



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



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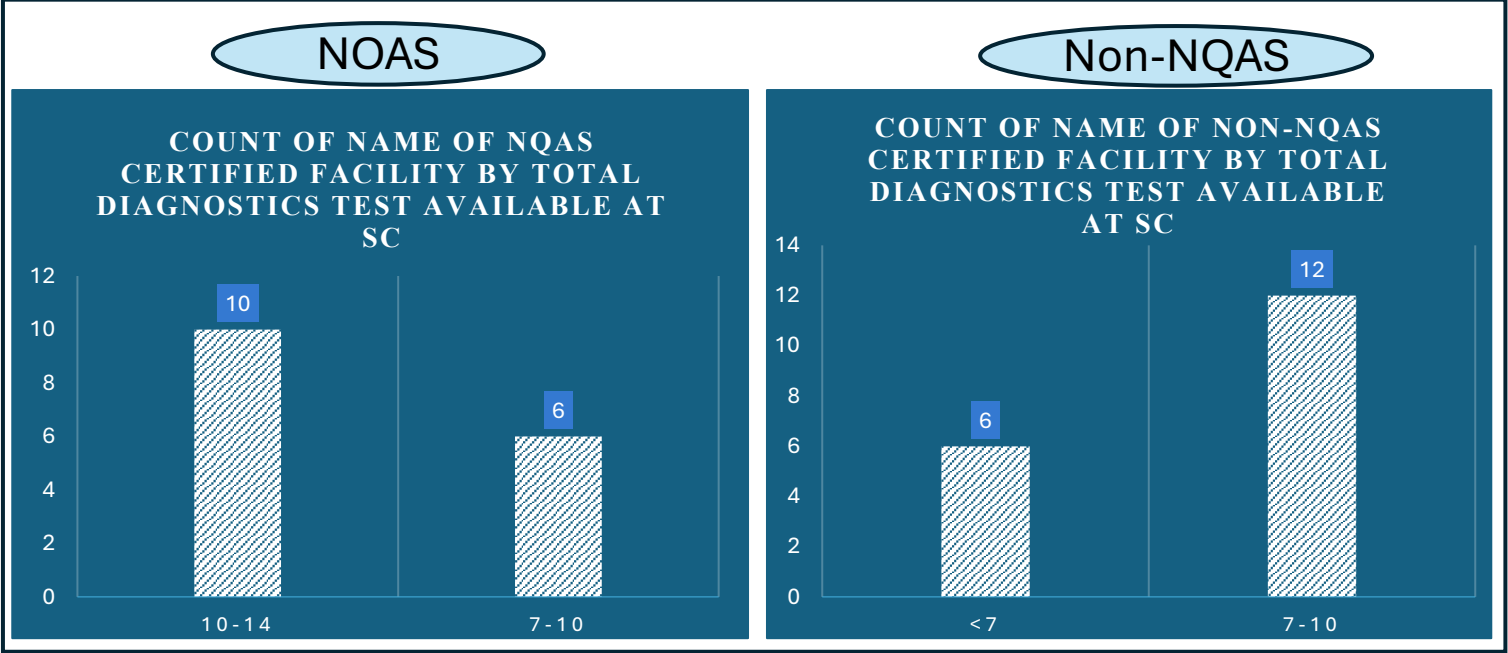
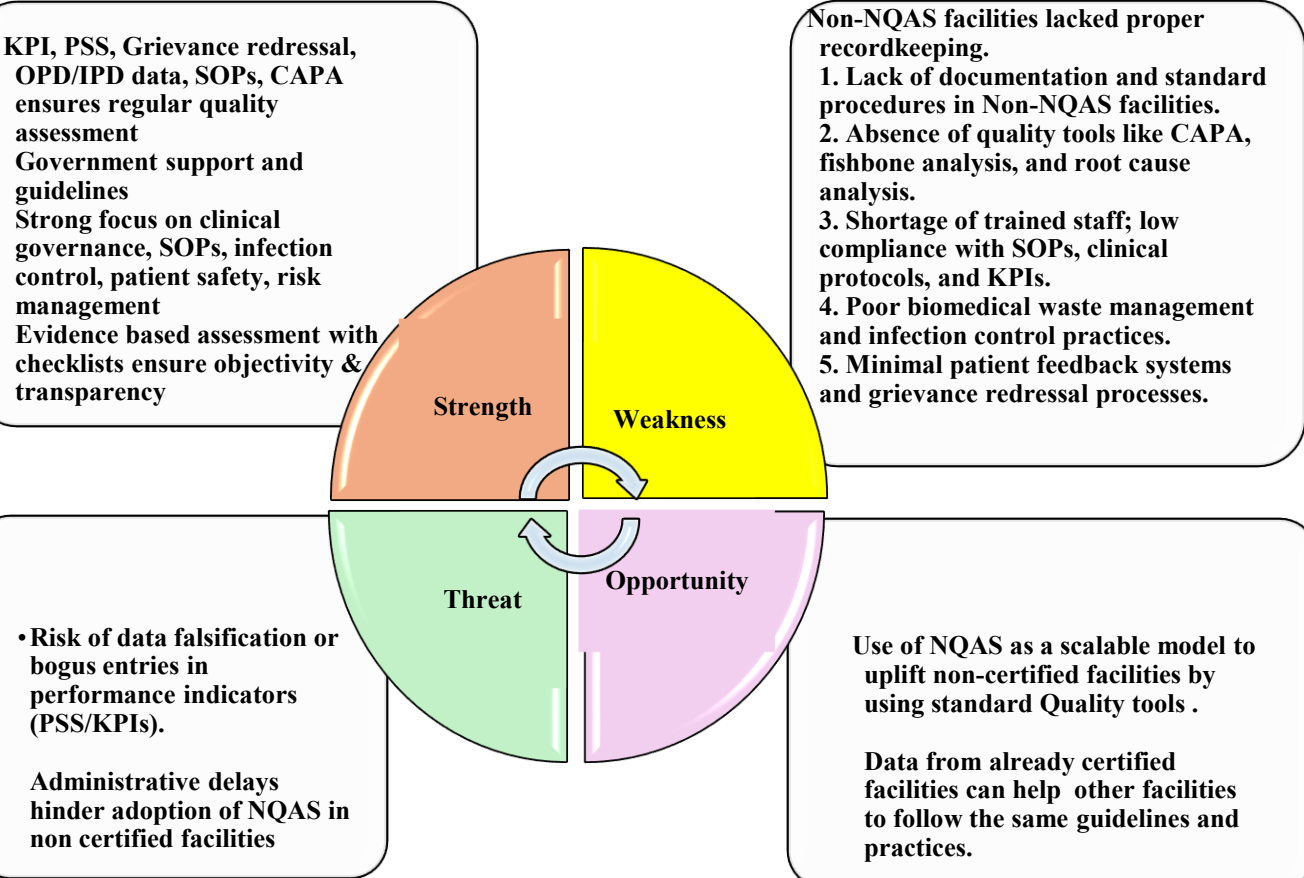
History, Vision & Mission

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



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.

