SUMMER INTERNSHIP PROGRAM

at

NATIONAL HEALTH MISSION, CHANDIGARH

From 12-05-2025 to 25-07-2025

A REPORT BY
Divya Kaushik
Master of Business Administration
Hospital and Health Management
Roll no. 1942

2024-26

under the Mentorship of
Dr. Vidya Bhushan Tripathi, Assistant Professor

IIHMR UNIVERSITY

National Health Mission

Chandigarh Administration

STATE PROGRAMME MANAGEMENT UNIT

4th Floor, Administrative Block, Govt. Multi Specialty Hospital, Sector-16, Chandigarh

Phone No. 0172-2702924,2702927, Fax: 0172-2702924

Website: http://www.nrhmchd.gov.in, Email: nrhmchd@gmail.com

Memo No: NHM-UT/ 3416 Dated 25-07-2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Divya Kaushik, student of MBA (Hospital and Health Management), IIHMR University, Jaipur has successfully completed her Internship Training from 13.05.2025 to 25.07.2025 in National Health Mission-U.T, Chandigarh. During this period, her performance was found to be Excellent.

25/07/25

for Nodal Officer
Mission Director
National Health Mission, U.T,
4th Floor, Administrative Block,
GMSH-16, Chandigarh

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Divya Kaushik** 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

Dr. Vidya Bhushan Tripathi

Assistant Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Gap Analysis Using NQAS Checklist at AAM-CITCO NHM, Chandigarh

Dr. Vidya Bhushan Tripathi, IIHMR University
Dr. Charru Singla, NHM Chandigarh
Divya Kaushik MBA HM (1942)

NHM, CHANDIGARH

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

VISION

To ensure universal access to affordable, equitable, and quality healthcare services for all.

MISSION

To strengthen the public health system through decentralization, community participation, and enhanced infrastructure and service delivery.

ORGANISATION STRUCTURE

OBJECTIVES

- To understand the level of departmental compliance with the National Quality Assurance Standards (NQAS).
- To identify gaps in the delivery of service and documentation in 12 department areas.
- To develop department-wise quality scorecards using NQAS best practice

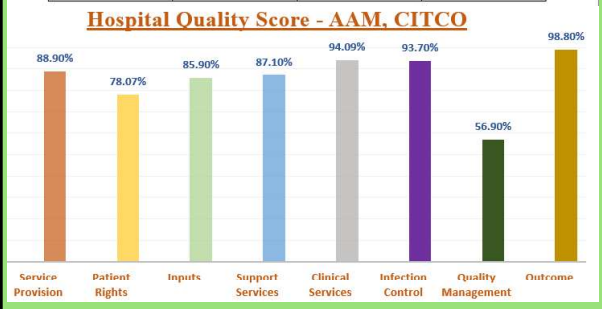
METHODOLOGY

Cross-sectional assessment of 12 departments were undertaken using the NQAS checklist through structured observations, staff interviews and review of documents. Using the findings, a UPHC department wise scorecard overall hospital quality scorecard. was developed.

RESULTS

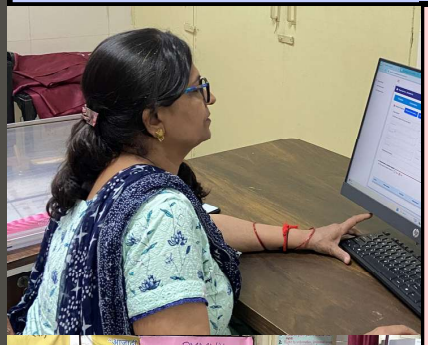
UPHC Quality Score Card

Dressing Room & Emergency	General Clinic	Maternity Health	Newborn & Child Health
86.4	90.3	91.0	83.3
Immunization	UPHC Score		Family Planning
93.6			88.8
Communicable Disease	87.6		Non-Communicable Disease
95.2			92.4
Outreach	Pharmacy	Laboratory	General Administration
83.3	89.4	89.7	80.0



LEARNING & VALUE ADDITIONS

- Gap analysis within the department using NQAS checklist.
- Developed department-wise and overall quality scorecards.
- Supported staff in understanding KPI indicators and their relevance in performance monitoring.
- Worked hands-on with digital health tools: NextGen e-Hospital and Scan & Share.
- Prescription audits and developing corrective action plans.
- Performed trend analysis on KPI data to track departmental performance over time.
- Calculated patient satisfaction scores through survey data.
- Understood practical challenges in government healthcare delivery.
- Leadership, change management, audit reporting and team coordination in real time.



SWOT ANALYSIS

Strengths
- Trained and supportive staff
- Functional basic infrastructure

Weaknesses
- Incomplete documentation
- Irregular internal audits
- Inadequate IEC display

Opportunities
- Capacity building through regular training
- Expansion of digital health tools (NextGen, Scan & Share)

Threats
- Human Resource constraints
- Resistance to change

CHALLENGES

- Limited staff awareness on NQAS
- Inconsistencies and gaps in documentation
- Time-bound assessment across 12 departments

SUGGESTIONS

- Monthly sensitization sessions on NQAS criteria
- Standard SOPs and KPI dashboards across the programs
- Peer-based audit feedback and CAPA discussions
- Instituting IEC and reception training to improve patient communication
- Institutionalizing internal audits and mock drills for quality preparedness

WEEKLY REPORTING

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 1 **From: 12.05.2025 to 17.05.2025**

Activity Done	• Gained understanding of structure NHM and AAM CITCO. • Examined and thoroughly studied NQAS (National Quality Assurance Standards) and HWC Departmental checklist. • Started reviewing departmental records and documentation related to quality. • Assisted with the AEFI (Adverse Event Following Immunization) surveillance assessment that was undertaken by Director Health Secretary (DHS). • Helped the staff in closing documentation gaps in relation to AEFI. Produced a number of IEC materials like Immunization Schedule, Quality Objectives of AAM, Schedule for ANC visits.
Linking theory (Classroom learning) with practice at your organisation	• Utilized theoretical concepts from Health Administration and Quality Assurance courses. • Translating classroom learning on NQAS standards, quality indicators, and regulatory compliance to a current facility assessment.
Gaps identified on the working area	• Low awareness of NQAS standards and criteria and little evidence of understanding of protocols from staff.

	• Documentation related to quality audits disseminated and decentralized. • Low adherence to AEFI documentation and inadequate IEC material in the main areas of service.
Suggestions for improvement	• Sensitization workshops to develop staff knowledge of NQAS. • Conducting regular mock drills and audits for documentation readiness. • Providing print-ready IEC kits to provide a visible intervention for compliance.
Plan for the next week	• Initiate NQAS check-list based gap analysis for department-wise quality performance.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 2 **From: 19.05.2025 to 24.05.2025**

Activity Done	• Completed detailed assessment of 6 departments using NQAS checklist: - General Clinic Department - Maternity Health Department - Newborn and Child Health Department - Immunization Department - Family Planning Department - Communicable Disease Department • Documented strengths, weaknesses, and compliance for each department. • Started preparing structured documentation of the significant gaps and calculated quality scores according to NQAS checklists.
Linking theory (Classroom learning) with practice at your organisation	• Use applied planning tools for a checklist approach to quality, quality audits of services, and scoring systems against NQAS standards. • Apply SWOT analyses to determine department specific performance and service gaps in delivery.
Gaps identified on the working area	• Multiple Standard Operating Procedures (SOPs) were incomplete and inconsistent record keeping. • Partial availability of Information, Education & Communication (IEC) materials.

	• Infrastructure gaps were identified, but especially for General Admin Department and Disabled-friendly infrastructure.
Suggestions for improvement	• Develop and standardize SOPs for all the 12 departments. • Institutionalize monthly internal audits for compliance and continuous improvement.
Plan for the next week	• Complete the assessments for the last departments. Aggregate results into UPHC Quality and Hospital Services Scorecards.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 3 **From: 26.05.2025 to 31.05.2025**

Activity Done	• Completed the NQAS checklist-based gap analysis for the remaining 6 departments: - Department of Non-communicable Disease - Department of Dressing and Emergency Room - Department of Pharmacy - Department of Outreach - Department of General Administration - Department Of Laboratory • Calculated and accordingly developed a complete UPHC Quality Scorecard and Hospital Services Scorecard. • Had all departments clearly identified major gaps and action required in a report format. • Prepared and submitted an extensive and detailed report to the Quality cell GMSH-16 that summarized major findings, service gaps and recommendations for improvement.
Linking theory (Classroom learning) with practice at your organisation	• Applied strategic planning and report writing skills. • Drew upon Healthcare Accreditation concepts, Quality Improvement (QI) frameworks and NQAS standards while considering how to incorporate documentation into practice.
Gaps identified on the working area	• Multiple Standard Operating Procedures (SOPs) were incomplete and inconsistent record keeping.

	• Partial availability of Information, Education & Communication (IEC) materials. • Infrastructure gaps were identified, but especially for General Admin Department and Disabled-friendly infrastructure.
Suggestions for improvement	• Develop and standardize SOPs for all the 12 departments. • Internal audits should be done consistently for continuous improvement and compliance.
Plan for the next week	• Assist with NextGen E-Hospital and Scan & Share with staff sensitization of these systems under the Ayushman Bharat Digital Health Mission (ABDM).

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 4 **From: 02.06.2025 to 07.06.2025**

Activity Done	• Helped with the implementation of the NextGen E Hospital System, a Hospital Management Information System (HMIS) • Supported the team at AAM CITCO by helping them on board to this digital platform. • Coordinated with SMO I/C, Staff Nurse, ANM and Pharmacist by explaining them various functionalities of the system. • Was involved in the starting of the Scan & Share system, a QR based OPD registration process, designed in alignment with the Ayushman Bharat Digital Mission (ABDM) • Assisted patients in using their mobile phones, ABHA/ABDM apps, and QR Scanners to digitally share their details at the health facility, so that they had a smooth registration process.
Linking theory (Classroom learning) with practice at your organisation	• Applied learnings from Digital Health Management, Health Information Systems (HIS), and Patient Information Flow (PIF). • Gained on-the-ground experience in change management and stakeholder engagement while implementing digital platforms, such as Next-Gen E Hospital and Scan & Share systems.
Gaps identified on	• Resistance to change process for senior staff to digital workflows.

the working area	• Most patients do not understand QR code-based registrations and digital records as their awareness level is very low.
Suggestions for improvement	• Provide staff with actual training workshops and support the transition with feedback loops. • Create and display IEC materials at registration counters for patient education and active participation.
Plan for the next week	• Start to learn about and complete prescription audits for January–June 2025.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 5 **From: 09.06.2025 to 14.06.2025**

Activity Done	• Collected and analysed prescriptions for a 6-month time period of January- June 2025. • Checked if there was adherence to the standard prescription writing format. • Monitored the presence of diagnosis, dosage, date of next visit, dos & don'ts, etc.
Linking theory (Classroom learning) with practice at your organisation	• The applied elements from the Research Methods and Prescription Audit Frameworks • Connecting theoretical audit checklists to practical prescription practices.
Gaps identified on the working area	• Prescriptions had no dos and don'ts instructions, nor the required follow-up/review dates. • There was inconsistent documentation completion for legibility, dosages and frequency.
Suggestions for improvement	• Structure and conduct targeted capacity building sessions for doctors on safe, complete prescribing.
Plan for the next week	• Conduct a detailed CAPA (Corrective and Preventive Action) analysis on the prescription audit findings to map a beneficial change.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 6 **From: 16.06.2025 to 21.06.2025**

Activity Done	• Performed Root Cause Analysis (Fishbone Diagram) to determine prescription gaps for the month of January-June 2025. • Developed CAPA plans under People, Place, Process headings. • Developed PDCA (Plan-Do-Check-Act) cycle for the same.
Linking theory (Classroom learning) with practice at your organisation	• Applied Corrective and Preventive Action (CAPA) principles and Root Cause Analysis (RCA) tools from Healthcare Quality Management studies. • Obtained hands-on exposure to audits (internal audits, audit documentation) and continuous quality improvement (CQI) requirements. • Learned how vital feedback loops and CAPA close-outs are for accreditation and compliance with regulations.
Gaps identified on the working area	• Little awareness by staff of the purpose and usefulness of an audit. • No clear ownership or accountability established for locating errors in prescriptions or documentation.
Suggestions for improvement	• Create a monthly audit calendar with clear mapping of responsibility for ownership. • Create and display visual IEC aids (e.g., dos/don'ts, common-prescribing errors) at clinical workstations.
Plan for the next week	• Start a CAPA on the Patient Satisfaction Surveys and help in planning quality improvement strategies.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 7 **From: 23.06.2025 to 28.06.2025**

Activity Done	• Reviewed and analysed patient satisfaction feedback forms that are collected monthly. • Identified areas of dissatisfaction and concerns. • Created a Corrective Action and Preventive Action (CAPA) plan and PDCA (Plan-Do-Check-Act) cycle accordingly.
Linking theory (Classroom learning) with practice at your organisation	• Utilized consumer behaviour knowledge and a survey design learned in class to analyse patient feedback and service gaps. • Related the feedback outcomes to service efficiency and patient experience management, two particular areas of performance improvement within health facility.
Gaps identified on the working area	• Delays in OPD service during busy hours led to discontent on the part of patients, • Poor communication skills by front desk/reception staff impacted the patient experience.
Suggestions for improvement	• Implement a token-based queue to improve patient paths through their appointments and improve perceived wait time. • Develop a schedule of soft skill and communication training for both reception and frontline service staff to enhance sufficient service and

	patient experiences.
Plan for the next week	• Begin working on KPIs and Trend analysis for all the 12 departments for the month of Jan-June 2025.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 8 **From: 30.06.2025 to 05.07.2025**

Activity Done	• Examined the Key Performance Indicators (KPIs) for all 12 departments under the categories of Productivity, Efficiency and Clinical Care & Safety. The KPIs measured the following: OPD footfall, ANC coverage, ratio of lab tests, percentage DPT dropout, AEFI reporting, success of TB treatment and patient satisfaction scores. • Helped health staff on how to properly track, record and report the KPIs using standard formats and formulas. • Aided in identifying information gaps and collected baseline statistics. • Promoted departments to meet weekly to review the trends and to make improvements in service quality.
Linking theory (Classroom learning) with practice at your organisation	• Utilized learning on healthcare performance management and strategic planning to aid in the adoption of Key Performance Indicators (KPIs). • Leveraged expertise in productivity measurement, performance appraisal systems, and quality review in order to help staff around how to use KPIs in a meaningful way.
Gaps identified on the working area	• There are differences in data documenting practices. • KPI definitions are not understood or not consistent, which leads to mistakes in reporting and confusion in measurement.

Suggestions for improvement	• Use and implement standardized data documenting measures that align with departments workflows. • Develop monthly staff sensitization sessions to inform staff on purpose, use and interpretation of KPIs to promote accountability and reliability of KPIs.
Plan for the next week	• To conduct trend analysis of KPI data from January - June for ongoing performance monitoring and continuous improvement.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 9 **From: 07.07.2025 to 12.07.2025**

Activity Done	• Compiled previous records (Jan–June 2025) and generated trend charts per department. • Highlighted the declines in service delivery and the trends of improvement. • Reviewed the trend analysis and made action plans for improvement accordingly. • Submitted the prepared KPIs along with the trend analysis for the time period Jan-June 2025 to the Quality cell GMSH-16.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge from the areas of healthcare analytics, operations management, and data-driven decision-making to analyse the monthly KPI trends. • Utilized Excel mapping tools to visualize performance by department and to conduct benchmarking in order to identify gaps in service delivery. • Utilized time-series analysis principles in order to assess trends and subsequently support evidence-based planning.
Gaps identified on the working area	• Missing or incomplete data entries in some months that will compromise the reliability of the analysis trends. • No defined performance benchmarks or baseline targets from which to measure departments in their level of performance and progress.
Suggestions for	• Establish minimum standard thresholds for each KPI to guide

improvement	department progress. • Encourage near-real-time data entry and monitoring by the staff, using the Hospital Information Systems (HIS), to improve data accuracy and timeliness of KPI reports.
Plan for the next week	• Finalise all the work done during the internship to develop write the comprehensive final report.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Week no: 10 **From: 14.07.2025 to 19.07.2025**

Activity Done	• Completed and submitted finalised AAM-CITCO report, NQAS scorecards, KPIs, Prescription Audits and CAPA documents. • Prepared multiple official letters to the appropriate Program Officers (POs) for quality improvements, procurement, and maintenance. • Developed and posted visual KPIs/Indicators for AAM CITCO for FY 2024–25 and 2025–26. • Developed and posted IEC material across each department on hygiene, patient rights, NCDs, breastfeeding, etc. • Developed a detailed action plan to facilitate the conversion of the dispensary to a Model Dispensary, with an expectation of the Governor's visit in the month of August 2025.
Linking theory (Classroom learning) with practice at your organisation	• Utilized theoretical components from healthcare quality framework and facility branding to facilitate the dispensary's transformation into a Model Health Facility. • Leveraged skills in stakeholder coordination, resources mapping and health system strengthening to plan activities. • Brought together knowledge from project management and health communication when drafting formal request letters and designing IEC materials.
Gaps identified on the working area	• Lack of visible target indicators and performance indicators across all departments. • No facility readiness plan or checklist for the model dispensary standards.

	• Minimal staff coordination with respect to preparation for external visits.
Suggestions for improvement	• Capacity building of staff to support the preparation efforts for the transformation of AAM to Model Dispensary and the preparation for the visit of the Governor. • Establish a dashboard with measurable indicators to monitor progress on infrastructure, IEC display, and quality of service indicators. • Ensure that all activities align with standards set out in NQAS, IPHS and ABDM to ensure sustainability beyond the visit.
Plan for the next week	**INTERNSHIP CONCLUDED**

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor

COMPILED REPORT

Name of the Organisation: NATIONAL HEALTH MISSION, U.T. Chandigarh

Area/ Department/ Project of Summer Internship Program: Gap Analysis of AAM-CITCO through NQAS & HWC Checklists and bridging those gaps with Action Plan and its implementation.

Name of the Student: Divya Kaushik

Roll no: 1942 **Stream: MBA Hospital and Health Management**

Activity Done

During my summer internship with the National Health Mission (NHM), U.T. Chandigarh, I was posted at Ayushman Arogya Mandir (AAM)- CITCO facility. The key initiative of my internship-project was undertaking the full gap analysis through the NQAS checklist - aim was to understand the service delivery and quality assurance activities taken up by the facility. Through this exercise the objective was direct report of the health centre's preparedness for possible quality assessment, verification of the extent of deviation from the established standards and suggest feasible and sustainable improvements, in accordance with national healthcare quality indicators. The project provided insights into how national standards are interpreted and operationalized at the primary care level, and linking key policies implemented at central level to the operation at community level. Over the course of a number of weeks, I comprehensively covered 12 core departments plus other minor areas and their conformance to NQAS compliance, as listed below:

- General Administration
- Laboratory Services
- Pharmacy
- Non-Communicable Disease (NCD) Clinic
- Emergency & Dressing Room
- Outreach Services
- Immunization Services
- New-born and Child Health
- Maternal Health
- Communicable Disease
- General Clinic
- Family Planning

The major activities performed during the internship were:

- **NQAS Checklist by department evaluation**: I used the NQAS checklist to evaluate each department, as measured by over 100 quality indicators included under infrastructure, service delivery, documentation standards, client rights, and infection control practices.
- **Use of observation tools and record audits**: To strengthen assessment validity of the checklist, I used structured observational rounds, record review, and interviews of department staff, ANMs, pharmacists, and medical officers. This method justified the scores in the checklist and enrolled a contextual understanding of the gaps as they stood.
- **Gap identification and documentation:** For every department, I documented the observed non-compliance and service delivery gaps as observations dictated. Each observed gap was matched to the checklist requirement, and the justification was discussed with departmental staff taking part in the evaluation.
- **Preparation of quality scorecards**: Using the checklist data I prepared department quality scorecards that identified departmental strengths and weaknesses. I created a visual dashboard which was shared with the SMO in-charge to assist in their internal monitoring and decision-making.
- **Prescription Audit & Corrective and Preventive Action (CAPA) Plans**: Based on the gaps identified, I wrote CAPA plans in consultation with the SMO I/C which included clearly documented root causes, corrective actions to be performed for improvement and developing PDCA (Plan-Do-Check-Act) cycle.
- **Support in KPI Tracking & Data Trend Analysis**: I assisted staff in analysing six months of KPI data collected for key service delivery areas which included OPD productivity, stock-outs, dropout rates for DPT vaccination, and satisfaction scores for patients using surveys to make improvement plans. I also trained staff on understanding the relevance of KPIs and monthly tracking formats.
- **Digital Health Implementation Contribution**: Throughout the roll out of digital health initiatives like NextGen E-hospital and Scan & Share (ABDM integration), I supported the coordination of patient flows, staff, and recommendations were made about improvement of IEC to patients to increase awareness.

I maintained a weekly progress report, and meeting notes for NHM and quality team throughout the internship. This structured approach of recording work in the weekly external report ensured that I was noting important learning and experiences as I engaged with the facility team to meet the internship objectives.

Linking theory (Classroom learning) with practice at organisation

My major internship project - department-wise gap analysis using the National Quality Assurance Standards (NQAS) check list - proved to be a great linking experience between the theoretical learning gained during the MBA in Hospital and Health Management, and the practice of that learning in an actual government health-care setting. The practical application of theoretical classroom learning helped me connect with practical learning in relation to the following modules:

1. **Hospital Administration & Operations Management** In relation to Hospital Administration & Operations Management, I was able to connect classroom learnings in workflow design, patient flow, and coordination between departments when thinking about how a primary health care facility actually operates. However, I also began to understand the importance of the real time operational conditions on the delivery of service. For example, I understood the interdependency between how the facility had chosen to design its office workflow, how patient flow worked, staffing patterns used, how they had allocated resources, and what the nature of their facility barriers were on how they delivered service.
2. **Quality Assurance and Accreditation** This module was relevant because the internship was focussed specifically on the implementation of NQAS, which has a close structure and philosophy to the NABH standards. I was able to apply several of the principles set out in this module, and relate them to the many of the lessons I had learned - for example, check-list based auditing, how to monitor quality internally to review check-list auditing and documenting reviews to assess compliance, and inform potential areas for improvement across 12 departments at the health facility.
3. **Strategic Management** The practically strategic-thinking context applied to the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the department's performance, course of action related to the corrective and preventive action plans. Pinpointing the root-cause and recommended action plans, was practice translating theoretical strategic management constructs into action plans.
4. **Health Information Systems (HIS)** My exposure to the integration of NextGen E-hospital and Scan & Share (ABDM initiative) provided me with real time exposure to digital health records and information flow. I could observe digitally registering patients, generating prescriptions, and documenting and recording finding related to the patient's diagnosis.
5. **Monitoring & Evaluation (M&E)** As working in KPI tracking, recordings, trend analysis that included performance reviews of indicator findings related to OPD footfall, DPT dropout rate, stock-outs, and prescription audits provided me the opportunity to practice M&E frameworks application.
6. **Communication Skills and Leadership Skills** I conducted staff interviews, coordinated a group for gap analysis discussions, and presented CAPA recommendations, all were opportunities to effectively apply interpersonal and leadership skills. Using the Interpersonal and conflict resolution strategies from course discussions and teachings, huge help in ensuring that the staff's feedback was taken positively and action oriented without resistance or blame.

Gaps identified on the working area

In the department-wise gap analysis based on NQAS checklist format i assessed each department level versus specific quality standards. Here is a brief summary of the key gaps identified in the 12 departments:

1. DEPARTMENT OF GENERAL CLINIC

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A1.4**	OPD Services are available for 6 hours a day.	State Policy
2.	**ME B2.2**	Partial availability of screen/curtains	Request has been sent to the concerned.
3.	**ME C1.2**	Unavailability of AC & Warmer	Request has been sent to the concerned.
4.	**ME C2.4**	Training not provided for AFHS (to Staff Nurse)	Training required for staff.
5.	**ME C4.1**	Instruments like X-ray view box, Otoscopic tool, Tongue Depressor, are not available at the facility..	Acquiring such instruments to provide better diagnostic services.
6.	**ME E1.2**	Clinical staff engaged in administrative work during OPD hours.	
7.	**ME E2.8**	Unavailability of Lab Requisition form	Request has been sent to the concerned.
8.	**ME E8.1**	Sanitary pads are unavailable in the facility.	Facility should obtain sanitary pads for aiding during menstrual cycle.
		IEC material for the Adolescent Friendly Health Clinic (AFHC) is unavailable.	Ensuring procurement of comprehensive IEC materials specifically tailored for the AFHC.
9.	**ME F1.1**	IEC material required for Hand washing instructions at Point of Use.	(Handmade posters are displayed at present)
10.	**ME F4.1**	IEC material required for work instructions for segregation and handling of Biomedical waste	(Handmade posters are displayed at present)
11.	**ME G3.1**	Unavailability of SOPs for all key processes	Procurement of SOPs

2. DEPARTMENT OF MATERNITY HEALTH

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A2.2**	Non-availability of FA tablets.	
2.	**ME B2.2**	Partial availability of screens/curtains in examination area.	Request has been sent to the concerned.
3.	**ME C1.2**	Temperature control inefficient due to AC & warmers unavailability at the facility.	Request has been sent to the concerned.
4.	**ME C2.4**	Staff nurse is not trained for SBA.	Training required.
5.	**ME D1.2**	Inadequate temperature control in ANC clinic due to unavailability of AC.	Request has been sent to the concerned.
6.	**ME F4.1**	IEC material required for work instructions for segregation and handling of Biomedical waste.	Handmade posters are displayed at present.
7.	**ME G3.1**	Facility doesn't have established, documented and implemented SOPs for its all-key processes.	Procurement of SOPs.
8.	**ME G3.3**	Non-availability of work instructions for Abdominal examination.	Handmade posters are available at the facility at present.
		Non-availability of work instructions for Counselling.	Handmade posters are available at the facility at present.
		Non-availability of work instructions for High-risk pregnancy.	Handmade posters are available at the facility at present.

3. DEPARTMENT OF NEWBORN & CHILD HEALTH

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A2.4**	Primary management & referral of child abuse cases /violence cases insufficient.	Proper IEC material required.
		Directional signage to Breast Feeding corner is not present at the facility.	Signage boards required.
2.	**ME B1.1**	Non-availability of proper Breast-Feeding Corner	Request has been sent to the concerned.
3.	**ME B2.1**	Training of staff nurse not done for DAKSHTA, skill lab, BLS/CPR.	Training required.
4.	**ME C2.4**	Non-availability of some oral drugs like Ciplox, Doxycycline, Metronidazole, Bronchodilator for pediatric range.	Procurement of the same.
5.	**ME C3.1**	Non-availability of emergency drug Sodium bicarbonate.	Procurement of the same.
		Inadequate temperature control in OPD, particularly given the harsh weather conditions.	Request has been sent to the concerned.
6.	**ME D1.2**	Screening of children not done using MUAC.	MUAC tape is not available.
7.	**ME E6.4**	Staff is not skilled for BLS for young, infants & children and don't practice ETAT.	Training required.
8.	**ME E6.5**	Updated SOPs are not readily available at the point of use.	Procurement of SOPs.
9.	**ME G3.1**	SOPs do not comprehensively address all relevant processes within the department.	Procurement of SOPs. Handmade posters are available at the facility at present.
		Protocols for newborn assessment for malnourishment are not displayed.	
11.	**ME G3.3**	Protocol for identification of danger signs in children not displayed.	Handmade posters are available at the facility at present.

4. DEPARTMENT OF IMMUNIZATION HEALTH

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME B2.1**	Non-availability of proper Breast-Feeding corner.	Request has been sent to the concerned.
2.	**ME C1.2**	Non-availability of AC and Warmer facilities as per need.	Request has been sent to the concerned.
3.	**ME C2.4**	Training of Pharmacist on Cold chain handlers on immunization is not done.	(ANM Babaljit Kaur is trained and maintaining Cold Chain handling at present.)
4.	**ME C3.1**	Emergency drug tray doesn't contain Airway, tongue depressor, ET tube, AMBU bag, BP apparatus with child cuff and stethoscope.	Procurement of the same.
5.	**ME F4.2**	Disinfection of sharp before disposal is not performed.	Need proper guidelines from concerned po.
6.	**ME G3.1**	SOPs are not updated, they are not distributed and implemented..	To be procured from GMSH 16.

5. DEPARTMENT OF FAMILY PLANNING

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME C3.1**	Non-availability of drugs for the medical method of abortion.	STATE POLICY
2.	**ME C4.2**	Non-availability of Cusco's speculum, anterior vaginal wall retractor.	Procurement of the instruments.
3.	**ME G2.1**	Client feedback form for after counselling, IUCD insertion and abortion services are not available at the facility.	Requirement of client feedback forms.
4.	**ME G3.1**	SOPs for services of abortion and family planning are not available.	To be procured from GMSH 16.
5.	**ME G3.2**	No proper display of protocols for family planning counselling.	Handmade material displayed at present. Proper IEC material required.
6.	**ME G3.3**	No proper display of protocols for abortion services.	Handmade material displayed at present. Proper IEC material required.
		No proper display of protocols of IUCD insertion and removal.	

6. DEPARTMENT OF COMMUNICABLE DISEASE

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	ME A4.1	Non-availability of mosquito nets.	Procurement of the same.
2.	ME B1.4	Non-availability of proper IEC material for NVBDCP.	Handmade material displayed at present. Proper IEC material required.
3.	ME E9.1	The treatment and diagnosis algorithm for malaria is not updated.	Updated material required.
4.	ME F1.1	No proper display of handwashing instruction at point of use.	Handmade material displayed at present.
5.	ME G3.1	Updated SOP are not available at point of use.	To be procured for GMSH-16
		Non-availability of SOP that adequately cover all relevant processes of the department.	
6.		Strategy, treatment plan of Tuberculosis and Leprosy has been changed. So needed updated regimen from the concerned department.	Inform about this to the po Quality cell.

7. DEPARTMENT OF NON-COMMUNICABLE DISEASE HEALTH

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	ME A1.4	OPD services are available only for 6 hours.	STATE POLICY
2.	ME B1.4	No proper display of IEC material under National blindness control program	IEC material required for Diabetic retinopathy, cataract, glaucoma, refractive error, trochoma, prevention from corneal blindness and IEC material for eye donation.
		Non-availability of IEC kit for mental health program.	Requirement of poster with 10 feature of mental disorder & flip chart for use of health educator.
		Non-availability of IEC material for National Deafness Control Program.	IEC material required for prevention and early detection of hearing impairment and deafness.
3.	ME C4.3	Partial availability of diagnostic instruments for PAP smear or VIA.	Procurement of required instruments.
4.	ME D5.12	Facility doesn't monitor the report under Iodine deficiency program.	No reporting format has been provided from concerned PO.

5.	ME E9.6	Non-availability of epidemiological surveillance of mental disorders.	
6.	ME E9.7	Non-availability of questionnaire to be filled up during first visit of elderly.	Procurement of questionnaire forms.
7.	ME F1.1	No proper display of handwashing instructions at point of use.	Handmade poster displayed at present. Required proper IEC material.
8.	ME G3.1	Updated SOPs are not available at point of use.	Procurement of updated SOPs
		Non-availability of SOPs that adequately cover all relevant processes of the department.	Procurement of updated SOPs

8. DEPARTMENT OF DRESSING ROOM AND EMERGENCY

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A1.2**	Compression bandage and cervical collar is not available.	Procurement
		Proper IEC material regarding management of medical conditions like Shock, Ischemic heart disease, CVA, Dyspnea, Status epilepticus, Unconscious patients, management of severe dehydration, respiratory distress	IEC material required
2.	**ME B2.2**	Partial availability of screens/curtains in dressing room	Procurement of curtains
3.	**ME C1.2**	Non-availability of AC & Warmer as per need.	Requirement requested
4.	**ME C2.4**	Training of staff for BLS not provided.	Training required.
5.	**ME C3.1**	Emergency drug tray doesn't contain Nitroglycerin spray, Inj. Dopamine, Inj. Magsulf.	Procurement of the required material.
6.	**ME C4.1**	Tongue depressor not available in the facility.	Procurement
7.	**ME C4.2**	Dressing instruments like Chittel's forceps, Tooth forceps ,Splints not available.	Procurement of the required instruments.

		Functional instruments for resuscitation like Airway, suction machine.	
8.	**ME C4.4**	Non-availability of instrumental/dressing trolley in the facility.	Requirement of dressing trolley.
9.	**ME E2.4**	No proper process of sorting the patients in case of mass casualty.	Triage system required.
10.	**ME E2.5**	Emergency protocols are not available at the point of use.	
		Police information register (MLC cases) not maintained.	STATE POLICY
11.	**ME F1.1**	No proper display of hand washing instructions at point of use.	IEC material required.
12.	**ME F4.1**	No proper display of work instructions for segregation and handling of Biomedical waste.	Proper IEC material required.
13.	**ME G3.1**	SOPs not-available at point of use.	Procurement of SOPs
		Non-availability of SOPs adequately cover all relevant processes of the department.	

9. DEPARTMENT OF PHARMACY

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME C2.5**	Pharmacist not skilled for cold chain management.	(ANM Babaljit Kaur is trained and maintaining Cold Chain handling at present.)
2.	**ME C3.1**	Non-availability of Plasma Substitutes, Immunological.	Not required at PHC level.
3.	**ME D1.2**	AC & warmer not available as per need.	Request has been sent to the concerned.
4.	**ME D2.3**	No earmarked area for keeping expiry drugs distant from regular drugs.	FEFO box made
		Transfer of surplus/near expiry drugs to other nearby facility not 3 months in advance but 1 month	As per policy of GMSH 16 drug store
5.	**ME D2.4**	Drugs are not categorized in Vital, Essential and Desirable.	

6.	**ME D2.6**	Drugs are not dispensed in envelopes.	Envelopes are required.
		Strip cutting is done at the facility.	
7.	**ME G1.7**	Pharmacy I/C partially coordinates prescription audit.	Advised to be regular in prescription audit
8.	**ME G3.1**	Updated SOPs for Pharmacy and Cold chain management is not available at point of use.	To be procured from GMSH 16.
		SOPs don't adequately cover all relevant process of department.	
9.	**ME G3.3**	Work instructions not available for storage of drugs.	Handmade posters displayed at present.

10. DEPARTMENT OF OUTREACH

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A4.13**	Testing of salt to check the presence of Iodine through salt testing kits is not available.	
2.	**ME A4.14**	Non-availability of services for motivation for quitting and referral to Tobacco Cessation Centre.	Services provided in OPD
3.	**ME B1.4**	Partial availability of IEC material to be displayed/distributed during outreach session.	Requirement of proper IEC material.
4.	**ME B1.5**	Non-availability of IEC material in local language.	Requirement of proper IEC material.
5.	**ME C3.1**	Partial availability of Topical (locally applied) drugs.	Requirement
6.	**ME C2.5**	ANM not skilled for preparing malaria slides.	Training required
7.	**ME D2.4**	Non-availability of Sanitary pads.	Requirement of sanitary pads.
8.	**ME D3.4**	Non-availability of system of taking feedback from ANMs to improve the services.	Requirement of feedback forms.
9.	**ME E8.2**	Non-availability of Sanitary napkins.	Requirement of sanitary napkins.

10.	**ME G1.2**	Non-availability of Quality policy	Procurement of Quality Policy
11.	**ME G1.3**	Non-availability of specific quality objectives for outreach services.	Procurement of Quality Policy
12.	**ME G2.2**	Non-availability of Employee Satisfaction Survey.	Requirement of Employee Satisfaction Survey Forms.
13.	**ME G3.1**	Non-availability of SOPs for outreach services.	Procurement of SOPs
14.	**ME G3.2**	Staff not trained as per the SOPs	SOPs required

***OUTREACH SERVICES NOT APPLICABLE FROM APRIL 2025 ONWARDS, AS THE POPULATION HAS REDUCED TO 4,810 DUE TO RELOCATION OF SANJAY LABOUR COLONY.**

11. DEPARTMENT OF GENERAL ADMINISTARTION

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME B1.1**	Direction to UPHC is not displayed from the access road clearly.	Need proper signages and information sent to the concerned PO.
		Name of the facility is not prominently illuminated.	Request has been sent to electricity department.
		Facility layout with directions to different departments is not displayed properly.	Need proper signages and information sent to the concerned PO.
2.	**ME B1.2**	Entitlement under schemes – JSSK, JSY signboards are not present at the facility.	Need posters and IEC material.
		List of available services is not prominently displayed.	Need proper IEC and posters. Handmade posters are displayed at present.
		Days and Timings of specific services are not displayed properly.	Need proper signboards.
3.	**ME B1.3**	Citizen charter is not prominently displayed.	Need proper signboard.
4.	**ME B1.8**	Non-availability of Handrails with the ramp and rails.	Requested and informed in written to the concerned department.
		Non-availability of Disable friendly toilet.	Requested and informed in written to the concerned department.

5.	**ME C1.2**	Non-availability of Coolers/AC in waiting area.	Requested and informed in written to the concerned department.
6.	**ME C1.5**	No record for Power Audit facility in the facility.	?? NOT EVEN CLEAR TO MO IN-CHARGE
7.	**ME C1.6**	Fire exit signs are not properly displayed at critical areas.	Proper signages required.
8.	**ME C2.3**	Non-availability of Public Health Manager	
		Non-availability of secretarial staff.	
	ME C2.4	Training on Basic Life Support (BLS) not done.	Need training.
9.	**ME C3.2**	Only partial availability of stationary items.	Request has been sent to the concerned.
10.	**ME C4.5**	Partial availability of Office Furniture.	Request sent to the concerned.
11.	**ME C4.6**	Partial availability of equipment for cleaning.	Request sent to the concerned. (Non-availability of 2 bucket system.)
12.	**ME D1.4**	There is seepage, cracks, chipping of plaster in Emergency room and MO room.	Request sent to the concerned engineering department.
13.	**ME D1.6**	Stray animals (dogs) are observed in the facility.	
14.	**ME D1.9**	PHC doesn't regularly tests the water quality from the original source.	State Policy – On demand basis from MC.
15.	**ME D4.3**	Job Description for Medical officer not properly defined.	To be sent by concerned PO Quality cell.
		Job Description for staff nurse not properly defined.	To be sent by concerned PO Quality cell.
		Job Description for ANM not properly defined.	To be sent by concerned PO Quality cell.
		Job Description for LHV not properly defined.	To be sent by concerned PO Quality cell.
16.	**ME D4.5**	I-cards and name plates have not been provided to all the staff.	Especially Outsourced staff.
17.	**ME D4.7**	No Smoking sign is not displayed prominently in UPHC.	Proper signage required.
18.	**ME F4.3**	No demarcated area for secure storage of BMW before disposal.	Request sent to the concerned department.

19.	**ME G1.2**	Quality policy is not defined and displayed prominently in local language.	Proper IEC material required.
		Staff is unaware of the Quality policy.	
20.	**ME G2.1**	No proper protocol to perform satisfaction surveys for employees at regular intervals.	Request sent to the concerned.
21.	**ME G2.2**	There is no procedure for analysis of Employee Satisfaction survey.	
22.	**ME G3.1**	Updated SOPs are not in hand with the staff.	Procurement of SOPs
23.	**ME G3.2**	SOP doesn't cover all key processes support and administrative processes adequately.	Procurement of SOPs
24.	**ME G3.3**	Staff is not aware of relevant part of SOPs.	Procurement of SOPs
25.	**ME G3.4**	Work instructions/ clinical protocols are not properly displayed.	Proper IEC material required.

12. DEPARTMENT OF LABORATORY

S. No.	STANDARD	GAP	ACTION REQUIRED
1.	**ME A3.2**	Non-availability of Rapid Diagnostic kit for PF and RPR/VDRL for Syphilis.	
2.	**ME A4.9**	Non-availability of Water Quality tests	State Policy- to be done by MC.
3.	**ME B1.2**	Timing for collection of sample and delivery of reports are not displayed properly.	Proper IEC material required.
4.	**ME C1.3**	Unidirectional flow of services is not present at the facility.	Proper signages required.
5.	**ME C2.4**	Training of the Lab technician on the module of LT and EQA has not been done yet.	Need proper training.
		Training for Internal & External Quality Assurance in lab is not done.	Need proper training.
6.	**ME E2.8**	Standard formats are only available for sputum sampling.	Need lab formats for general investigations.

Suggestions for improvement

1. **Strengthening Documentation Practices** Develop and periodically update department-wise SOPs in alignment to national protocols to ensure consistency in service delivery. Establish centralized, quality documentation, digital or physical repositories to provide easy access and regular review of documentation by staff.

2. **IEC and Patient Communication** Assessment designated plan in print-ready IEC kits from each department. For example, a patient will be made aware of rights and safety in the department-wise information (immunization schedule, NCD care, infection control, etc, etc...) Regularly update health education boards, information, and outreach with accompanying printed pamphlets (advertisements).

3. **Staff Capacity Building and Sensitization** Monthly sensitization sessions and refresher trainings for all cadre (MO, ANM, Pharmacist, Lab Tech), based on NQAS criteria, emergency protocols, BMW handling, and digital filing systems. Relevant, quality champions for each department to help promote adherence to standards and assist with audit.

4. **Emergency Preparedness and Infection Control** Instituting mock drills, for various emergencies including fires, incidents requiring medical care and disasters, with documented evaluations. Enhance infection control plans through PPE availability and posting, thorough and clear hand hygiene and cleaning protocols.

5**. Digital Health Systems Implementation** Complete roll-out and staff training on NextGen E-hospital and Scan & Share as part of ABDM to record prescriptions, track operations in real-time and establish digital patient files.

6. **Audit and Review Systems** That internal quality audits are instituted every quarter, and department CAPA (Corrective and Preventive Action) measures are in place. That monthly review meetings are established, chaired by the SMO in-charge to review the progress of the facility in relation to QI indicators, patient satisfaction feedback and operational issues.
7**. Patient Rights and Grievance Redressal** That grievance redressal systems are strengthened through appropriately placed and monitored feedback boxes. That the Patient Charter, helpline numbers and entitlement information is clear and visible in all patient areas.

KEY LEARNINGS

The summer internship at AAM-CITCO under the National Health Mission (NHM) Chandigarh, was focused on conducting a Gap Analysis using the National Quality Assurance Standards (NQAS) checklist. This opportunity was an operational connection between what I learned in the theoretical classroom and its application to real-world situations in public health management. Below are my main learnings from this opportunity:

- **NQAS Standards**: I learned applied the principles of gap analysis in twelve departments, where I initiated the structured analysis of the departments by using structured checklists and scoring systems.
- **KPIs**: I collected and analysed service data, like outpatient department footfall, stock-outs, and lab turnaround times. This improved my understanding of key performance indicators.
- **Prescription Audit and CAPA**: I audited prescriptions based on the principles of rational drug prescribing, identified gaps in compliance with prescribing assessments, and developed and implemented a CAPA plan.
- **Strategic Planning**: I developed department-specific CAPA plans employing the principles of root cause analysis, and prioritizing improvement strategies based on established strategic management principles.
- **Digital Health Experience**: I assisted with NextGen e-Hospital rollout and "Scan & Share" and gained experience on health information systems. I recognized the challenges of transitioning from traditional systems to new digital health technology systems.
- **Leadership and communication**: I improved my ability to talk to staff, manage resistance, and foster a culture of quality that involved informal capacity building with my service users.

Signature of the Student- Divya Kaushik

Approved by the IIHMR's University Mentor