certification. WEEK 4: - Completed the analysis of AEFI (Adverse Event Following Immunization) data. - Prepared and submitted the analytical report to the Consultant, Quality Cell, NHM Gujarat. - Continued assisting in the certification process of healthcare facilities working toward State-level NQAS (National Quality Assurance Standards) certification. WEEK 5: - Accompanied the Quality Cell Project Officer for the State-level NQAS assessment of Ramol-2 UPHC under Ahmedabad Municipal Corporation (AMC). - Observed the on-ground application of NQAS standards and assessment protocols that I had previously studied in the guidelines. - Gained practical exposure to key components such as liquid waste management, mercury spill kit, AEFI kit, and blood spill kit—along with their proper usage. - Learned how Key Performance Indicators (KPIs) and Patient Satisfaction Scores (PSS) are calculated and used to evaluate service quality. - Understood the practical application of quality improvement tools in optimizing healthcare processes. - Visited Anganwadi Basan-1, where I learned about Mamta Divas and Gauravi Divas initiatives and interacted with ANCs and frontline staff. - Continued assisting in the certification process for healthcare facilities under the State-level NQAS initiative. WEEK 6: - Assigned a project titled Comparative Study of NQAS and Non-NQAS Certified Facilities by the mentors at NHM Gujarat. - Developed a data collection tool for the study under the guidance of consultants from the Quality Cell. - Received feedback and final approval of the tool from our mentor. - Conducted pilot testing of the tool at UPHC Palaj. - Based on the testing and observations, identified areas of improvement and refined the tool after further discussion with our mentor. WEEK 7: - Attended a 1-day NQAS Workshop for DQMOs, Medical Officers, and facility staff, organized by the State Quality Cell. - Participated in a 2-day LAQSHYA Workshop in Vadodara along with the consultants from Quality Cell. - Prepared the research proposal for the Comparative Study of NQAS and Non-NQAS Certified Facilities, which was
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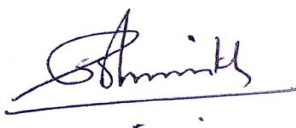
	reviewed and approved by the State Quality Medical Officer (SQMO). • Finalized four districts for data collection: Vadodara, Bhavnagar, Sabarkantha, and Ahmedabad Municipal Corporation. • Conducted random sampling and selected 20 facilities per district (10 NQAS Certified and 10 Non-NQAS Certified) for the study. WEEK 8: • Visited 20 healthcare facilities under Ahmedabad Municipal Corporation (AMC) as part of the comparative study on NQAS and Non-NQAS certified facilities. • Conducted field-level data collection using the pre-approved tool. • Carried out data sorting and initial analysis of the collected information. WEEK 9: • Visited 22 healthcare facilities in Vadodara and 22 healthcare facilities in Bhavnagar as part of the comparative study on NQAS and Non-NQAS certified facilities. • Continued data collection using the validated survey tool. WEEK 10: • Visited 22 healthcare facilities in Sabarkantha district as part of the final leg of data collection for the comparative study on NQAS and Non-NQAS certified facilities. • Completed data sorting and analysis of all the collected data from four selected districts: Ahmedabad Municipal Corporation, Vadodara, Bhavnagar, and Sabarkantha.
Linking theory (Classroom learning) with practice at your organization	• The theoretical understanding from subject like Health policy and Healthcare delivery system and National Health Programs helped me comprehend the structure and intent of the NQAS, LaQshya, and IPHS guidelines. I could relate how standards and indicators are framed. • The concepts learned in National Health Program and Health Policy helped me grasp how hygiene and sanitation initiatives are implemented at the facility level. • Applied foundational knowledge from subjects like Biostatistics and DBMS to sort and begin understanding the AEFI dataset. • Applied DBMS and public health concepts from

	Biostatistics and Epidemiology courses to interpret AEFI data trends. • Waste management concepts from Essentials of Hospital Management were reinforced through hands-on learning. • Concepts from Maternal and Child Health were reflected during the visit to Anganwadi and participation in Mamta Divas and Gauravi Divas. • Applied research methodology and survey design principles from courses like Research Methods and Health Program Evaluation to develop a field-appropriate tool. • Understood the importance of pilot testing, validation, and stakeholder involvement in the tool development process. • The NQAS and LAQSHYA workshops provided a strong practical extension of theoretical content from Quality in Healthcare, Maternal and Child Health, and Hospital Operations. • Applied research design and sampling methods from the Research Methodology coursework to frame the study design and select sample facilities. • Gained a better understanding of how academic research aligns with field-level program implementation and quality improvement. • Practically implemented research design, survey techniques, and data analysis principles learned in Research Methodology. • Utilized skills from Data Base Management and Health Systems Research courses to complete sorting, cleaning, and analysis of field data.
Gaps identified on the working area.	• Districts with 0 PHCs scoring >70%: Patan, Navsari, and Surendranagar revealed significant quality issues in data entry and AEFI response practices. • Districts with 100+ PHCs scoring >70%: Banaskantha, Sabarkantha, and Bhavnagar indicated robust processes that could serve as models for other districts. Observed significant variations between NQAS-certified and non-NQAS certified facilities in terms of:

	• Cleanliness and infection control • Signage and IEC (Information, Education & Communication) materials • Availability and use of SOPs (Standard Operating Procedures) • Monitoring of KPIs (Key Performance Indicators) • Patient Satisfaction Scores (PSS) • Grievance redressal mechanisms • Consistency in clinical processes
Suggestions for improvement	• Promote real-time and clean data entry to reduce duplication and ensure consistent AEFI records for accurate reporting. • Conduct structured training on AEFI surveillance and proper documentation practices for Medical Officers, ANMs, and data handlers. • Ensure availability of updated clinical guidelines at the point of care. • Conduct refresher training for MOs and ANMs on protocol-based treatment and documentation. • Ensure proper and visible signage for patient navigation and departmental identification. • Display IEC materials related to patient rights, services, and public health schemes in common and strategic areas. • Implement training and orientation programs for non-certified facilities on quality improvement protocols and clinical documentation. • Promote standardized operating procedures, ensure cleanliness audits, and initiate patient feedback systems in non-NQAS certified facilities. • Provide handholding support and periodic review for underperforming facilities to prepare them for NQAS certification. • Encourage non-NQAS facilities to adopt structured quality improvement tools and practices.

	• Conduct targeted training on documentation, clinical SOPs, and patient feedback systems. • Support non-certified facilities with mentorship and periodic internal assessments to prepare for future NQAS certification.
Key Learnings	Week 1: Understanding the Foundations of Quality • Gained conceptual clarity on national quality programs like NQAS, LaQshya, Kayakalp, and IPHS. • Understood the structure and organogram of the State Quality Cell. • Learned how these guidelines are implemented across various levels: PHC, CHC, SC, and DH. Week 2: Exposure to National Initiatives • Attended Swachh, Swasth, Sarvatra (SSS) training, learning about integration of WASH, Kayakalp, NQAS, and LaQshya. • Understood the importance of hygiene and sanitation in health facility quality improvement. • Gained insight into state-level certification processes. Week 3: Introduction to Data Handling • Received hands-on experience in sorting AEFI data for the first time. • Developed understanding of data organization, cleaning, and categorization. • Continued involvement in the NQAS certification process, deepening practical exposure. Week 4: Analytical Skills and Interpretation • Analysed AEFI data and identified district-wise performance trends. • Understood how to interpret KPIs and facility-level performance using real data. • Identified gaps in data quality and suggested actionable recommendations. Week 5: Field-Level Quality Assessment • Participated in an actual NQAS State-level assessment at Ramol-2 UPHC. • Observed real-time application of standards from the NQAS guidelines. • Learned about clinical kits (mercury spill, blood spill, AEFI kits) and waste management practices. • Gained exposure to Mamta Divas and Gauravi Divas and community-level interventions. Week 6: Research Design and Tool Development • Assigned a comparative research project on NQAS vs. Non-NQAS certified facilities.

	- Designed and pilot-tested a survey tool with guidance from mentors. - Learned about tool validation, questionnaire refinement, and stakeholder feedback. Week 7: Proposal Finalization and Sampling - Attended NQAS and LaQshya workshops for skill enhancement. - Finalized research proposal and sampling strategy for 4 districts. - Understood district selection, random sampling, and research logistics. Week 8: Field Data Collection & Observation (AMC) - Visited 20 facilities in Ahmedabad Municipal Corporation. - Observed clear differences in infrastructure, documentation, patient services, and grievance mechanisms between certified and non-certified facilities. - Practically applied observational and interviewing skills. Week 9: Comparative Analysis Across Districts - Visited 17 facilities each in Vadodara and Bhavnagar. - Identified consistent performance gaps in cleanliness, SOP usage, KPIs, PSS, and clinical process adherence. - Reinforced understanding of why certification improves quality standards. Week 10: Final Data Compilation and Insights - Visited 21 facilities in Sabarkantha and completed all fieldwork. - Performed data sorting, analysis, and pattern identification. - Gained clarity on district-level disparities in health service quality. - Learned how to transform field data into evidence-based recommendations.
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Signature of the Student

Approved by the IIHMR University's Mentor