Development of a Comprehensive Primary Health Care Service Delivery Self-Assessment Toolkit

Development of a Comprehensive Primary Health Care Service Delivery Self-Assessment Toolkit

Publisher:

KHPT
IT Park, 5th Floor,
1-4, Rajajinagar Industrial Area
Behind KSSIDC Administrative Office Rajajinagar,
Bengaluru, Karnataka - 560 044

Ph: +91 80 4040 0200
Fax: +91 80 4040 0300
Website: www.khpt.org
Email: khptblr@khpt.org

Acknowledgements

We would like to acknowledge the support of various stakeholders who helped us conceptualize the Comprehensive Primary Health Care Service Delivery Self-Assessment Toolkit under the National Health Systems Resource Centre – Innovative Learning Centre (NHSRC-ILC) project.

We would like to thank National Health Systems Resource Centre (NHSRC), State National Urban Health Mission (NUHM) team, Urban Primary Health Centres Medical Officers (UPHC-Mos), Bruhath Bengaluru Mahanagar Palike (BBMP), Mysuru City Corporation (MCC) and other officials from Government of Karnataka, whose inputs and encouragement helped us draft this document. We are grateful for the support of all the health facility staff whose knowledge was essential to ensuring the success of this process.

We are especially thankful to the KHPT field research and implementation team members, who worked tirelessly to make the assessment design and pilot process a success.

Contributors
Dr Swaroop N, Thematic Lead, CPHC, KHPT
Dr Prarthana BS, Thematic Lead, MNCH, KHPT
Dr Ilhaam Ashraf, Technical Manager, CPHC, KHPT
Poornima BS, Deputy Director-Program, CPHC, KHPT
Vidyacharan Malve, Manager-M&E, KHPT
Praveen Kumar, Lead-Urban Intervention, KHPT
Mohammad Sharif, Program Manager, KHPT
Krishna Prasad, Program Officer, KHPT
Zakia Begum, Program Officer, KHPT
Arin Kar, MERL Lead, KHPT
Mohan HL, CEO, KHPT

Editorial Team
Dr Manoj Kumar Pati, Knowledge Management Specialist, KHPT
Dr Jyoti Koujageri, Manager-Communications, CPHC, KHPT
Vrinda Manocha, Manager-Communications, KHPT

Table of Contents

List of Abbreviations 5

Introduction 6

- Urban Healthcare 7
- Role of KHPT in Urban Comprehensive Primary Health Care 7

CPHC Service Delivery Assessment Tool 7

- Key Features of the Tool 8
- Value Addition of the Toolkit 8

Process of CPHC Service Assessment Delivery Tool Development 9

- Desk Review 9
- Development of Assessment Tools 9
- Scoring System 10
- Means of Verification 11

Methodology 12

- Geography and Facility Details 12

CPHC Service Delivery - Facility Readiness Assessment Training and Pilot 13

- **Training and Induction** 13
- **Pilot Testing** 13
- **Full Implementation** 13
- **Data Validation** 14
- **Data Analysis & Consolidation of Findings** 14
- **Internal Dissemination and Feedback** 14
- **Sprint Workshop** 14

Results of the Tool Pilot 14

- **Individual Facility Profiles** 15
- **Key Findings** 15
- **External Dissemination and Action Planning** 15
- **For UPHC/Namma Clinic Staff** 16
- **For District/State Program Managers** 16

Development of Digitized Self-Assessment Toolkit 16

- Key Features of the Digitized Toolkit 16

Monitoring & Support 16

Quality Improvement Committee (QIC) 17

Conclusion 17

Way Forward 17

Annexures 18

- **Annexure 1: CPHC Service Delivery Self-Assessment tools** 19
  - **A.** CPHC Service Delivery Self-Assessment Tool for UPHC 19
  - **B.** CPHC Service Delivery Self- Assessment Tool for UHWC/AAM/Namma Clinics 20
- **Annexure 2: Comprehensive Instruction Manual for Conducting CPHC Service Delivery Self-Assessment** 21
- **Annexure 3: Individual Facility profiles generated from Tool pilot** 22
- **Annexure 4: Digitized CPHC Service Delivery Self-Assessment Tool** 23
- **Annexure 5: Quality Improvement Committee at UPHC - Standard Operating Procedure (SoP)** 24
- **Annexure 6: Summary of CPHC Service Delivery Intervention at UPHC and Namma Clinic** 26

References 29

List of Abbreviations

AB	Ayushman Bharat
AAM	Ayushman Arogya Mandir
ASHA	Accredited Social Health Activist
CPHC	Comprehensive Primary Health Care
DD	Deputy Director
GOI	Government of India
GOK	Government of Karnataka
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
HBNC	Home Based Neonatal Care
HWC	Health and Wellness Centre
ILC	Innovation Learning Centres
IPC	Infection Prevention and Control
IPHS	Indian Public Health Standards
IR	Implementation Research
KHPT	Karnataka Health Promotion Trust
NCD	Non-Communicable Disease
NFHS	National Family Health Survey
NHP	National Health Policy
NHSRC	National Health Systems Resource Centre
NQAS	National Quality Assessment Standards
NUHM	National Urban Health Mission
PHC	Primary Health Centre
PHCO	Primary Health Care Officer
QIC	Quality Improvement Committee
RCH	Reproductive and Child Health
SDG	Sustainable Development Goals
SHC	Sub Health Centre
UHC	Universal Health Coverage
UHWC	Urban Health & Wellness Centre
UPHC	Urban Primary Health Centre

Introduction

A strong primary healthcare system is crucial for achieving health-related Sustainable Development Goals (SDGs) and attaining Universal Health Coverage (UHC) for all, ensuring access to safe, effective, quality, and affordable essential healthcare services. Both rural and urban areas in India face challenges in organizing such systems; however, urban areas, in particular, pose new and complex challenges due to their dynamic and heterogeneous populations.

India is rapidly urbanizing. In 2001, there were 35 cities with a population of over one million and 393 cities with more than 100,000 people. By 2024, India has 40 cities with over one million people, 396 cities with populations between 100,000 and one million, and 2,500 cities with populations between 10,000 and 100,000 (1). By 2030, approximately 40% of the country's population will reside in urban areas.

The health of the urban poor is considerably worse than that of middle- and high-income urban groups and, in many cases, worse than the rural population. According to the National Family Health Survey (NFHS)-5, the under-five mortality rate among urban dwellers was around 31.5. The proportion of fully immunized children aged 12-23 months in urban areas was approximately 75.5%. Additionally, 27.3% of children under five were underweight, and 30% were stunted. Urban populations also suffer from a high burden of non-communicable disease (NCD) risk factors; for example, 44% of urban women are overweight or obese, compared to 32.6% of women in rural areas (2).

The urban poor and the most underserved are difficult to categorize. A majority work in the informal sector and rely on a cash economy, putting them in precarious situations concerning health, food, and nutrition security. Vulnerable urban populations include daily wage laborers, domestic workers, hawkers, small retail shop owners, workers in small-scale industries, drivers, sex workers, rag pickers, shopping mall workers, beggars, homeless individuals, pavement dwellers, street children, and other workers in the unorganized sector, including residents of both notified and non-notified slums. Components of the CPHC include 12 areas that are difficult to be delivered in the urban health setting due to the above-mentioned hurdles.

*Source: Ayushman Bharat, HWC report

Urban Healthcare

The public sector's urban health delivery system, particularly for the poor, has been sporadic, inadequate, and limited in its reach. Although urban areas have more doctors per thousand people compared to rural areas—80% of doctors serve in urban areas (3)—factors such as cost, timings, distance, and the attitudes of healthcare providers put secondary care and private sector facilities out of reach for many urban poor. When the urban poor access private facilities, the significant costs incurred often lead to severe debt.

In urban areas, it is proposed to establish Urban Health and Wellness Centres (UHWC/AAMs) for populations of 15,000-20,000. Urban Primary Health Centres (UPHCs) will also be transformed into Health and Wellness Centres, covering approximately 50,000 people. These facilities are currently being remodelled as Ayushman Arogya Mandirs.

However, there is no effective or efficient tools that serve as a guide to the service delivery centres to ensure provision of all the 12 CPHC components. Multiple tools and systems like the Kayakalpa, LaQshya etc., focus on certain aspects of service delivery, while a comprehensive understanding of the 12 CPHC service delivery gaps are not easily discernible through these platforms.

Role of KHPT in Urban Comprehensive Primary Health Care

Against this backdrop, the Karnataka Health Promotion Trust (KHPT), in collaboration with the National Health Systems Resource Centre (NHSRC) and the State Health Society, Karnataka, has been developing Urban Comprehensive Primary Health Care - Innovation Learning Centres (CPHC-ILC) in Bengaluru and Mysuru, focusing on the poor and vulnerable populations. These centres aim to serve as learning laboratories to understand how comprehensive primary healthcare service delivery models, through Ayushman Bharat - Health and Wellness Centres (AB-HWC/AAMs), operate. HWC/AAMs are envisioned to improve the health system's responsiveness by bringing all the 12 services closer to communities and addressing the needs of the most marginalized through a trained Primary Health Care team. They also act as best practice sites, offering inspiration and guidance to program officers from neighbouring wards and districts, enabling the scaling up of

CPHC Service Delivery Assessment Tool

In the process of supporting and strengthening CPHC service delivery through ILCs, KHPT designed a CPHC service delivery assessment toolkit. This toolkit includes tools for assessing both clinical and outreach services in Urban Primary Health Centres (UPHCs) in Urban Health and Wellness Centres (UHWC/AAMs). These tools were piloted in selected UPHCs and associated Namma Clinics (UHWC/AAMs) in Bengaluru and Mysuru as part of the NHSRC – Innovation Learning Centre Project.

The tool is based on multiple standards and guidelines including the Indian Public Health Standards (2022) for PHC-HWC/AAMs and SHC-HWC/AAMs and is aligned with the Ayushman Bharat – CPHC operational guidelines (2018). It provides a comprehensive way to assess a facility's readiness to deliver CPHC services both within healthcare facilities and through community outreach, following national guidelines.

Key Features of the Tool

- **Unique and Comprehensive:** This tool is the first of its kind, enabling HWC/AAMs to assess their current service delivery status across the 12 CPHC service areas in detail. It helps identify gaps and develop specific action plans to address them.
- **Visual Dashboard: The tool uses a comprehensive, color-coded scoring system to help visualize the status of CPHC service delivery. This allows for easy identification of gaps and progress tracking over time.**
- **Instruction Manual:** A comprehensive instruction manual accompanies the tool to guide facility staff through the assessment process, ensuring standardization and data quality.

Looking ahead, this tool and its dashboard can be further digitized to enhance accessibility for facility staff, making the self-assessment process more user-friendly and efficient.

Value Addition of the Toolkit

To our knowledge, this is **the first systematic effort to operationalize the Indian Public Health Standards (IPHS 2022) in alignment with the Ayushman Bharat CPHC service delivery framework, transforming it into a user-friendly self-assessment tool for facilities**.

The toolkit contains the self-assessment tool - online version and offline excel version for the urban subcentres and PHCs in addition to instruction guide on how the self-assessment can be conducted. The toolkit also contains the process and composition of the Quality improvement committee that can be responsible for addressing the gaps identified through the tool.

Process of CPHC Service Assessment Delivery Tool Development

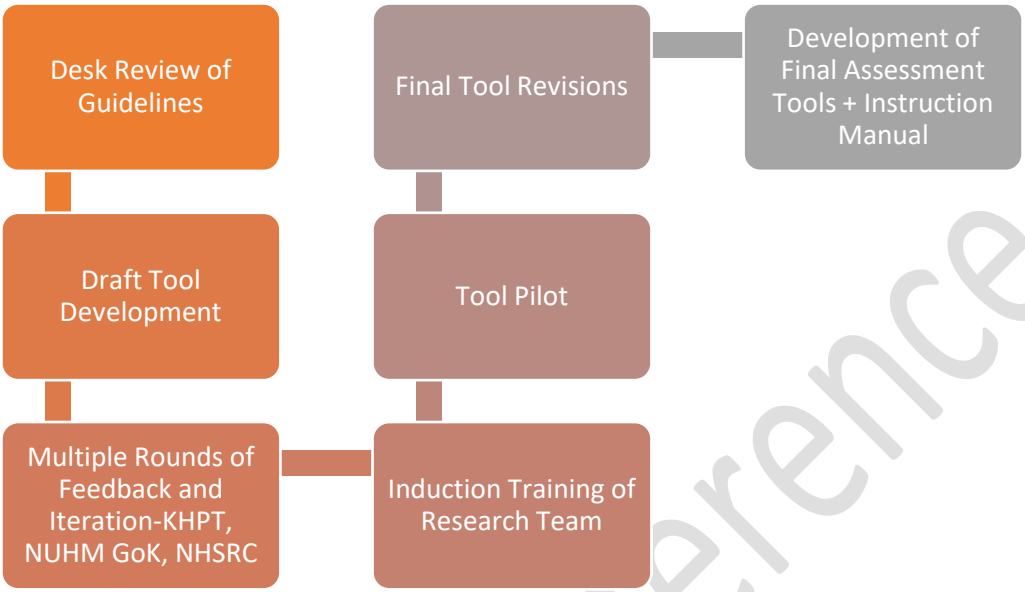


Figure 1: Process of CPHC service delivery assessment tool development

Desk Review

The creation of the CPHC service delivery tool for facility assessment began with a desk review of relevant national standards and guidelines. This review included:

- **Ayushman Bharat – CPHC Operational Guidelines (2018)**
- **Indian Public Health Standards (IPHS)** for Primary Health Centres (PHCs) and Sub-Health Centres (SHCs) (2022)
- **National Quality Assurance Standards (NQAS)** for Urban Primary Health Centres (UPHCs) (2015) and Health and Wellness Centres – Sub-Centres (2021)
- **Guidelines for Organizing Urban Primary Health Centre Services (2018)**
- **Government of Karnataka's Namma Clinic Operational Guidelines for UHWC/AAMs (2022)**

Development of Assessment Tools

Based on the desk review, the relevant content from these guidelines was synthesized and adapted to develop a toolkit, which includes the following tools:

- A draft tool for conducting facility assessments of UPHCs and Namma Clinics for **clinical service delivery**
- A draft tool for assessing UPHCs for **outreach service delivery**

- A draft tool for assessing the **current capacity** of UPHCs/UHWC/AAMs and identifying the **capacity-building needs** of key service delivery staff at these facilities

A comprehensive instruction manual was also developed for each tool, guiding field investigators and ensuring standardization in data collection (see Annexure 2 for details).

Scoring System

In the toolkit, services listed under the applicable IPHS guidelines (for UPHCs or UHWC/AAMs) were mapped to the most relevant of the 12 CPHC service categories specified under the Ayushman Bharat – CPHC operational guidelines. The total number of sub-services under each of the 12 CPHC service categories was then computed, which served as the denominator for each category.

For each of the 12 CPHC service categories, the toolkit enables identification of the number and percentage of sub-services that are:

- Completely Available
- Partially Available
- Not Available

This approach provides a comprehensive, at-a-glance picture of service availability at each facility.

Availability of services was scored as Not Available, Partially Available or Completely Available based on the NQAS scoring system:

Score	Output	Inference
0	Not Available	Less than 50% of the requirements mentioned in the question are met and intent of measurable element is not met
1	Partially Available	At least 50% or more requirements mentioned in the question are met and intent of measurable element is partially met
2	Completely Available	All requirements in the question are met and intent of measurable element is being met
98	Not Applicable	The particular line item is not applicable for the facility being assessed (for example presence of labour room in a non 24X7 UPHC)

It was mandatory to provide justification and rationale in the “Remarks” column for each partially available and non-available component, i.e., scores of 0 and 1. This was to ensure that there was

sufficient and concrete evidence for partial and non-compliance which would make the assessment more robust, and effective in identifying targeted gaps that need to be focused on.

Each sub-service was scored individually using the above scoring system. The cumulative score from all the sub-services under each category served as the numerator against each of the 12 CPHC services.

Based on this, for each of the 12 CPHC services, it was possible to identify what number and percentage of sub-services were completely, partially, and not available – providing a comprehensive picture at a glance.

The total number/percentage of CPHC services could also be computed this way, making it easy to compare a facility's progress over time or compare between two or more facilities.

Means of Verification

During the assessment, each sub-service category was supposed to be scored after verification and corroboration through at least two out of the three means of verification listed below. These were referenced from the standards used in the NQAS assessment process:

Code	Means of Verification	Inference
SI	Staff Interview	Interview with a staff member who is the key focal point/implementer/in-charge for a particular component being assessed. For example - PHCO for outreach, staff nurse for Infection prevention and control (IPC) etc
OB	Observation	Documentation of findings based on critical observation of the facility premises for presence/absence of line item being assessed. For eg: looking for board with citizen charter displayed to answer the question on 'is citizen charter displayed prominently in the facility?'
RR	Record Review	Verification/Cross-verification with relevant records available in the facility. For example - assessing the adequacy of Home-Based Neonatal Care (HBNC) visits made by ASHA by cross-verifying with documentation of dates and number of visits made in a month against the number of deliveries in the same month in the ASHA diary

Verification was supposed to be done against data and timelines dating back to the last 6 months unless otherwise specified.

These tools were shared with NHSRC and DD, NUHM (GoK) for feedback, which was duly noted and incorporated, and the final tools were shared once again for review. Following multiple rounds of iteration, the finalised tools were approved and ready to be piloted.

Methodology

As part of the baseline assessment for the ILC project, the facility assessment toolkit was designed and piloted in the 4 intervention UPHCs and 5 associated Namma Clinics (Urban Health and Wellness Centre – UHWC/AAM) of Bengaluru and Mysuru, to understand the facility readiness for delivery of CPHC services (Annexure 1).

Geography and Facility Details

The facility assessment as part of the ILC implementation research study was piloted across two cities: one mega city (Bengaluru) and one mid-sized tier II city (Mysuru) to have a comparative understanding of CPHC-HWC/AAM model implementation. Within these locations, the facilities covered included the Singasandra 24/7 UPHC and the Roopena Agrahara UPHC in Bengaluru (South Zone), as well as the 5 Namma Clinics of Roopena Agrahara, Bommannahalli, Devarachikkanahalli, Naganathpura, and Kudlu. In Mysuru city, the study covered the Kumbarakoppalu UPHC area in the North (Zone 5), and the Vishweshara Nagara UPHC in South-East Mysuru (Zone 2). As urban Mysuru does not have Namma Clinics established yet, only the UPHC facilities were audited.

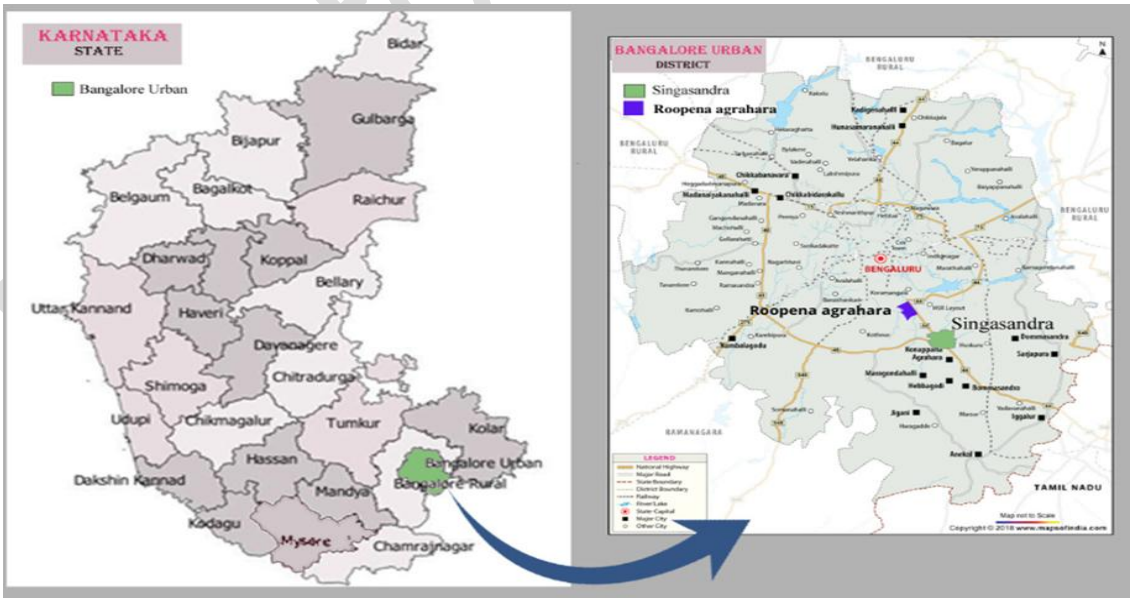


Figure 2: Facilities selected for the ILC project in Bengaluru City

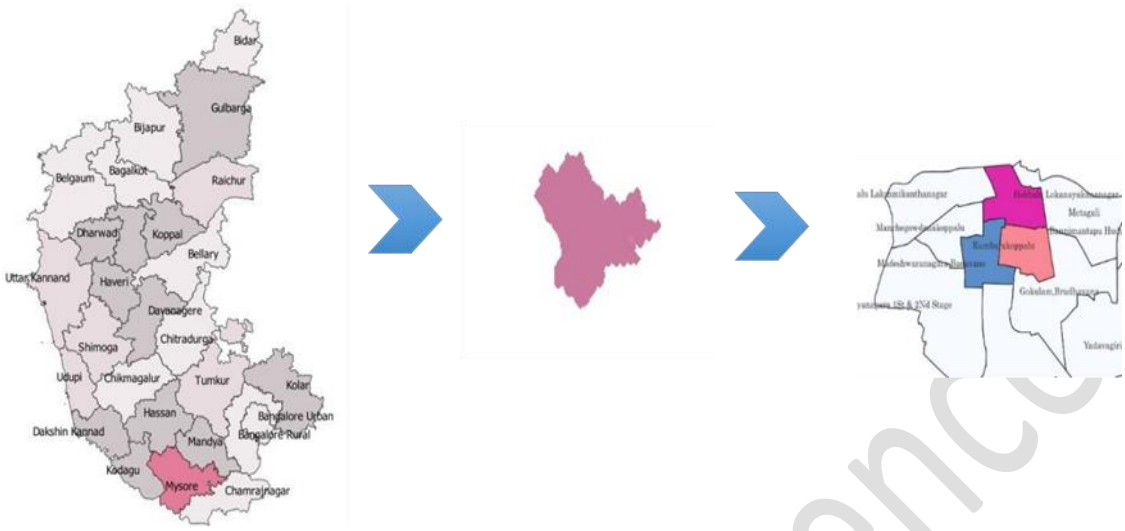


Figure 3: Facilities selected for the ILC project in Mysuru City

CPHC Service Delivery - Facility Readiness Assessment Training and Pilot

A trained research team from KHPT conducted the facility readiness assessments in Mysuru and Bengaluru. Field investigators with medical and public health backgrounds were recruited to carry out the data collection, under the supervision of the KHPT research team.

Training and Induction

Prior to data collection, a detailed two-day induction program was held at the KHPT office. This training covered:

- The **Innovation Learning Centre (ILC) Project**
- **Ayushman Bharat – CPHC guidelines**
- A comprehensive overview of the **facility audit tools**

Pilot Testing

A short pilot test was conducted at a non-intervention UPHC in Mysuru to ensure the effectiveness and clarity of the tools. Feedback from this pilot was used to refine the assessment process before rolling it out to intervention sites.

Full Implementation

Following the pilot, facility assessments were conducted over a three-week period (August – September 2023) in the intervention UPHCs and Namma Clinics of Bengaluru and Mysuru.

Data Validation

Throughout the data collection process, **data validation exercises** were conducted to ensure the accuracy and reliability of the collected data, contributing to the robustness of the findings.

Data Analysis & Consolidation of Findings

The data collected during the facility readiness assessments was analyzed by the KHPT research team, led by the Monitoring and Evaluation Unit. The analysis provided a detailed profile of each facility (UPHCs and Namma Clinics under the ILC project), highlighting:

- The current status of service delivery across the **12 CPHC service categories**
- Key gaps and areas requiring improvement within each facility

Internal Dissemination and Feedback

The key findings from the analysis were presented in a series of internal dissemination meetings with the larger CPHC team. These meetings served to:

- Gather feedback from team members
- Address questions or concerns related to the data and findings

Through this collaborative process, a broad list of **gaps and priority areas** was identified for further action.

Sprint Workshop

Following the internal dissemination, a **Sprint Workshop** was conducted—a focused, multi-day design workshop aimed at:

- Rapidly gathering insights from the data
- Developing innovative ideas and solutions for addressing the identified gaps
- Identifying a list of potential **design options** for priority areas within the ILC project

Results of the Tool Pilot

The summarized results of the tool pilot are outlined below. These consolidated findings are presented using a **color-coded Excel dashboard** that categorizes the sub-services within each of the 12 CPHC service categories as follows:

- **Green**: Completely available
- **Yellow**: Partially available
- **Red**: Not available

For each facility, the dashboard provides the total number and percentage of sub-services in each category, visually highlighting gaps and areas of full-service availability. At the end of the dashboard, an **overall score/percentage** is assigned to each facility, summarizing the level of CPHC service availability across all categories.

Individual Facility Profiles

In addition to the summary dashboard, **individual facility profiles** were generated based on the assessment responses. These profiles offer a detailed breakdown of the status of CPHC service delivery for each sub-service within the 12 CPHC service categories. By examining these profiles, stakeholders can **pinpoint specific sub-services** that require strengthening and targeted intervention (see Annexure 3 for detailed profiles).

Key Findings

Annexure presents the summary dashboards from the assessment conducted in the ILC intervention geographies. Common gaps across all or most facilities, as identified through the individual facility profiles, are highlighted below. These gaps represent priority areas for intervention and improvement in service delivery.

- Gaps across RMNCH+A services continue to exist – obstetric complications, newborn care, KMC
- NCD – population-based screening of oral, breast and cervical cancers not happening uniformly across all facilities
- Major gaps in delivery of Elderly and Palliative Care, Mental Health, Oral Health, Eye and ENT services
- Need for an individualised plan for each UPHC to strengthen 12 CPHC service delivery

External Dissemination and Action Planning

The consolidated findings were shared with officials from NHSRC and the Government of Karnataka (GoK) during a dissemination meeting held at KHPT in January 2024. Feedback from these stakeholders was incorporated into the final report.

Based on the recommendations provided by NHSRC, specific **action plans** can be developed to support the facilities in addressing the identified gaps.

Benefits of using the CPHC Service Delivery Self-Assessment Tool

The benefits of the tool extend across various stakeholder levels:

For UPHC/Namma Clinic Staff

- This tool enables HWC/AAMs to assess their current CPHC service delivery status in detail, identify areas needing focus, and develop specific action plans to address identified gaps.
- The status of CPHC service delivery can be visualized through a dashboard with a comprehensive, color-coded scoring system, facilitating easy gap identification and progress monitoring over time.

For District/State Program Managers

- The digitization of the tool enhances usability, making it easier to roll out and implement at scale across facilities.
- Regular facility reviews become faster and more efficient, as the tool serves as a quick reference to ascertain the current status of CPHC service delivery at a glance.
- Progress made by facilities can be monitored at the district and state levels through a color-coded dashboard, providing valuable insights for health authorities and policymakers seeking to enhance healthcare access, quality, and equity in urban settings.

Development of Digitized Self-Assessment Toolkit

Following the analysis of results from the four UPHCs and Namma Clinics, the assessment tools for outreach and service delivery were digitized into an **Excel-based Self-Assessment format**. This toolkit enables facility staff to conduct assessments independently, with guidance from the Medical Officer (MO).

Key Features of the Digitized Toolkit

- **User-Friendly Interface**: The toolkit is designed for easy use by facility staff, facilitating a straightforward assessment process.
- **Auto-Computed Scores**: As assessments are completed, the resultant scores are automatically calculated and displayed in a comprehensive Excel dashboard.
- **Comprehensive Assessment**: The digitized tools cover both outreach and service delivery components, ensuring a holistic evaluation of facility performance.

The digitized self-assessment toolkit is available in **Annexures 4**, providing a valuable resource for ongoing self-evaluation and improvement in service delivery.

Monitoring & Support

The assessment tool provides a comprehensive overview of facility readiness to deliver all 12 Comprehensive Primary Health Care (CPHC) services, highlighting gaps in service delivery. To ensure that these gaps are addressed and progress is monitored over time, we propose the establishment of a Quality Improvement Committee (QIC) at the UPHC level.

Quality Improvement Committee (QIC)

The QIC will function as an internal committee within the UPHCs, tasked with periodically identifying gaps in the delivery of expanded primary healthcare services. The committee will address issues and challenges identified through self-assessment, implementing time-bound solutions. This initiative is expected to enhance the likelihood of UPHCs achieving certifications under the National Quality Assurance Standards (NQAS) and LaQshya. The composition and standard operating procedures (SoP) for conducting QIC meetings are detailed in **Annexure 5**.

Conclusion

The relevance of this assessment lies in its ability to inform targeted improvements in healthcare delivery at the UPHC level. By identifying gaps in service availability, the document supports evidence-based decision-making. This data-driven approach helps prioritize resource allocation, streamline operational workflows, strengthen community health outcomes, and adapt to the specific needs of each UPHC.

Moreover, the assessment underscores the importance of continuous monitoring and evaluation in public health management, ensuring that health facilities effectively meet evolving health challenges and demographic needs. Ultimately, by fostering transparency and accountability in healthcare service delivery, assessments like these contribute to building resilient health systems capable of serving urban populations with comprehensive and responsive care.

Going forward, the adoption of this tool for periodic self-assessment, monitoring, and tracking progress will operationalize all components of CPHC service. We recommend that this assessment be conducted bi-annually by the QIC, with monthly QIC meetings utilized to develop action plans addressing identified gaps and to regularly review progress against those goals.

Way Forward

As the Health and Wellness Centres (HWC/AAMs) and Ayushman Arogya Mandirs (AAMs) are implemented across states and union territories, there is a unique opportunity to conduct implementation research and advocacy tailored to specific state or regional contexts. Implementation research (IR) seeks to understand how interventions, programs, or policies are implemented in real-world settings. It explores the processes, factors influencing implementation, and the outcomes (David H. Peters, Nhan T. Tran, 2018). To examine the roll-out of HWC/AAMs/AAMs, the Innovation and Learning Centres (ILCs), initiated by NHSRC, serve as learning laboratories for implementing, advocating, and studying innovations that enhance CPHC service delivery.

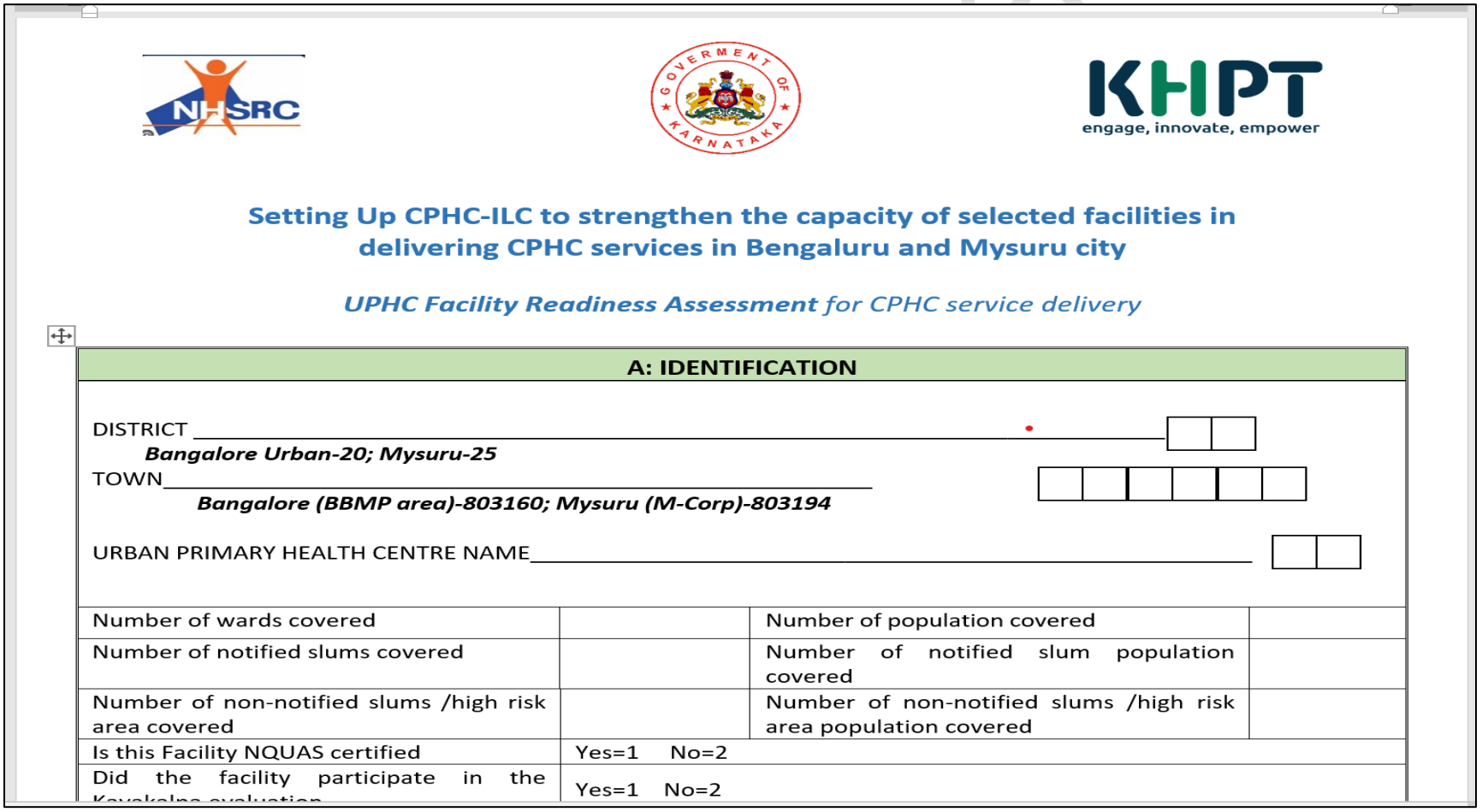
The CPHC service delivery self-assessment toolkit will serve as the first entry point to understand the gaps in the implementation of the UHC through understanding the gaps in the services being delivered in each of the AAM/HWCs.

Annexures

Annexure 1: CPHC Service Delivery Self-Assessment tools

A. CPHC Service Delivery Self-Assessment Tool for UPHC

Facility readiness Tool for UPHC_FINAL 1092023_Facility_Outreac_Service (1).pdf



Setting Up CPHC-ILC to strengthen the capacity of selected facilities in delivering CPHC services in Bengaluru and Mysuru city

***UPHC Facility Readiness Assessment** for CPHC service delivery*

A: IDENTIFICATION

DISTRICT _____ ☐☐

Bangalore Urban-20; Mysuru-25

TOWN_____ ☐☐☐☐☐☐

Bangalore (BBMP area)-803160; Mysuru (M-Corp)-803194

URBAN PRIMARY HEALTH CENTRE NAME_____ ☐☐

Number of wards covered		Number of population covered	
Number of notified slums covered		Number of notified slum population covered	
Number of non-notified slums /high risk area covered		Number of non-notified slums /high risk area population covered	
Is this Facility NQUAS certified	Yes=1 No=2		
Did the facility participate in the Kayakalpa evaluation	Yes=1 No=2		

B. CPHC Service Delivery Self- Assessment Tool for UHWC/AAM/Namma Clinics

Facility readiness Tool for HWC/AAM_FINAL 01092023_Facility_Outreach_Services.pdf

Setting Up CPHC-ILC to strengthen the capacity of selected UPHCs in delivering CPHC services in Bengaluru and Mysuru city

Facility (UHWC) Readiness Assessment and Assessment of Capacity building needs of facility team on delivering CPHC service

A: IDENTIFICATION
DISTRICT _____ ☐☐ ***Bangalore Urban-20; Mysuru-25*** TOWN_____ ☐☐☐☐☐☐ ***Bangalore (BBMP area)-803160; Mysuru (M-Corp)-803194*** URBAN PRIMARY HEALTH CENTRE NAME/HEALTH AND WELNESS CENTRE NAME_____ ☐☐

Annexure 2: Comprehensive Instruction Manual for Conducting CPHC Service Delivery Self-Assessment

ILC Facility Tools Instruction manual V2 (1).xlsx

Instruction for filling the questions			
Sr. No.	Question	Options and coding	Instructions
		Section Identification A	
1	DISTRICT	*Bangalore Urban-20; Mysuru-25*	Mandatory field; fill the given code and name in the space provided
2	TOWN	***Bangalore (BBMP area)-803160; Mysuru (M-Corp)-803194***	Mandatory field; fill the given code and name in the space provided
3	URBAN PRIMARY HEALTH CENTRE NAME/HEALTH AND WELNESS CENTRE NAME		Write the name of the UPHC/HWC which ever is relevant to the facili
4	NUMBER OF WARDS COVERED		Mention number of wards covered by the UPHC/UHWC. This needs to with the medical officer/Staff nurse or any concerned staff of UPHC/U cross-verified with offical records if available
5	NUMBER OF POPULATION COVERED		Mention the estimated population covered by the UPHC/UHWC . This should be based on the latest calculation/estimation done by the UPH the current year
6	NUMBER OF NOTIFIED SLUMS COVERED		Mention number of wards covered by the UPHC/UHWC. This needs to with the medical officer/Staff nurse or any concerned staff of UPHC/U cross-verified with offical records if available
7	NUMBER OF NOTIFIED SLUM POPULATION COVERED		Mention the estimated population of the notified slum area based on
8	NUMBER OF NON-NOTIFIED SLUMS /HIGH RISK AREA COVERED		Mention number of non notified slums covered by the UPHC. This nee verified with the medical officer/Staff nurse or any concerned staff oc offical records
9	NUMBER OF NON-NOTIFIED SLUMS /HIGH RISK AREA POPULATION COVERED		Mention the estimated population in the non- notified slum area bas
10	NAME OF THE UPHC/UHWC MO		Mention the name of the Medical officer (IC) of the UPHC or UHWC. I medical officer is there, write the in charge person name and specify MO in comments

Annexure 3: Individual Facility profiles generated from Tool pilot

Facility services-CPHC-UPHC-UHWC/AAM.xlsx

Indicators	CPHC services	UPHC 1	UPHC 2	UPHC 3	UPHC 4
24/7 Labour Room/LDR (Only for 24/7 UPHC)	Care in pregnancy	Completely available	Not applicable	Not applicable	Not applicable
Antenatal clinic	Care in pregnancy	Completely available	Partially available	Completely available	Completely available
Detection of pregnancy	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Provision of ANC	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Counselling services	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Identification, management, and referral of High-Risk pregnancies;	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Detection of alarming signs during pregnancy and labor with timely and appropriate referral	Care in pregnancy	Completely available	Partially available	Completely available	Completely available
Monitoring high-risk pregnancies	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Management of Malaria for pregnant women as per NCVBDC Guidelines	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Management of TB during pregnancy	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Management of mild/moderate Anemia	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Management of GDM as per GoI. . guidelines	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Promotion of institutional deliveries ensuring skilled birth attendance	Care in pregnancy	Completely available	Completely available	Completely available	Completely available
Timely identification, initial management, and assured referral of obstetric complications	Care in pregnancy	Completely available	Completely available	Completely available	Partially available
Identification of post-natal complications	Care in pregnancy	Completely available	Completely available	Completely available	Partially available
Management of normal deliveries and provision of basic obstetric emergency care	Care in pregnancy	Completely available	Not available	Completely available	Partially available
Assisted vaginal deliveries including forceps/vacuum delivery	Care in pregnancy	Not available	Not available	Not available	Not available

Annexure 4: Digitized CPHC Service Delivery Self-Assessment Tool

UPHC-Cphc service-Self assesment-format_V2_2nd april (1).xlsx

Name of the UPHC			Date of Assesment :
CPHC services	Indicators	Indicator serial number	Options
Care in pregnancy	24/7 Labour Room/LDR (Only for 24/7 UPHC)	1	Partially_available
Care in pregnancy	Antenatal clinic	2	Partially_available
Care in pregnancy	Detection of pregnancy	3	Not_applicable
Care in pregnancy	Provision of ANC	4	Not_available
Care in pregnancy	Counselling services	5	Not_available
Care in pregnancy	Identification, management, andreferral of High-Risk pregnancies;	6	Not_available
Care in pregnancy	Detection of alarming signs during pregnancy and labor with timely and appropriate referral	7	Not_available
Care in pregnancy	Monitoring high-risk pregnancies	8	Not_available
Care in pregnancy	Management of Malaria for pregnant women as per NCVBDC Guidelines	9	Not_applicable
Care in pregnancy	Management of TB during pregnancy	10	Completely_available
Care in pregnancy	Management of mild/moderate Anemia	11	Not_applicable
Care in pregnancy	Management of GDM as per GoI. . guidelines	12	Partially_available
Care in pregnancy	Promotion of institutional deliveries ensuring skilled birth attendance	13	Partially_available
Care in pregnancy	Timely identification, initial management, and assured referral of obstetric complications	14	Completely_available
Care in pregnancy	Identification of post-natal complications	15	Not_applicable
Care in pregnancy	Management of normal deliveries and provision of basic obstetric emergency care	16	Partially_available

Annexure 5: Quality Improvement Committee at UPHC - Standard Operating Procedure (SoP)

Purpose

The **Quality Improvement Committee (QIC)** serves as an internal committee within UPHCs to periodically identify gaps in delivering expanded primary healthcare services. The QIC addresses issues and challenges identified through self-assessment, implementing time-bound solutions. This initiative enhances the likelihood of UPHCs achieving certifications under the National Quality Assurance Standards (NQAS) and LaQshya.

Objectives

- To provide patients with standardized quality care and services at public hospitals.
- To attain the standards of care and services as outlined in the Quality Assurance Guide by the Government of India.
- To deliver expanded coverage of primary healthcare services as envisioned under Ayushman Bharat.

Composition of QIC

The QIC shall consist of the following members, who can be rotated annually:

- Medical Officer (1)
- Staff Nurse (1)
- Laboratory Technician (1)
- Pharmacist (1)
- Public Health Coordinator (PHCO) (1)
- Health Information Officer (HIO) (1)
- Group D staff (1)

Roles

Chairperson: Typically, the Medical Officer (MO)

- Responsible for overseeing the implementation of QIC activities.
- Designates staff to address gaps identified during assessments.
- Monitors progress at regular intervals.

Convenor: Typically, the Staff Nurse

- Leads QIC meetings in the absence of the Chairperson.
- Facilitates the team in addressing gaps identified through the self-assessment process.

Standard Operating Procedure (SoP)

- The QIC will meet once a month for the first three months, after which the frequency will be decided by the committee.
- All members must be present for the meetings.

- The Staff Nurse, as the convenor, will:
    - Communicate the pre-scheduled meeting date 7 days in advance to all members after consulting with the Chairperson.
    - Prepare the meeting agenda, which will include findings from the facility readiness assessment. These findings will be circulated to staff before the meeting.
- The Chairperson will provide opening remarks at the first meeting.
- In the first meeting, the QIC will receive orientation on quality improvement principles and frameworks, as well as tools for quality review and improvement from the CPHC team. Feedback from the team will be considered for formalizing the QIC's structure.
- The MO/CPHC team will disseminate the findings from the Facility Readiness Tool assessment of CPHC service delivery to QIC members (attached as Annexure 1).
- The MO will acknowledge the team's total score in the facility readiness assessment, highlighting components delivered effectively (marked in green).
- The QIC will first discuss components and sub-components marked in red (not available), followed by those marked in orange (partially available).
- Based on identified gaps, the QIC will formulate an action plan that outlines activities to improve services, assigns responsible personnel, and establishes completion timelines.
- The first meeting will prioritize immediate improvements that can be made within the facility; these key actions will be addressed as a priority.
- Components requiring external support or with logistical/budgetary implications will be noted for discussion in subsequent meetings.
- The Staff Nurse will:
    - Document decisions and action plans from the meeting; the action plan tool will accompany the Facility Readiness Tool for ongoing follow-up (attached as Annexure 1).
    - Collect updates, prepare for future meetings, and schedule their dates.
- Subsequent meetings will review progress in implementing action plans.
- Initially, the CPHC team will facilitate meetings; thereafter, they will continue independently under the MO's leadership.

Note: If the facility readiness tool has not been administered by an external party, the QIC will break into sub-groups during the first meeting to administer parts of the self-assessment facility readiness tool to evaluate CPHC service delivery. Following this, the QIC will identify component-wise gaps and develop a time-bound action plan. This initial meeting may extend over 2-3 days.

Output Indicators

- Number of QIC meetings held each quarter.
- Attendance of QIC members at each meeting.
- Number of gaps identified through the self-assessment process before each meeting, categorized by infrastructure, supplies, referral management, service quality (based on client interviews), staff availability, and training.
- Number of gaps resolved between meetings, categorized by each CPHC component, as well as gaps in infrastructure, supplies, referral management, staff availability, and training.
- Improvement in service delivery, as measured by scores obtained using the Facility Self-Assessment Readiness Tool between meetings

Annexure 6: Summary of CPHC Service Delivery Intervention at UPHC and Namma Clinic

Table 1: Summary of CPHC service delivery in intervention UPHC facilities of Bengaluru and Mysuru districts

Sr.no	CPHC services	Total no. of services	UPHC 1 (24/7)			Total no. of services	UPHC 2			UPHC 3			UPHC 4	
			NV	PV	CV		NV	PV	CV	NV	PV	CV	NV	PV
1	Care in pregnancy and child birth	23	1	1	21	20	4	2	14	2		18	2	4
2	Neonatal and infant child health care	17			17	15	2	1	12		4	11	3	1
3	Childhood and adolescent health care services	8	2	1	5	7			7		1	6		1
4	Family planning, contraceptive services and other reproductive health care services	9	1		8	8			8			8		2
5	Management of Communicable diseases including national health program	25	2	3	20	25	2	3	20	1	2	22	2	6
6	Management of common communicable diseases and outpatient care for acute simple illness	3	1		2	3	1		2			3		
7	Screening prevention control and management of non-communicable diseases	11	1	1	9	11		3	8			11		5
8	Care for Common Ophthalmic and ENT problems	11		1	10	11		4	7	1		10	1	
9	Basic Oral Health	7	3	1	3	7	4	1	2	2	1	4	5	1
10	Elderly and Palliative health care services	12	7	3	2	10	3	5	2	5	1	4	2	1
11	Emergency and medical services	6	2	1	3	1	1					1	1	
12	Screening and basic management of Mental health ailments	3		1	2	3		1	2			3	1	1
	Total	**135**	**19**	**13**	**102**	**121**	**17**	**20**	**84**	**11**	**9**	**101**	**17**	**22**
	Percentage		**14.1**	**9.6**	**75.6**		**14**	**16.5**	**69.4**	**9.1**	**7.4**	**83.5**	**14**	**18.2**

Not available-NV | **Partially available-PV** | **Completely available-CV**

- Gaps across RMNCH+A services continue to exist – obstetric complications, newborn care, KMC
- NCD – population-based screening of oral, breast and cervical cancers not happening uniformly across all facilities
- Major gaps in delivery of Elderly and Palliative Care, Mental Health, Oral Health, Eye and ENT services
- Need for an individualised plan for each UPHC to strengthen 12 CPHC service delivery

Table 2: Summary of CPHC service delivery through outreach in the intervention UPHC facilities of Bengaluru and Mysuru

Sr. No	CPHC services	No of Services	UPHC 1			UPHC 2			UPHC 3			UPHC 4		
			NV	PV	CV	NV	PV	CV	NV	PV	CV	NV	PV	CV
1	Care in pregnancy and child birth	9			9			9			9		1	8
2	Neonatal and infant health care services	12			12			12			12		1	11
3	Child hood and adolescent care services	15	1		14	1	1	13			15		1	14
4	Family planning ,contraceptives and other reproductive health care services	14		1	13		1	13		2	12			14
5 & 6	Management of communicable disease , OP Care and National Health Programs	11	1		10	1	1	9	1		10	1	2	8
7	Screening, prevention. control and management of non-communicable disease	5		2	3		1	4			5		1	4
8	Care for common Ophthalmic and ENT problem	6	1	1	4		2	4			6	1	2	3
9	Basic Oral health care	7		1	6	1	3	3		1	6	1	1	5
10	Elderly and palliative health care	8	2	1	5	3	2	3	8		0	6	1	1
11	Emergency medical services	2			2			2		1	1	1	1	
12	Screening & basic management of mental health ailments	8	3	1	4	3	2	3			8	5		3
	Total Services	**97**	**8**	**7**	**82**	**9**	**13**	**75**	**9**	**4**	**84**	**15**	**11**	**71**
	Percentage		**8.2**	**7.2**	**84.5**	**9.3**	**13.4**	**77.3**	**9.3**	**4.1**	**86.6**	**15.5**	**11.3**	**73.2**

Not available-NV **Partially available-PV** **Completely available-CV**

- Gaps across RMNCH+A services – adolescent peer counselling and life skills education
- FP & Reproductive Care services – follow-up for complications after MTP, community mobilization for action on violence against women
- NCDs – Early detection and referral for respiratory disorders
- Major gaps in delivery of Elderly and Palliative Care, Mental Health, Oral Health, Eye and ENT services
- Need for individualised plan for each UPHC to strengthen 12 CPHC outreach service delivery

Table 3: Summary of CPHC service delivery in Intervention "Namma Clinic" facilities of Bengaluru

		UPHC 2									UPHC 1					
HWC		Namma Clinic 1			Namma Clinic 2			Namma Clinic 3			Namma Clinic 1			Namma Clinic 2		
Services-CPHC	No. of services	NV	PV	CV	NV	PV	CV	NV	PV	CV	NV	PV	CV	NV	PV	CV
Care in pregnancy and child-birth	6	1	1	4	2		4	1	1	4	2	2	2	2	2	2
Neonatal and infant health care services	8	1	1	6	2	3	3	1	2	5	2	2	4	1	1	6
Childhood and adolescent health care services	11	2		9	1	4	6		2	9	1	2	8		1	10
Family planning, Contraceptive services and other reproductive health care services	10	5	2	3	5	4	1	4	2	4	6	1	3	5	3	2
Management of Common communicable diseases and out patient care for acute simple illness	3			3		1	2		1	2	1		2			3
Management of communicable diseases including the National health programa	4	1		3	1	2	1	1	1	2	3		1	2	1	1
Screening prevention, control and Management of Non-Communicable diseases	6	2		4	3	1	2	2		4	2		4	2		4
Care for common ophthalmic and ENT problems	8	3	1	4	4	1	3	2	3	3	4	1	3	3		5
Basic oral health care	5	3		2	2	1	2	1	2	2	1	2	2	1	1	3
Elderly & palliative health care	6	2		4	4		2	3		3	2	1	3	4		2
Emergency medical services	4	1	1	2	2		2	1	1	2	2		2	1		3
Screening and basic management of Mental health ailments	6	1	1	4	2	2	2	1	1	4	2	1	3	2		4
Total	77	22	7	48	28	19	30	17	16	44	28	12	37	23	9	45
Percentage		28.57	9.9	62.34	36.36	24.68	38.96	22.8	2.78	57.14	36.36	15.58	48.5	29.87	11.69	58.44

Not available-NV | **Partially available-PV** | **Completely available-CV**

- Major gaps in delivery of FP & RCH care, NCD services, Elderly and Palliative Care, Mental Health, Oral Health, Eye and ENT services
- Need for individualised Namma Clinic plans to strengthen 12 CPHC service delivery

References

1. Population of Cities in India 2024 [Internet]. [cited 2024 Sept 6th]. Available from: https://worldpopulationreview.com/countries/cities/india
2. FR375.pdf [Internet]. [cited 2024 Jul 25]. Available from: https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf
3. Savita thakur. 80 Percent of Indian doctors located in urban areas - KPMG OPPI Report [Internet]. 2016 [cited 2024 Jul 25]. Available from: https://medicaldialogues.in/80-percent-of-indian-doctors-located-in-urban-areas-says-report
4. *UPHC-NQAS CheckList | National Health Systems Resource Centre. (n.d.).* https://nhsrcindia.org/node/2070
5. *Quality Standards for Urban Primary Health Centre, Ministry of Health & Family Welfare, Government of India, 2015.* Quality_Standards_for_Urban_Primary_Health_Centre.pdf (nhm.gov.in)
6. *National Health Policy, Ministry of Health & Family Welfare, Government of India, 2017.* https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf
7. *Guideline for the Implementation of "Namma Clinic" Urban Health and Wellness Centres (UHWC/AAM) under XV Finance Commission in Urban Areas, Health & Family Welfare, Government of Karnataka 2022-23*.
8. *HWC/AAM (SC) NQAS Checklist | National Health Systems Resource Centre. (n.d.).* https://nhsrcindia.org/node/2069
9. *Guidelines for organising Urban Primary Health Centre Services, National Urban Health Mission, Ministry of Health and Family Welfare, Government of India, 2018.* Guidelines for Organizing UPHC Services.pdf (nhsrcindia.org)
10. *Indian Public Health Standards, 2022: Volume IV (Health and Wellness Centre-Sub Health Centre)*. (n.d.). 04-SHC_HWC/AAM_UHWC/AAM_IPHS_Guidelines-2022.pdf (nhm.gov.in)
11. *Indian Public Health Standards, 2022: Volume III (Health and Wellness Centre-Primary Health Centre)*. (n.d.). 03_PHC_IPHS_Guidelines-2022.pdf (nhm.gov.in)
12. *National Quality Assurance Standards Assessor's Guidebook for Health and Wellness Centre (Sub-centre), National Health Mission, Ministry of Health & Family Welfare, Government of India, 2022.* https://qps.nhsrcindia.org/national-quality-assurance-standards/nqas-Guidelines
13. *Guidelines for Certification of Public Health Facilities based on National Quality Assurance Standards, 2021.* https://qps.nhsrcindia.org/sites/default/files/2021-05/Guidelines%20for%20Certification%20of%20Public%20Health%20Facilities%20based%20on%20NQAS%20%281%29_0.pdf
14. *AYUSHMAN BHARAT: Comprehensive Primary Health Care through Health and Wellness Centers Operational Guidelines, National Health Systems Resource Centre, 2018.* https://www.nhm.gov.in/New_Updates_2018/NHM_Components/Health_System_Strengthening/Comprehensive_primary_health_care/letter/Operational_Guidelines_For_CPHC.pdf