

NQAS assessment and gap closure of HWCs in Singrauli district of Madhya Pradesh

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr. Raj Yashh Pandey

Under the Supervision and Guidance of

Dr Sandesh Sharma.

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled “**NQAS assessment and gap closure of HWCs in Singrauli district of Madhya Pradesh**” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr Raj Yashh

27/6/2022

CERTIFICATE

This is to certify that Dr. Raj Yashh Pandey in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her/his internship at (name of the organization) during April 7th, 2022 to June 30th, 2022.

Place:
Date:

Preceptor/Head of the Organization
CiNI ,Tata Trusts.

CERTIFICATE

This is to certify that dissertation titled “**NQAS assessment and gap closure of HWCs in Singrauli district of Madhya Pradesh**” is a record of the research work undertaken by Dr Raj Yashh Pandey in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
DR Sandesh Sharma
IIHMR University, Jaipur
Date -27/6/2022

School Dean
Dr(COI) Mahendar Kumar
IIHMR University, Jaipur

ACKNOWLEDGEMENT

The internship opportunity with CiNI,TATA TRUST,Madhya Pradesh, was a great chance for learning and professional development. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this dissertation period.

I am highly grateful & would like to express my deepest gratitude and special thanks to Ms Sonal Das , Dr.Abhijeet Chowdary, Dr Rehan Quereshi, Dr Girdhari, Dr Kamlesh and all TATA TRUST Team who despite of being extraordinarily busy with their duties, took time to guide and keep me on the correct path while arranging all the facilities to make the project fruitful and allowing me to work at this esteemed organization.

I would like to thank all the staff of CiNI to make this project a success. I perceive this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way.

I would also like to thank Dr. Sandesh Sharma IIHMR University for hir constant supervision and support in completing the project.

Above all, I would like to thank God for giving me the strength to manage the difficulties which I faced during this period.

Sincerely,

Dr.Raj Yashh Pandey

MBA HM 1169

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ABBREVIATIONS

- ANC- Antenatal Care
- ANM- Auxiliary Nursing Midwife ASHA- Accredited Social Health Activist
AWW- Anganwadi Worker
- BCC- Behavior Change Communication
- BEmONC- Basic Emergency Obstetric and Newborn Care
- BPM- Block Program Manager
- CEmONC- Comprehensive Emergency Obstetric and Newborn Care
- CHC- Community Health Centre DCM- District Community Mobiliser
DH- District Hospital
- DHAP- District Health Action Plan DPM- District Program Manager
- DPMU- District Program Management Unit FRU- First Referral Unit
- HBNC- Home Based Newborn Care
- HMIS- Health Management Information System
- IEC- Information Education and Communication
- ANC- Antenatal Care
- ANM- Auxillary Nursing Midwife ASHA- Accredited Social Health Activist
AWW- Anganwadi Worker
- BCC- Behaviour Change Communication
- BEmONC- Basic Emergency Obstetric and Newborn Care
- BPM- Block Program Manager
- CEmONC- Comprehensive Emergency Obstetric and Newborn Care
- CHC- Community Health Centre DCM- District Community Mobiliser DH-
District Hospital
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- DPMU- District Program Management Unit FRU- First Referral Unit
- HBNC- Home Based Newborn Care
- HMIS- Health Management Information System

- IEC- Information Education and Communication
- IMNCI- Integrated Management of Neonatal and Childhood Illnesses
- IMR- Infant Mortality Rate IUD- Intrauterine Device LHV- Lady Health Visitor
- LSAS- Life Saving Anesthesia Skills LTT- Laproscopic Tubectomy
- MMR- Maternal Mortality Rate NSV- Non Scalpel Vasectomy PHC- Primary Health Centre PNC- Post natal Care
- PRI- Panchayati Raj Institution SBA- Skilled Birth Attendant SHC- Sub Health Centre
- SNCU- Sick Newborn Care Unit
- SPMU- State Program Management Unit
- VHND- Village Health and Nutrition Day
- VHSC- Village Health and Sanitation Committee
- IMNCI- Integrated Management of Neonatal and Childhood Illnesses
- IMR- Infant Mortality Rate IUD- Intrauterine Device LHV- Lady Health Visitor
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- MMR- Maternal Mortality Rate NSV- Non Scalpel Vasectomy PHC- Primary Health Centre PNC- Post natal Care
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- VHSC- Village Health and Sanitation Committee

Chapter-1:-

Introduction



National Quality Assurance Standards (NQAS)

National Quality Assurance Standards have been developed keeping

in the specific requirements for public health facilities as well global best practices. NQAS are currently available for District Hospitals, CHCs, PHCs and Urban PHCs. The National Quality Assurance Standards are broadly arranged under 8 "Areas of Concern"— Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.



Often, measuring the quality in health facilities has never been easy, more so, in Public Health Facilities. We have had quality frame-work and Quality Standards & linked measurement system, globally and as well as in India. The proposed system has incorporated best practices from the contemporary systems, and contextualized them for meeting the needs of Public Health System in the country. The system draws considerably from the guidelines (more than one hundred fifty in number), Standards and Texts on the Quality in Healthcare and Public health system, which ranges from ISO 9001 based system to healthcare specific standards such as JCI, IPHS, etc. Operational Guidelines for National Health Programmes and schemes have also been consulted. We do realise that there would always be some kind of 'trade-off', when measuring the quality. One may have short and simple tools, but that may not capture all micro details. Alternatively one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities in the country.

In this study the NQAS assessment checklist is used to measure the HWC at various fronts of quality, service, infrastructure, human resource etc. The scoring is done after a few supportive supervision visits in which the CHOs were explained about the gaps and ways to fill them. And then when scoring was done, scores were compared with previous quarter's scores and difference would be analysed.

Functional Relationship between Components of Quality Measurement System
Components of Quality Measurement System and their Intent Departmental Checklists

Checkpoint Checkpoint Checkpoint Checkpoint Standard Standard Measurable Elements
Measurable Elements Score card Departmental & Facility Area of Concern

1. Service Provision
2. Patient Rights
3. Inputs
4. Support Services
5. Clinical Services
6. Infection Control
7. Quality Management
8. Outcome Following are the area of concern in a health facility



Fig-1.1Areas of concern(above)

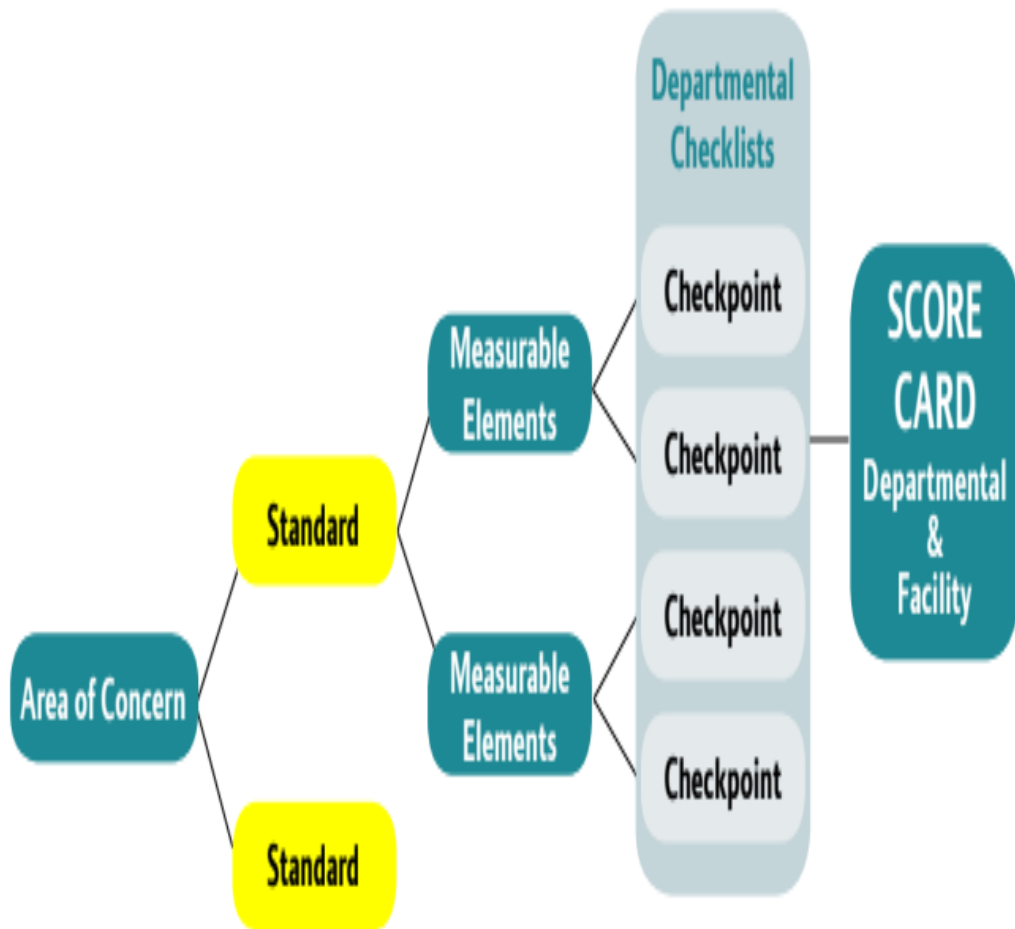


Fig-1.2(below)

Chapter-2:- **Literature Reviews**

Authors	Study location	Sample size	Sampling technique / Analysis technique	Salient features
K.Madan Gopal	Banda, UP			India's performance in South Asia is only average according to the 2016 Health Access and Quality Index, scoring 41.2, ahead of Pakistan, Nepal, and Afghanistan by a small margin, but far behind Bhutan (47.3), Bangladesh (47.6), and Sri Lanka (70.6), despite outperforming these countries economically. India needs to make major investments and upgrade its quality standards in order to overcome these issues and achieve the goals outlined in NHP. Focus should be placed on quality awareness and

				assurance procedures while the government continually increases its financial contribution to health systems transformation, particularly given the rising demand from consumers for better healthcare.
Ved RR, Gupta G, Singh S	India		Convenience sampling	The National Health Mission, India's main programme for bolstering health systems, served as a foundation for the design of HWCs and the provision of services. By addressing the continuum of care across facility levels, transitioning from episodic newborn, pregnancy, and immunisation services to chronic care services, implementing screening and early treatment programmes, ensuring high-quality clinical services, and using information and communications technology for better reporting, it will be possible to

				expand the scope of these components to address the expanded service delivery package.
Chandrakant Lahariya	India			In order to strengthen SHC services and hence advance Universal Health Coverage in India, the paper reviews the developments and examines the possibilities of HWCs.
LAHARIYA, C., SUNDARARAMAN, T., VED, R., ADITHYAN, G., DE GRAEVE, H., JHALANI, M. AND BEKEDAM, H.	India	12		The effectiveness and success of HWCs will depend on a quick transition from the policy to the accelerated implementation stage, a focus on both supply and demand side interventions, dedicated and increased funding by both the union and state governments, appropriate use of information and communication technology, engagement of community and civil society and other stakeholders, a focus on effective and functional referral linkages, and attention to public health.
Prinja S, Gupta A, Verma R, Bahuguna P, Kumar D, Kaur M	Haryana,Himachal Pradesh & Punjab	14		The study's financial projections can be used to scale up similar health services in

				metropolitan areas under the National Health Mission. Additionally, the numbers would be helpful for doing equity analyses and thorough economic assessments of the healthcare systems.
, Ramesh Verma ² , Dinesh Kumar ³ , Pankaj Bahuguna ¹ , Manmeet Kaur ¹ , Rajesh Kumar ¹	4 districts in north india	50	Random sampling.	Community health professionals must spend INR 1.03 million (USD 19,381), or 187 (USD 3.5) per person, year to deliver a bundle of preventive, curative, and promotional services. Unit expenses for antenatal care, postnatal care, DOTS therapy, and immunisation were INR 525 (USD 10), INR 767 (USD 14), INR 974 (USD 18), and INR 97 (USD 1.8), respectively, per child inoculated as part of routine immunisation. The cost per capita rises by 6% for every 10% increase in human resource costs. Similar to this, a 10% increase in

				the throughput of ANC cases per provider results in a fall in unit cost that varies from a 2 to 3% reduction depending on whether present capacity is being used.
Girdwood S, Govender K, Long L, Mito J, Meyer-Rath G.	South Africa	8	Random sampling	We've provided an exploratory analysis of private PHC service delivery models for the low-income, uninsured patient population, identifying elements that boost their efficiency and outlining combinations of tactics that might make these models effective both during the NHI transition and during full-scale NHI implementation. An unambiguous regulatory framework would encourage more innovation and ease contracting. These current methods could be scaled up to suit the needs of increasing PHC under NHI and can improve and supplement government services. It's crucial to

				comprehend these models, the operating space, and the variables that affect them.
Devarakonda S	Rural india			Everyone should have access to high-quality healthcare, especially in underdeveloped nations. Even though India has the largest private health industry in the world, only one-fifth of healthcare spending is covered by the government; the majority of costs are borne by the patient. Roughly 70% of Indians live in rural regions and make about \$3 per day, most of which is spent on food and shelter rather than health care. Rural India lacks enough infrastructure and poor transportation options, which make it challenging to reach medical services. This results in inadequate medical treatment being provided. India faced a challenge in providing health care that was

				available, inexpensive, and accessible to individuals in rural areas and those with low incomes.
Khandade TN, Kumar RK, Chattopadhyay SP	Bihar	182	Random sampling	When we examine the causes of inaccurate data, a lack of comprehension of the data elements ranks first (19%), followed by a lack of records in the MCH register (14%) and counting mistake (10 percent). The counting error is more prevalent in ANC-related data, with the highest rate being 24 percent for ANC that was registered in the first trimester and 22 percent for ANC that was checked three times. The lowest level of understanding of the 100 IFA tablet was discovered in ANC reported in the first trimester, when it was identified in 12% of cases, with a maximum of 22%.
Koppad, S. R.; Walvekar, R. P.; Mallapur, D. M.				Prenatal care refers to the treatment of

				pregnant women. The goal is to have a healthy mother and healthy baby at the end of pregnancy¹. The 1998 World Health Day campaign has as its theme, "Pregnancy is Special, Let's Keep It Safe." Although pregnancy is a physiological process, there are significant risks to both the mother's and the unborn child's health and lives.. In the second trimester, 48.4% of pregnant women had taken 30 to 60 tablets of IFA. More than 50% had finished either the initial two injections or the booster dose.
Baba T, Kaul R, Heena H	Kashmir, India	50	Random	Antenatal services are rarely used, intranatal services are scarce, and postpartum maternal care are scarce, but child health services and some family planning services are used from subcenters.

- **Research methodology-**

The research methodology for this research is quantitative research, where the tools used to collect data and analyse them is NQAS check list which covers the various aspects of the service provision, quality, infrastructure etc.

- **Sub-topics**

- **Key Research Question-**“What are the gaps which are most common amongst all the selected HWCs that can be easily bridged at CHO level and other healthcare workers through support and supervision?”
- **Study Design-** Restrospective Design
- **Duration of the Study:** 90 days
- **Sample Size:** 10 HWCs which have their own government building are selected.
- **Inclusion criteria:** All the HWCs selected were functional i.e. CHOs are posted in those HWCs
- **Study Setting-** The study setting for this work is limited to the Singrauli district, The 50th district in Madhya Pradesh is called Singrauli. In order to meet the needs of the locals, it was given district status on May 24, 2008, with its administrative centre located in Waidhan. It was created after being split off from Sidhi district. Three tehsils, namely Singrauli, Deosar, and Chitrangi, make up Singrauli. It has three corresponding building blocks. A Municipal Corporation called Singrauli Town has roughly 2 lakh residents. The district of Singrauli has roughly 11 lakh residents. Fast becoming India's power hub, particularly for coal and electric power, Singrauli is also known as Urjanchal locally (a Hindi word which means land of energy). The combined installed capacity of all of Singrauli's thermal power plants.



Fig-3.1

- **Study Sample-** The sampling method used is convenience sampling. 10 health and wellness centers are selected depending upon their functionality, having their own government building, availability of CHO, ANM, ASHA worker, Services provided etc. As per the government data norms, I have named the selected HWCs as HWC 1, HWC 2, HWC 3, HWC 4, HWC 5, HWC 6, HWC 7, HWC 8, HWC 9, HWC 10.
- **Approaches-** I visited each center at least thrice, I conducted staff interview on the basis of a set questionnaire to know about the center and its functionality. Then I used the NQAS check list to cover the various aspects of the quality and service at the sub center, then after the assessment I analysed the data to derive results.
- **Exclusion criteria:**
 1. HWCs without government building
 2. HWCs which do not have a CHO posted in the center
- **Study tools:** HWC NQAS check list
- **Sample Technique:** Convenient Sampling Technique.
- **Data Collection Procedure:** The data were collected by visiting HWCs, and checking Records & Registers, Staff interview, Observation.

- **Tools-**

- i. NQAS checklist
- ii. Google analytics
- iii. MS Excel

Chapter-4:-

RESULTS

The detailed results of the NQAS scoring(Areas of concern) are summed up below in the table .

S NO		OVERALL SCORE	SCORE IN AOC - SERVICE PROVISION	SCORE IN AOC - PATIENTS RIGHT	SCORE IN AOC - CLINICAL SERVICES	SCORE IN AOC - INFECTION CONTROL	SCORE IN AOC - INPUTS	SCORE IN AOC - SUPPORT SERVICES	AOC - QUALITY MANAGEMENT	SCORE IN AOC - OUTPUT
1	HWC 1	29%	23%	51%	30%	32%	42%	22%	1%	7%
2	HWC 2	24%	22%	40%	25%	34%	32%	20%	1%	4%
3	HWC 3	28%	34%	58%	27%	34%	37%	19%	3%	4%
4	HWC 4	33%	46%	63%	29%	39%	43%	31%	5%	4%
5	HWC 5	24%	22%	40%	25%	34%	32%	20%	1%	4%
6	HWC6	21%	22%	40%	19%	26%	32%	20%	1%	4%
7	HWC 7	31%	30%	44%	33%	18%	35%	34%	16%	9%
8	HWC 8	19%	22%	40%	21%	34%	32%	20%	1%	4%
9	HWC 9	19%	18%	38%	11%	0%	24%	44%	4%	0%
10	HWC 10	31%	30%	44%	33%	18%	35%	34%	16%	9%

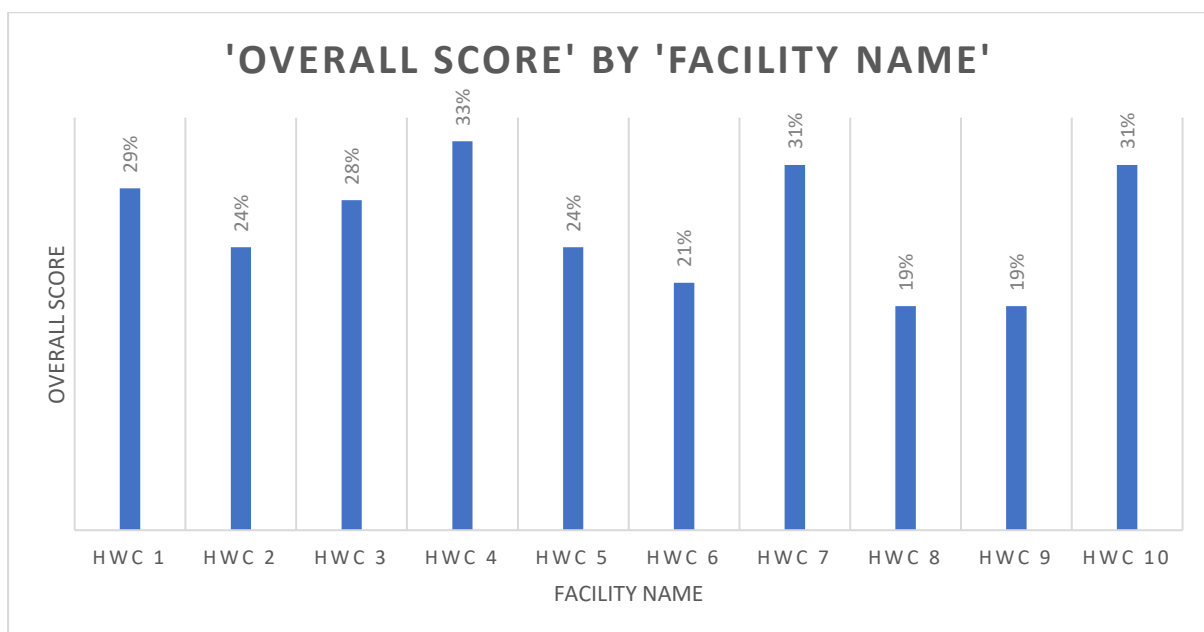
Table4.1-Score of HWC

Inferences:-

- None of the selected HWCs scored above 35%
- There were only 3 HWC that scored more than 30%
- All the HWCs scoring in quality management and output is very poor which is below 10% except one HWC.(Details of the same are discussed in chapter 5)

SCORE IN AOC - SERVICE PROVISION	SCORE IN AOC - PATIENTS RIGHT	SCORE IN AOC - CLINICAL SERVICES	SCORE IN AOC - INFECTION CONTROL	SCORE IN AOC - INPUTS	SCORE IN AOC - SUPPORT SERVICES	SCORE IN AOC - QUALITY MANAGEMENT	SCORE IN AOC - OUTPUT
27%	46%	25%	27%	34%	26%	5%	5%

- Table 4.2- Average score in Area of concerns



- Fig 4.2-Bar graph of score of HWC

S NO	FACILITY NAME	Care in pregnancy & Childbirth	Neonatal & Infant Health Services	Childhood & adolescent Health	Family Planning	Management of Communicable diseases	Management of Non Communicable	Care for Common Ophthalmic and	Oral health care.	Elderly and Palliative health care	Emergency Medical Services	Management of Mental health ailments	Drugs & Diagnostics
1	HWC 1	49%	29%	18%	23%	18%	19%	28%	50%	4%	43%	7%	30%
2	HWC 2	49%	26%	18%	19%	14%	14%	28%	50%	0%	19%	0%	23%
3	HWC 3	50%	33%	21%	31%	17%	19%	31%	50%	0%	43%	0%	25%
4	HWC 4	52%	33%	21%	35%	24%	20%	33%	50%	4%	50%	7%	34%
5	HWC 5	49%	26%	21%	18%	17%	14%	28%	50%	0%	43%	0%	23%
6	HWC 6	24%	21%	18%	19%	17%	14%	28%	50%	0%	43%	0%	23%
7	HWC 7	14%	10%	21%	38%	21%	38%	21%	58%	19%	36%	29%	34%
8	HWC 8	32%	26%	14%	19%	17%	14%	28%	50%	0%	43%	0%	23%
9	HWC 9	3%	1%	7%	12%	6%	9%	14%	29%	0%	14%	7%	25%
10	HWC 10	14%	10%	21%	38%	21%	58%	36%	43%	19%	36%	29%	34%
Average scores		34%	22%	18%	25%	17%	22%	28%	48%	5%	37%	8%	27%

- Fig 4.3- Theme wise scoring of HWC with their average scores

Care in pregnancy & Childbirth	Neonatal & Infant Health Services	Childhood & adolescent Health	Family Planning	Management of Communicable diseases	Management of Non Communicable	Care for Common Ophthalmic and	Oral health care.	Elderly and Palliative health care	Emergency Medical Services	Management of Mental health ailments	Drugs & Diagnostics
34%	22%	18%	25%	17%	22%	28%	48%	5%	37%	8%	27%

Fig 4.4- Avg scores in Theme wise scoring of HWCs

S NO	FACILITY NAME	Scores in previous quarter	OVERALL new SCORE
1	HWC 1	21%	29%
2	HWC 2	20%	24%
3	HWC 3	22%	28%
4	HWC 4	26%	33%
5	HWC 5	21%	24%
6	HWC 6	18%	21%
7	HWC 7	27%	31%
8	HWC 8	18%	19%
9	HWC 9	16%	19%
10	HWC 10	23%	31%
Average scores		21%	26%

Fig 4.6 comparison of scores with previous quarter assesment



Fig 4.6 ANC Checkup at one of the HWCs after it was guided to HcWs, and recored in proper registers,,this is one of the points in NQAS check list.



Figure 4.7 Medicines arranged on medicine rack alphabetically.A/T the guidelines.

Chapter-5:- Discussion

- As per the results obtained from the NQAS We can clearly See that all the HWS performed very poorly in two out of eight Areas of concern.
- The two areas of concern where the HWCs performed extremely poor are;
 - quality Management.
 - Output.
- The various aspects covered in these area of concern are shown in figure below:-

No.	Area of Concern/Standards	Score Obtained	Maximum Scores	Percentage
Area of Concern -G- Quality Management Systems				
Standard G1	The facility has established organizational framework for quality improvement.	14	14	100%
Standard G2	The facility has established system for patient and employee satisfaction	6	6	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	30	30	100%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	16	16	100%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	6	6	100%
Area of Concern -H- Outcome				
Standard H1	The facility measures Productivity Indicators	16	16	100%
Standard H2	The facility measures efficiency Indicators.	14	14	100%
Standard H3	The facility measures Clinical Care Indicators.	20	20	100%
Standard H4	The facility measures Service Quality Indicators	6	6	100%

Figure-5.1

- The major reasons for low scores in these points was lack of awareness among the healthcare workers w.r.t NQAS, which otherwise would have been high scoring.
- Facilities did not conduct patient satisfaction survey,
- SOPs were not available for key processes and support services.
- The facility did not measure any outcome indicators, so all the facilities performed very poorly in outcome.
- Now coming to elderly and palliative care, the main reason for low performance is lack of elderly patient footfall in HECs. Elderly patients mostly are not able to visit the center due to lack of conveyance.

No.	Area of Concern/Standards	Score Obtained	Maximum Scores	Percentage
Area of Concern -A - Service Provision				
Standard A1	The facility provides Comprehensive Primary Healthcare Services	100	100	100%
Standard A2	The facility provides drugs and diagnostic services as mandated	8	8	100%

Fig-5.2

- Many facilities donot have delivery points so they miss on all such points and therefore the score decreases.
- The other common gap found at all the HWCs was that there were examination table present but then there was no provision of mattress and sheets. Therefore this lowered the score of the HWCs in NQAS assessment.
- The scores in Oral Health was poor before as the CHO had no proper

training but after training the scores increased and this gap was somewhat bridged.

- There were no maintenance of registers so this was a lot of points deducted ,but after registers were maintained a lot of centers scored well ,so this was a common gap at most of the centers which were solved by CHO.
- Other common gaps in service provision were , improper records & registers , complaint boxes were missing, medicines were not arranged according to mandate.

Area of Concern -D- Support Services
The facility has established Programme for maintenance and upkeep of the facility
The facility has defined procedures for storage, inventory management and dispensing of drugs
The facility has defined and established procedure for clinical records and data management with progressive use of digital technology
The facility has defined and established procedures for hospital transparency and accountability.
The facility ensures health promotion and disease prevention activities through community mobilization
The facility is compliant with statutory and regulatory requirement

- Fig;-5.3 Checklist for support services

Area of Concern -C- Inputs
The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users
The facility has adequate qualified and trained staff required for providing the assured services as per current case load
Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
The facility provides drugs and consumables required for assured services
Facility has adequate functional equipment and instruments for assured list of services

Fig:-5.4 checklist for area of concern -inputs

- The common gaps for low scores in these section was ,most of the HWCs don't have proper boundary wall and gate.
- The other gaps in infrastructure were lack of ramp and wheel chair friendly slopes to enter HWCs.
- The other Gap was inadequate human resource at HWCs ,most of HWCs did not have MPW
- Indent was inappropriate as CHOs were not aware of the proper indent forecasting methods.

Area of Concern -F-Infection Control
The facility has established program for infection prevention and control
The facility has defined and Implemented procedures for ensuring hand hygiene practices
The facility ensures standard practices and equipment for Personal protection
The facility has standard procedures for disinfection and sterilization of equipment and instruments.
The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.

Fig:- 5.4 checklist for infection control

- Lack of autoclave is most common gap in AOC-infection control.



Fig- 5.5 Autoclave unused(left), gas stove for sterilization of gauze (right)



Fig- 5.6 Medicine and syringes dumped improperly

Area of Concern -E- Clinical Care
The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients
The facility has defined and established procedures for continuity of care through two way referral
The facility has defined and established procedures of diagnostic services.
The facility has defined procedures for safe drug administration.
The facility follows standard treatment guidelines and ensures rational use of drugs
The facility has defined and established procedures for nursing care.
The facility has defined and established procedures for Emergency care
The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines
The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines
The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines
The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines
Elderly & palliative health care services are provided as per guidelines
The facility has established procedures for care of new born, infant and child as per guidelines
The facility has established procedures for family planning as per government guidelines and law.
The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.
The facility has established procedures for Antenatal care as per guidelines
The facility has established procedure for intranatal care as per guidelines
The facility has established procedure for post natal Care

Fig 5.7 – checklist for clinical care

- The gaps in clinical care are CHOs don't provide regular counselling, no counselling registers are not maintained ,etc.

Area of Concern -B- Patient Rights
The facility provides information to care seeker, attendants & community about available services & their modalities
Facility ensures services are accessible to care seekers and visitors including those required some affirmative action
Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons
The facility maintains privacy, confidentiality & dignity of patient
The facility ensures all services are provided free of cost to its users

Bridging the Gaps

The most Common gaps which were common to all the sub centers which were bridged are as follows:-

- i. The records and registers were not maintained at any HWCs ,So CHO s were advised about the list of registers to be maintained and kept updated.
- ii. The medicine racks were not arranged and labelled properly,After being advised ,HCWs at HWCs arranged the medicines alphabetically and in proper manner.Following LASA(look alike sound alike) and other other madates.
- iii. Different areas of HWC were demarcated and labelled ,like OPD,Waiting area,medicine area, a dedicated diagnostic area where a table with diagnostic kits have to be kept eg WHO hb meter, Malaria rapid antigen test, Dengue Rapid antigen test etc.
- iv. Many centers were not conducting ANC tests because of lack of mattress and sheets,the issue was escalated to BPMs of respective block and mattress were provided and iv stand were also provided .And gaps were closed.
- v. Many HWCs which donot had proper boundary wall ,then Such HWCs were arranged with barbed wire fence.
- vi. Ophthalmic care was not provided due to uninstalled visionbox,so visionbox were properly installed at every HWCs

M				N				O			
Name of Medicine	Batch No.	NonExpiry	Expiry	Name of Medicine	Batch No.	NonExpiry	Expiry	Name of Medicine	Batch No.	NonExpiry	Expiry
1) Tab. Mefenamic acid	KMF20004		4/23	1) Tab. Nifedipine	NIF2101		4/23	2) Tab. Ondansetron	MT211096		2/23
2) Tab. Metformin	MTX70		11/22	2) Syf. Nifedipine	620451		6/22	3) Tab. Ofloxacin	OTX-19		6/22
3) Tab. Mifepristone	2151018127		1st/23					4) Syf. Ondansetron	62040		6/22
4) Tab. Metformin and / or Diclofenac	MTX70		3/23								
5) Tab. Mifepristone	MTX70		6/22								

Fig- Expiry list of drugs is maintained now



Fig- Labour room and equipments were arranged.



Fig – Proper branding of HWCs, and colour of HWC is according to guidelines.



Fig-Vision box uninstalled(up)and installation of vision box(Below)

Due to absence of vision box ,ophthalmic care was not properly provided at the subcenters,but after a training was provided to utilize vision box ,and installation of vision box ,the scores for ophthalmic services improved.

Chapter-6:-

Limitations & Strength

- **Limitations**

The study is limited to ten HWCs of Singrauli district of Madhya Pradesh.

The study was conducted over a period of three months and the average number of visit to each HWC was twice per month. So the results yielded could be much better with constant guidance to Community Health workers and other health care workers.

Various scores in the checklist are highly variable ,eg, the availability of medicines and other consumables, as these can be refilled and exhausted randomly so the score obtained once cannot be a determinant for the the service provided by Health care center and neither it can be a major gap.

- **Strength**

The Study is conducted after careful scoring in each and every checklist so the chances of error is negligible and the gaps marked out are prominent.

Due to the assessment ,the Health care Workers were made aware about the guidelines and other requirements in checklist of NQAS and so there was an overall improvement before the final scoring was done and inturn the scores were better than previous quarters scoring

Chapter-7:-

Conclusion

The NQAS assessment is a quarterly assessment carried out at sub health centers. The score of a selected sub health center determines its accreditation for model Health Wellness Center. The required minimum score is 70% for any center to qualify. Since the NQAS checklist is very vast and it covers all the small and big aspects related to the health facility, so its quarterly assessment helps in finding out the gaps associated with the particular Health center and thus health care workers at the HWCs can work towards its elimination and improvement of overall aspects with respect to NQAS.

In this study, the scores attained in NQAS assessment after mentoring the healthcare workers, was compared with the scores attained in previous quarter. There was an overall increase of 5% in scores. The reasons for low scores were mainly the infrastructure issues, many centers did not have proper electricity and water connection. Other than that a major reason for low scores in service provision was the gap in timely indentation of medicines. Most of the time the CHOs in this particular region did not receive all the medicines that were indented and due to this there was always a lack of availability of all the medicines at the sub centers. And thus the scores were low. Another reason was that the medicines received by the CHOs were near expiry and so amongst the available medicines at the sub center, most were not used because they expired in short span of time after indentation.

Suggestions

The gaps which could be solved by CHOs at subcenter level itself without the intervention of district authorities, but which were commonly prevalent at all the subcenters were CHOs were not aware about all the records and registers to be maintained at the subcenters, the medicines were not arranged and labeled alphabetically, FEFO was not followed, The various areas of subcenters like OPD, waiting area, diagnostic corner were not arranged and demarcated. The counselling of various types were not conducted and neither its register was maintained. But after visits and explanation of NQAS Checklist these gaps were filled by CHOs and ANMs and ASHAs and other HCWs in the subcenter. And the scores increased. The overall average increase in scores was 5%. Many of the CHOs were lacking proper training of various process and procedures so these were not conducted at the subcenter and this affected the overall scoring.

Thus we can say that a continuous monitoring of the centers and follow up with the feedbacks of HCWs is necessary for the overall strengthening and successful functioning and thus NQAS Certification of Health and Wellness centers.

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