National Health Mission, Assam

Government of Assam

Swasthya Sewa Utsav

# SWASTHYA SEWA UTSAV

## PROCESS DOCUMENTATION 2023

**Dr. Himanta Biswa Sarma**
Hon'ble Chief Minister, Assam

# SWASTHYA SEWA UTSAV, 2023

## Process Documentation Report



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# MESSAGE

## Hon'ble Minister, Health & Family Welfare, Government of Assam

**Shri Keshab Mahanta**

Health facility assessments are sample surveys of health facilities designed to assess and monitor the status of the health system. They typically assess service availability (the physical presence or reach of health facilities) and service readiness (the capacity to deliver the services offered). The availability of trained and supervised staff, guidelines, equipment, diagnostics, medicines and commodities, determined through both self-report and direct observation, form the basis of monitoring and evaluating service-specific readiness. The underlying assumption is that the availability of these elements is a prerequisite for the delivery of high-quality care, and that examining readiness is critical for understanding service quality.

Achieving high coverage of healthcare delivery services is a necessary but insufficient component of any people-centric state healthcare system; increased access to poor-quality care will not improve health indicators at the population level, public health services must provide good-quality care. However, measurement of quality is difficult for several reasons. Quality is a multi-faceted concept without a universally accepted definition or common operationalization. With that in mind, the recent Indian public health standards (IPHS) 2022 cogently layout "what and how" essential and desirable services would be delivered across different public health facilities. These standards thus help objectively monitor progress and improve the quality of services and functioning of the facility. IPHS standards have been meticulously worked out based on population norms, patient load per day, level of utilization of services, bed occupancy rate, and coverage level of health services.

The basic objective of the *Swasthya Sewa Utsav 2023* was to comprehensively assess the public healthcare institutions across the state against standards defined by IPHS 2022 and other similar guidelines for national and state healthcare programmes, using a state-of-the-art web-based analytical dashboard. Under the visionary leadership of Dr Himanta Biswa Sarma, Hon'ble Chief Minister, Assam, the Department of Health and Family Welfare undertook an elaborate unprecedented assessment exercise across 1252 government healthcare facilities of the state. We sought to identify key areas that fall short of the standards delineated in IPHS 2022 so that the department can then work towards bridging the identified gaps and ensuring quality healthcare services at the grassroot level.

On behalf of my department, I would like to thank all the stakeholders - state parliamentarians and legislatures, Union Public Service Commission and state Provincial Civil Service officers, various non-health departments of the Government of Assam, senior faculty members from medical colleges, external experts, United Nations Development Programme, and most of all the people of the state - for making the *Swasthya Sewa Utsav 2023* a grand success. My department will continually strive to make safe, effective, patient-centered, timely, efficient and equitable healthcare services available to ALL across the state of Assam.

Keshab Mahanta

(Keshab Mahanta)

# MESSAGE

Resident Representative,
United Nations Development Programme, India

**Ms. Shoko Noda**

Healthcare facilities – including hospitals, clinics, and medical centres - are the foundation of well-functioning health systems. They provide the infrastructure and resources necessary for delivering healthcare services and addressing the health needs of people and communities. As the global public health community aims to advance universal health coverage and achieve the sustainable development goals (SDGs), effective and efficient public healthcare facilities stand to play a crucial role in the process.

Over the years, many low- and middle-income countries such as India are increasingly investing and strengthening their public healthcare facilities at the primary, secondary and tertiary levels to accelerate the achievement of the SDGs. However, progress is often hindered by challenges such as increase in communicable and non-communicable diseases, epidemics or more recently the Covid-19 pandemic.

Recognizing the challenges related to utilization and quality of preventive, curative and promotive public healthcare, the north-eastern state of Assam has taken several initiatives to strengthen such facilities. This has resulted in improved attention to the health needs of the most poor, underserved, and marginalized segments of the population.

The Swasthya Sewa Utsav 2023, being conducted by the Department of Health & Family Welfare, Government of Assam is a one-of-its-kind assessment of the state's public health facilities that seeks to assess the quality of service delivery by public health facilities at district and sub-district levels as per standards set by the Government of India.

I would like to congratulate the Government of Assam for taking up this unique initiative. It is particularly noteworthy that the Swasthya Sewa Utsav 2023 has been launched across the state with a firm belief that the people of Assam have the right to quality, timely and affordable healthcare through public health facilities.

UNDP is honoured to support the Department of Health & Family Welfare, Government of Assam in this initiative. This is in line with our core principle of 'leave no one behind' and the Government of India's vision of sabka saath, sabka vikaas.

I hope this report will serve as a policy tool to support the accelerated delivery of the healthcare services and inspire similar interventions in India and across the world.

(Shoko Noda)

# FOREWORD

Principal Secretary (Health),
Government of Assam

**Shri Avinash P. Joshi, IAS**

Ensuring access to quality health services is one of the main functions of a state health system. Service access includes different components: availability, affordability and acceptability. Service availability refers to the physical presence of the delivery of services and encompasses health infrastructure, core health personnel and aspects of service utilization. Service readiness is a prerequisite for service quality. Readiness is defined as the availability of components required to provide services, such as basic amenities, basic equipment, standard precautions for infection prevention, diagnostic capacity and essential medicines. These five domains define general service readiness, which refers to the overall capacity of health facilities to provide general health services. Specific-service readiness refers to the ability of health facilities to offer a specific service, and the capacity to provide that service is measured through consideration of tracer items that include trained staff, guidelines, equipment, diagnostic capacity, medicines and commodities.

The state health system is the bedrock of the national health system. Healthcare of optimal quality can be delivered by the state health system only if its health facilities are well equipped and adequately staffed, and have the right infrastructure, essential medicines and commodities available. For this reason, it is imperative to regularly assess state public health facilities against laid-down standards and identify the critical gaps that need to be filled on priority. This would also provide policy-makers with data and empirical evidence that can guide programme design, implementation and monitoring.

The *Swasthya Sewa Utsav 2023* - a first-of-its-kind health festival in the country - was held from April 6 to 8 to holistically evaluate 1,252 government health institutions (21 district hospitals, 16 sub-divisional civil hospitals, 204 community health centres and 1011 primary health centres) across 33 districts of the state of Assam. All the targeted health facilities underwent detailed internal as well as external assessments. All the district officials were fully involved in this extensive health facility assessment exercise that has set a remarkable example for the rest of the country.

This report deals with the process documentation and findings of the *Swasthya Sewa Utsav 2023*. It cogently captures the rationale behind undertaking this unprecedented health facility assessment exercise and the extensive planning, coordination and detailing at various levels that had gone into it to ensure its ultimate success. The report showcases the various tools and techniques, including the interactive web-based digital dashboard, that were specifically developed for smooth implementation of the *Swasthya Sewa Utsav 2023*. The findings of the report will help us to improve healthcare services across the state, including delivery of primary healthcare to the people at the last-mile.

(Avinash P. Joshi)

# PREFACE

Mission Director - NHM,
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**Dr. M.S. Lakshmi Priya, IAS**

People-centred healthcare systems can reduce healthcare costs, and potentially lead to improved population health outcomes, access to care, and patient satisfaction. These systems aim to empower patients, families and communities, providing them with healthcare services while respecting their needs, preferences and expectations. Reorienting the model of care towards preventive ambulatory services is essential to move towards a people-centred healthcare system. Therefore, states striving to develop a people-centred system need to strengthen primary healthcare and ensure effective service delivery. Crucial to the delivery of services are health infrastructure, drugs and equipment, and trained health human resources; assessment of which can further our understanding of the capacity, and ability of healthcare facilities to adapt to a people-centred framework.

Healthcare facilities need to be planned and designed in a dynamic way that can support the quadruple aims of healthcare - the interdependent goals of boosting patient experience and safety, improving population health, reducing healthcare costs and enhancing the wellness and satisfaction of the entire community, including healthcare workers. All the while, the state health system should be resilient enough to circumvent emerging challenges, accommodate new changes and recognize the essential dependencies across networks of care. A whole life-cycle approach to the healthcare facility operation is thus needed, considering the rapid and constant alterations in healthcare environments resulting from transformations in medicine, technology and disease patterns. For adopting such an approach, it is imperative to regularly undertake objective and comprehensive health facility assessment exercises and proactively address the identified gaps and challenges.

The Swasthya Sewa Utsav 2023 - a one-of-its-kind public health facilities assessment initiative in the country - was conducted by the Department of Health & Family Welfare, Government of Assam. The assessment covered 1,252 public health facilities across the state over a period of three days. The main objectives of the Utsav were to provide comprehensive healthcare services to the community by assessing the gaps, to create and share sustainable practices related to key areas of concern in public healthcare facilities linked to positive health outcomes, to promote cleanliness, hygiene and infection control practices in public healthcare facilities and to reduce the burden of out-of-pocket healthcare expenditure across the state.

This document details the multi-pronged approach adopted by the state of Assam to ensure successful implementation of the Swasthya Sewa Utsav 2023. It also discusses the major findings of this extensive public healthcare facilities assessment exercise. These findings will enable the Government of Assam to envision and build a future in which all the people across the state have access to health services that are provided in a way that responds to their preferences, are coordinated around their life-course needs and are safe, effective, timely, efficient and of optimal quality. Plus, the processes, tools and learnings shared in the report can be used by the Government of India, other states and other countries of the world to replicate or scale-up similar initiatives aimed at building and promoting healthy communities.

(Dr. M. S. Lakshmi Priya)

# CONTENTS

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# ACRONYMS

| | |
|---|---|
| AA-MMJAY | Ayushman Asom - Mukhya Mantri Jan Arogya Yojana |
| AAN | Assam Arogya Nidhi |
| AB-HWC | Ayushman Bharat - Health and Wellness Centre |
| AB-PMJAY | Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana |
| CDs | Communicable Diseases |
| CHC | Community Health Centre |
| CM-FDS | Chief Minister's Free Diagnostic Services |
| CPHC | Comprehensive Primary Health Care |
| DH | District Hospital |
| DLCT | District Level Core Team |
| EDL | Essential Drug List |
| HFW | Health and Family Welfare Department |
| HRH | Human Resource for Health |
| HSS | Health Systems Strengthening |
| IPHS | Indian Public Health Standards |
| JSSK | Janani Shishu Surakhsa Karyakram |
| LDR | Labour Delivery Recovery |
| MLA | Member of Legislative Assembly |
| MMU | Medical Mobile Unit |
| MoHFW | Ministry of Health and Family Welfare |
| MOIC | Medical Officer In-Charge |
| MP | Member of Parliament |
| NCDs | Non-Communicable Diseases |
| NER | North-Eastern Region |
| NHM | National Health Mission |
| NHP | National Health Policy |
| NHSRC | National Health Systems Resource Centre |
| NQAS | National Quality Assurance Standards |
| NRC | Nutritional Rehabilitation Centre |
| NRHM | National Rural Health Mission |
| NUHM | National Urban Health Mission |
| PHS | Public Healthcare System |

| | |
|---|---|
| PPP | Public Private Partnership |
| RMNCHA+N | Reproductive-Maternal-Neonatal, Adolescent Health and Nutrition |
| SDCH | Sub-divisional Civil Hospital |
| SDGs | Sustainable Development Goals |
| SLCT | State Level Core Team |
| SLSC | State Level Steering Committee |
| SRS | Sample Registration System |
| SSA | Axom Samagra Shiksha Abhiyan |
| SSU | Swasthya Sewa Utsav |
| UHC | Universal Health Coverage |
| UNDP | United Nations Development Programme |
| WHO | World Health Organization |

# EXECUTIVE SUMMARY

Health is a fundamental human right and it is essential for the realization of basic human needs towards a better quality of life. National and State Governments have taken multiple efforts to ensure the delivery of essential healthcare services to the citizens through public health institutions including the National Health Mission (NHM) which envisages the achievement of universal access to equitable, affordable, and quality healthcare services which are accountable and responsive to the people's needs. Healthcare initiatives are yielding significant results in terms of reduced maternal and child mortality and increased life expectancy. However, multiple obstacles like incapacitated healthcare infrastructure, doctor shortages, inconsistent shortages of medicines and consumables, insufficient equipment, and inaccurate health records of the individuals continue to be there which slow down the attainment of Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

Government of Assam has been one of the frontiers in adopting progressive strategies towards the development of the state and improving the service delivery systems. It bestowed its leadership by establishing Centre for Sustainable Development Goals (CSDGs) in 2016 to bolster multiple initiatives for achieving SDGs by 2030 and aligned the State Budget with SDGs for the attainment of UHC in the State. The State also undertook multiple efforts to improve institution-based healthcare delivery through existing healthcare facilities e.g., medical colleges and hospitals, district hospitals (DHs), sub-divisional civil hospitals (SDHs), community health centres (CHCs), primary health centres (PHCs), and Sub-Centres (SCs) including PHC/SC level Health and Wellness Centres and Boat and Mobile Clinics to reach out the people in difficult geographical terrains. In addition, multiple disease prevention and health promotion programmes have also been implemented to yield better healthcare outcomes.

Quality of healthcare services is one of the key drivers of population health due to the increasing utilization of healthcare services and the changing pattern of morbidities. In order to cater to the increasing demand for healthcare and it is important to have high-quality infrastructure, human resources, medical equipment, medicine, quality assurance, and efficient governance for delivering healthcare facilities at public healthcare institutions. The healthcare facilities should be able to respond effectively and adequately to emerging challenges. However, despite advances in service provisioning and medical technology, and socioeconomic development, the quality healthcare demand of the people

remains unfulfilled. The COVID-19 pandemic exposed numerous problems and constraints in the existing healthcare setups which require immediate overhauling.

In the context of providing accessible and affordable quality healthcare services and ensuring effective, safe, and efficient service delivery through a patient-centric approach, the state of Assam launched Swasthya Sewa Utsav (SSU) to assess the infrastructure of government healthcare facilities and bridge the gaps based on Indian Public Health Standards (IPHS), 2022 and the State's priorities. This first phase of this novel initiative was launched on 6th April 2023 with the aim to include 1252 health facilities for quality assessment and subsequent improvements for the shortcomings as per defined quality parameters. In the first phase of SSU, 2023, the Government targeted to cover 21 District Hospitals (DHs), 16 Sub-divisional Civil Hospitals (SDHs), 205 Community Health Centres (CHCs) and 1010 Primary Health Centres (PHCs).

The Government identified nine priority areas for SSU, 2023, and adapted the IPHS, 2022 checklist for this purpose. Apart from internal and external assessments, the Government of Assam also called on the public representatives and senior officials to conduct the assessment as External Evaluators. Internal Assessment was done by the facility staff while External Assessment was done by a two members' team comprising of a senior official from the district and a faculty member from linked medical college. All the health facilities selected for SSU were linked to the medical colleges to ascertain technical evaluation by a medical expert. The State made 450 teams for External Assessment. Apart from Internal Assessors and External Assessors, External Evaluators conducted overall monitoring and supervision of the health facility, assessment and interactions with the service providers and beneficiaries. These teams were provided training by the State and District teams and SSU was conducted using a web application developed by United Nations Development Programme (UNDP), India for this purpose. This application has been the first of its kind in India which enabled the assessors and evaluators to upload the assessment data online and automated projection of findings through dashboards.

The entire SSU was planned at three different levels which included a campaign planning meeting under the chairmanship of the Hon'ble Chief Minister of Assam to decide on the policy-level strategies and directions, followed by a meeting under the chairmanship of the Hon'ble Health Minister of Assam to decide on the structure of the campaign and implementation modalities while remaining tasks were conducted by State Level Steering Committee (SLSC), State Level Core Team (SLCT) and District Level Core Team (DLCT). SLSC and SLCT were assigned

the tasks to finalize the assessment checklist/checkpoints while DLCT was tasked with identification of assessors, capacity building, and logistics management. The assessment areas included infrastructure, human resources, diagnostics, drugs, equipment, quality, monitoring & certification, accountability, and service delivery. Based on these parameters, scoring criteria against a detailed internal and external checklist were also developed for grading the facility. These scoring criteria included Grade 'A' for the achievement of >70% marks, Grade 'B' for 50-69% marks and Grade 'C' was decided for the facilities scoring below 50%.

The SSU 2023 findings based on External Assessment, revealed that two third of the DHs were SSU compliant i.e., IPHS, 2022 compliant as they secured Grade 'A'. However, very minimal health facilities in other categories could obtain Grade 'A' in the assessment. Only one out of 16 selected SDHs secured Grade 'A' while one in every five CHCs and one in every 10 PHCs health facilities were found compliant for IPHS, 2022 standards by securing Grade 'A'. Almost half of the facilities were in the progressing stage i.e., Grade 'B' and the remaining were found in Grade 'C'. This report captures the details of activities undertaken by the government and stakeholders towards planning and execution at various levels for making the SSU 2023 successful. It also discusses the assessment findings of various categories of health facilities to serve as the baseline for subsequent activities and quality improvements. This report will also serve as policy guidelines for the policymakers and programme implementation agencies to plan for quality improvement of health facilities towards the attainment of UHC and SDGs.

# 1. INTRODUCTION

The Indian public healthcare delivery system is undergoing a phenomenal reform to ensure quality and affordable healthcare services for all. The launch of National Rural Health Mission (NRHM) in 2005 paved the way for institutional capacity building of the healthcare ecosystem to improve last-mile healthcare delivery in the rural areas. Similarly, the National Urban Health Mission (NUHM) was launched in 2013 to improve the urban healthcare delivery system. Later, both these flagship initiatives of the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) were subsumed under National Health Mission (NHM) in 2013. NHM envisages the attainment of Universal Health Coverage (UHC) by ensuring access to equitable, affordable, and quality healthcare services that are accountable and responsive to the people's needs. The multiple programme indicators of focus under NHM are Health Systems Strengthening (HSS), Reproductive-Maternal-Neonatal, Adolescent Health and Nutrition (RMNCHA+N), Communicable Diseases (CDs), Non-Communicable Diseases (NCDs), and healthcare infrastructure.

National and State Governments have been taking all possible efforts to provide quality healthcare services to all the people needing care and to protect the vulnerable from financial hardships. However, several obstacles continue to be the road blockers of UHC attainment in the country. Some of these obstacles include poor healthcare infrastructure, massive doctor shortages, inconsistent medicine supply, outdated and insufficient equipment, inaccurate health records of the beneficiaries, and poor governance. All these together significantly impact the lives of the community and make them vulnerable resulting in high disease burden and mortality. Further, lack of affordability, accessibility, and treatment-seeking behaviour vis-à-vis health facility readiness towards the delivery of the required services continues to inhibit the penetration of quality healthcare services, affecting the vulnerable community the most.

The recent COVID-19 outbreak has also exposed the vulnerability of health systems to external shocks. All these highlight the requirement for a strengthened and resilient healthcare system to respond to the current healthcare need and future health crises. Attainment of these requirements is essential in the pathway of achieving national and state health goals, UHC, and the Sustainable Development Goals (SDGs) on health. The MoHFW, GoI launched Ayushman Bharat (AB) in

2018 with its two different components namely Health and Wellness Centre (AB-HWC) for delivering comprehensive primary health care (CPHC), and Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) for providing financial protection and cashless healthcare services through a network of public and private hospitals for secondary and tertiary care treatment to more than 500 million Indians. The Government has further launched Pradhan Mantri Ayushman Bharat – Health Infrastructure Mission (PM-ABHIM) in 2021 with the objective to fill critical gaps in health infrastructure, surveillance, and health research.

Assam is home to 35 million people and one of the largest North-Eastern States of India. Nearly 70 per cent of the total population in this region of seven States live in Assam. The State shares about 2.4 per cent of the country's landmass, providing shelter to 2.6 per cent of the total population of India (Census, 2011). Public health efforts in Assam continue to exhibit impressive growth with increased public spending in healthcare. Over the last ten years, Assam has continuously invested in its public healthcare system to improve the health and wellbeing of the population and such investment has increased over the years. In 2023 – 24, the State has allocated 7506 Crores (5.4% of the total State's expenditure) for health and family welfare activities including medical education, training, and research. In this fiscal, the Government of Assam also launched Mukhya Mantri Aysuhman Asom Yojana to extend the health insurance coverage of five lakhs to all the people covered under National Food Security Act, 2013.

In addition to the institution-based healthcare delivery through existing healthcare setups i.e., medical colleges and hospitals, district hospitals, sub-divisional civil hospitals, community health centre, primary health centres (including PHC HWC) and Sub-Centre (SC-HWC), the Government of Assam has taken numerous initiatives such as Boat Clinic, Medical Mobile Unit (MMU) to reach out to the last mile population for healthcare delivery. Private sector collaboration has been done with the charitable hospitals and tea garden hospitals under public private partnership (PPP) to ease the service accessibility and expand the services at the last mile. Assam has been one of the frontiers in adopting progressive strategies towards development of the state and improve the service delivery systems. The State established the Centre for Sustainable Development Goals (CSDGs) in January 2016 to work towards achieving the SDGs. Assam was the first state to have an SDG vision and strategic vision architecture in place in July, 2016. It also became the first North-Eastern State to align the State Budget with SDGs and aim for the UHC in the State by 2030.

Expenses on medical and public health have direct impact on the health outcomes where expenditure by the exchequer has significant importance especially when it comes to ensuring UHC and Health for All. However, 69 per cent of the total healthcare expenditure in North-Eastern Region (NER) is private. In Assam, private expenditure is even higher than the overall private expenditure in NER. Only one-fifth (21%) of the total health expenditure is from the public accounts[1]. The increasing investment in healthcare by the Government of Assam has been seen to position Assam as North-Eastern Hub of Healthcare which will embark upon the increased health infrastructure and quality assurance as per the national standards towards attainment of UHC and SDGs by 2030.


[1] *Paul, P. K., Jana, S. K., & Maiti, A. (2019). An Analysis of Health Status of the State of Assam, India. Research Review International Journal of Multidisciplinary, 4(9), 1179-1188.*

# 2. HEALTHCARE BURDEN – AN OVERVIEW

> ***The care that people receive is often inadequate, and poor-quality care is common across conditions and countries, with the most vulnerable populations faring the worst.***
>
> ***- The Lancet, 2018***

Good health is central to human development and has a direct impact on how a woman becomes a mother, a mother breast-feeds, a child grows & attends school, a farmer works to grow food and an individual earns to live and feed the family. The Lancet, 2018 estimated that more than 8 million people die annually in the low-middle income countries (LMICs) due to non-availability of treatable environment at the healthcare facilities. Two-third of these deaths are due to the poor-quality care while the remaining are due to non-utilization of the services. Poor quality of care has been the bigger barrier to reducing mortality than insufficient access to the healthcare services[2]. Poor quality of care also has impact on other adverse outcomes around unnecessary health related suffering, persistent symptoms, loss of function and a lack of trust and confidence in the health system[3]. The result leaves the population to believe that the health system is not functioning well.

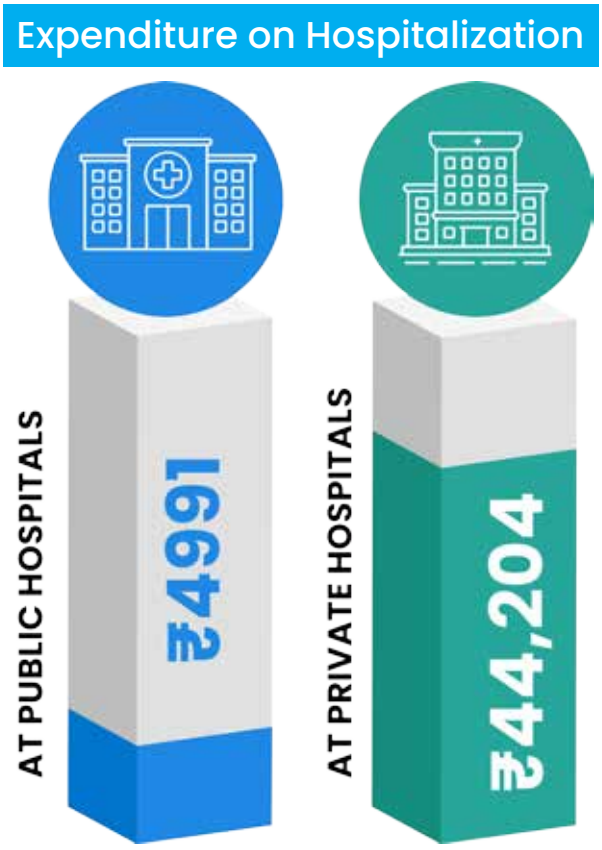
In India, the National and State Governments are still combating with vulnerability on account of low socio-economic status, high maternal & child mortality, malnutrition, widespread poverty, and the like. The socio-cultural complexities and presence of multiple dividing lines in the communities create additional challenges for the health system and all these pose vast health inequalities between the States/UTs. The State of Assam has taken numerous healthcare initiatives for setting up of new healthcare institutions as well as upgrading the existing institutions to bridge the existing service delivery gaps and enable the access to quality healthcare services within easy reach of the population. However, the existing healthcare challenges are manifold due to high mortality and morbidity rates in the state.

[2] *Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet global health, 6(11), e1196-e1252.*

[3] *Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet global health, 6(11), e1196-e1252.*

According to a report published for the year 2018-20 by Sample Registration System (SRS), Office of the Registrar General & Census Commissioner, Ministry of Home Affairs (MHA), GoI, MMR is double the national average in Assam. Similarly, the other two important mortality indicators namely IMR and U5MR are 28.5 per cent and 25 per cent higher than India's average. NFHS-V (2019-21) has revealed NMR as 22.5 per live births while other two mortality indicators namely IMR and U5MR have been reported as 31.9 and 39.1. These estimates are lower than the national average. On Niti Aayog Ranking on SDG – 3: Good Health and Wellbeing for the year 2022, the State ranked the lowest amongst a list of 29 Indian States[4].

In Assam, as per the National Sample Survey (NSS), 2019, three-fourths (76.7%) of the people requiring hospitalization in rural areas opted for government/ public hospitals and the same was opted by only 47.7 per cent people in urban areas. This report also revealed average medical expenditure incurred for treatment during stay at hospital per case of hospitalization as Rs. 4,991/- for public hospitals and Rs. 44,204/- for private hospitals in the State. Rural population heavily depends on the public healthcare institutions for medical care, especially hospitalization while the urban population heavily depends on the private set ups which is adding to the healthcare bill extensively. The increasing healthcare investment by the Government of Assam is aiming for strengthening the existing healthcare setups as well as setting up of new institutions. It is expected that the investment will yield positive results in coming years towards UHC and SDGs.




[4] *https://sdgindiaindex.niti.gov.in/#/ranking (last accessed on 23-05-2023)*

# 3. FOUNDATION OF HEALTHCARE SYSTEMS AND POLICIES

The conceptual foundation of the modern public healthcare system (PHS) in India was laid down during the pre-independence era and underscored the long-term goal of having publicly financed health institutions within a three-tier framework at primary care level, secondary care level and district level (Bhore Committee, 1946). However, over time, inadequate resource allocation and a narrow policy approach put this goal aside and the majority of the population had very limited access to even the most basic healthcare services (Duggal, 1991). India got its first National Health Policy (NHP) in 1983 and the same was based on the rhetoric of the Bhore Committee and Alma-Ata Declaration. The subsequent NHP (2002) aimed to increase public health accessibility. However, India could exhibit equitable healthcare service only after the launch of the NRHM in 2005 and NUHM in 2013.

NHM subsumed these two Missions and envisaged achievement of universal access to equitable, affordable, and quality healthcare services to all through a revamped public health system and reduced out-of-pocket expenditure by increasing the public health spending (MoHFW, 2013). Later, NHP 2017 paved the way for healthcare institutions in the country that can provide comprehensive and quality healthcare services to the last mile populations (MoHFW, 2017). AB-HWC, AB-PMJAY and PM-ABHIM are the new schemes that are focused to improve various levels of healthcare delivery system and the infrastructure, and disease surveillance system. These schemes have huge potential to address the healthcare need of people on majority of the issues which an individual require to fulfill basic requirements of healthcare which in turn can be benefitted with the productive human & social capital.

Health Infrastructure is an instant indicator to realize the health care delivery provision and mechanisms in a country or state through primary, secondary and tertiary care health systems. Government of Assam has set up AB-HWC (including PHCs and SCs), Boat Clinic and Medical Mobile Unit (MMU) for primary healthcare, Community Health Centre (CHC), Sub-divisional Civil Hospital (SDCH) and District Hospital for secondary healthcare and medical college and hospitals for tertiary care treatment. While access to healthcare services at all the primary and secondary healthcare services are free, tertiary care treatment for the poor has been ensured through AB-PMJAY and newly launched Ayushman Asom - Mukhya Mantri Jan Arogya Yojana (AA-MMJAY). In addition, several healthcare initiatives and programmes are under implementation for improving

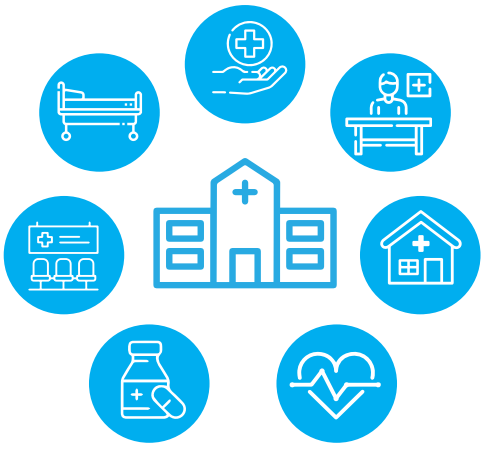
the overall health of the citizens. These include Assam Arogya Nidhi (AAN), Chief Minister's Free Diagnostic Services (CM-FDS), Free Drugs Services (FDS), Free Operations for Children having Congenital Heart Disease, Susrusha – Financial Assistance for Kidney Transplantation, PPP with Charitable Hospital, PPP with Tea Garden Hospitals, Janani Shishu Surakhsa Karyakram (JSSK), Janani Suraksha Yojana (JSY), Sanjeevani – Village Health Outreach Programme, and other programmes focused on maternal and child health, prevention and control of non-communicable diseases, communicable diseases, HIV/AIDS and like.

All these efforts of the Government shall have tremendous impact on improving the current healthcare system. However, some statistics indicate a scary situation especially when it comes to availability of services requiring hospitalized care. India has a very poor record in the world if compared with the population for the number of beds. As per Human Development Report, 2020[5], there are only five beds per 10,000 people available in India. A White Paper titled 'Reimagining Healthcare in India through Blended Finance' reported that half of India's population has access to one-third of the hospital beds[6]. According to this report, around 65 per cent of the hospital beds in India cater to almost half of the population concentrated in only seven States of India while the remaining population living in 21 States and 8 UTs including Assam has access to only 35 per cent of the hospital beds. The report further indicateds that India would require to grow hospital beds by at least 30% for ensuring equitable access to healthcare for all citizens across the country.

Government has been increasing public expenditure on healthcare to enable the public healthcare institutions to cater the healthcare need of the population based on standard protocol, national and state guidelines, and services envisaged to be provided by the different health facilities. Such interventions aim to overcome availability, accessibility, and affordability related issues.

## Available Healthcare Facilities in Assam

- Medical College (Public and Private): 10
- Sub Centres: 4678
- PHCs –Assam – 1001
- CHCs –199
- Sub-Divisional Civil Hospital –14
- District Hospital - 24
- SNCUs/ NICUs – 28
- NBSUs –196
- NBCCs –922



*Source: National Health Profile, 2022*

[5] *https://hdr.undp.org/system/files/documents/hdr2020pdf.pdf*
[6] *https://www.niti.gov.in/sites/default/files/2022-02/AIM-NITI-IPE-whitepaper-on-Blended-Financing.pdf*

# 4. QUALITY STANDARDS OF THE HEALTHCARE SERVICES

Quality of healthcare services is critical for the attainment of Universal Health Coverage (UHC). The World Health Organization (WHO) has identified availability of good governance, skilled and competent health workforce, financing for enabling quality care, information systems for monitoring, medicines, devices, and technologies as well as well-equipped healthcare facilities as enablers for provisioning quality of care through an effective healthcare system. However, attainment of quality of care is very challenging. This requires policy commitment, increased public health spending, community engagement and empowerment by the government along with multi-stakeholder participation. Further, concerted efforts are required to build synergy between programmes and institutions to provide meet the tailored healthcare needs of the beneficiaries.

Government of Assam under able leadership of Dr. Himanta Biswa Sarma, Hon'ble Chief Minister of Assam has given utmost priority to the quality of care in the public health delivery system. The Government is committed to ensure effective, safe, people-centred, timely, equitable, integrated, and efficient healthcare services by enhancing the capacity of its healthcare system based on the national quality standards and bridge all the systemic gaps for making the quality healthcare services within easy reach to over 35 million population of Assam. The Government anticipates allowing the people to access healthcare services in a continuum of care across their life course which include but not limited to health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, emotional and spiritual wellbeing, and palliative care.

The state of Assam not only took giant strides towards improving quality of care but has now walked miles further in achieving quality in health institutions through strategic planning and creative execution of programmes by dedicated teams. In 2023, Government of Assam has taken first of its kind initiative to celebrate the quality standards for healthcare through Swasthya Sewa Utsav (SSU) that starts from assessment of public healthcare institutions in a phased manner. SSU, 2023 is based on accurate, timely and actionable data collection tool for the healthcare setups through internal and external assessors by leveraging digital technologies and quality indicators defined by the Indian Public Health Standards (IPHS), 2022 along with guidelines for national and state healthcare programmes.

## 4.1 INDIAN PUBLIC HEALTH STANDARDS (IPHS), 2022

NHP, 2017 has emphasized quality in its objectives to improve health status through concentrated policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services. There is a three-tier healthcare delivery system in India which comprises of primary, secondary, and tertiary care services. Over the years, the Government has focused on improving the quality of care provided in the public healthcare facilities. The entire health systems inputs such as infrastructure, workforce, drugs, equipment, information system and finances collectively aim for delivery of quality healthcare services and building the capacity of the public healthcare institutions to respond effectively and adequately to the healthcare needs of the people and emerging health crisis.

IPHS provides a set of uniform standards for quality of infrastructure, human resources, drugs, diagnostics, equipment, quality, and governance requirements for delivering healthcare services by the public healthcare institutions in the country. IPHS, 2022 has further widened the scope by including public health surveillance, delivery of emergency and critical service, improving the availability of beds per thousand population and capacity building of the health professionals. The guidelines focus on the services to be delivered at each level of the facility and include multiple components of service delivery, i.e., infrastructure, requirements, HR norms, and capacity building, drugs, diagnostics and equipment, administrative and support services, quality assurance and improvement, monitoring, and related governance issues. In order to ensure high quality services that can be accountable, responsive and sensitive to the needs of the community, the following objectives were considered to achieve through appropriate interventions as per the uniform benchmarking norms of IPHS, 2022.

## OBJECTIVES OF THE IPHS, 2022

- To specify the minimum assured (essential) and achievable (desirable) services that are expected to be provided at different levels of public health facilities.
- To provide guidance on health systems strengthening components which includes architectural design of facilities, human resources for health, drugs, diagnostics, equipment, administrative and logistical support services to improve the overall health related outcomes.

- To achieve and maintain an acceptable standard of quality of care at public facilities.
- To facilitate monitoring and supervision of the facilities.
- To provide guidance and tool for governance, leadership, and evaluation.

## 4.2 OTHER QUALITY STANDARDS

National Health Systems Resource Centre (NHSRC) under the aegis of MoHFW, GoI has also launched multiple quality parameters and issued guidelines for ensuring quality of through public healthcare facilities. NHSCRC has launched multiple quality programmes like National Quality Assurance Standards (NQAS), LaQshya, Kayakalp & Ecofriendly Hospitals, Mera Aspatal to promote quality accreditation and certification by the public healthcare facilities.

### NATIONAL QUALITY ASSURANCE STANDARDS (NQAS)

NQAS is available for District Hospitals (DHs), CHCs, PHCs and Urban PHCs. The quality parameters are primarily meant for the health facility providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification. The quality parameters are around Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

### SAQUSHAL – SAFETY AND QUALITY: SELF-ASSESSMENT TOOL FOR HEALTH FACILITIES

The SaQushal framework aims to enhance implementation of patient safety practices in healthcare facilities and to establish a credible healthcare system vis-à-vis certification under NQAS and for reporting and monitoring the extent of patient safety issues. Through the self-assessment tools, health facilities will strengthen and streamline the existing quality assurance system in terms of patient safety and ensure safer patient care.

## LAQSHYA - LABOUR ROOM QUALITY IMPROVEMENT INITIATIVE

This initiative was launched to reduce the maternal and newborn mortality & morbidity due to occurrence of complication during and immediately after delivery and related services. LaQshya has been programmed to benefit every pregnant woman and newborn delivering in public health institutions and the intervention focuses on infrastructure advancement, availability of essential equipment, deployment of adequate human resources, capacity building of the service providers and improving quality processes in the labour room.

## MUSQAN

This initiative aims to improve the quality of childcare services in public health facilities in India. MusQan promotes multi-pronged strategy to fullfill the gaps in the SNCUs, NBSUs, Postnatal Wards, Pediatric OPD and Nutritional Rehabilitation Centre (NRC). It is designed to provide quality child friendly services from birth to 12 years of age with the aim to avert preventable newborn and child morbidity and mortality.

## MERA ASPTAAL (MY HOSPITAL)

Mera Asptaal initiative empowers the patients by seeking their views on quality of experience in a public healthcare facility through a multilingual application that captures patient feedback in a very short time on the services received from hospitals. It aims to improve quality of care at health facilities, establish a patient-driven, responsive, and accountable healthcare system, establish an environment of healthy competition among providers to provide better quality services and recognize top performing facilities, which will boost the morale of staff.

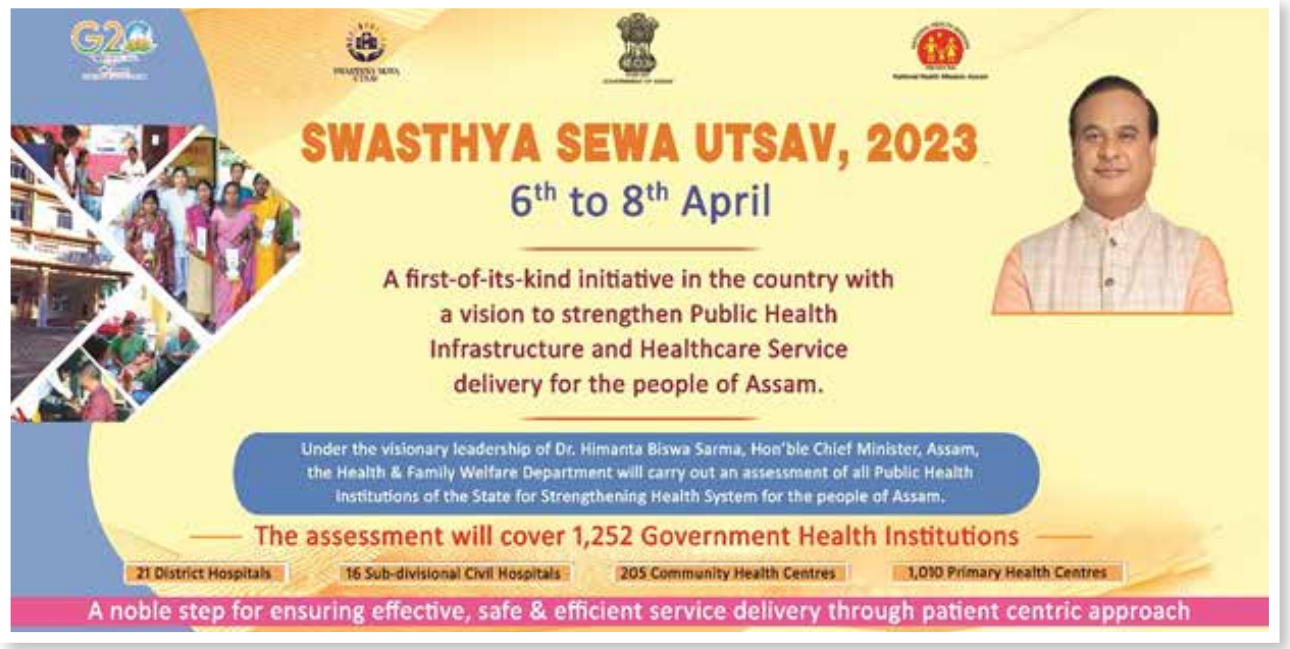
## KAYAKALP AND ECOFRIENDLY HOSPITALS

Kayakalp aims to improve and promote cleanliness, hygiene, waste management and infection control practices in public healthcare facilities and incentivize exemplary performing facilities. Ecofriendly hospital is a concept of green hospitals and an initiative under Kayakalp that supports the National Programme for Climate Change & Human Health (NPCCHH). All these together aim to keep the health facility clean, green, infection-free, pollution-free and promote speedy healing.

# 5. SWASTHYA SEWA UTSAV, 2023

Quality of care has become one of the largest drivers of population health as poor health system is directly responsible for the treatable mortality causes like injuries, surgical conditions, maternal and newborn complications, cardiovascular diseases, vaccine preventable diseases and the same illustrate the breadth and depth of the healthcare quality challenge. Hon'ble Chief Minister of Assam launched Swasthya Sewa Utsav as one of the novel initiatives and first of its kind in India that is centred around quality of care at the public healthcare institutions. Quality of care increases the likelihood of desired health outcomes.

***Dr. Himanta Biswa Sarma, Hon'ble Chief Minister of Assam launched Swasthya Sewa Utsav, 2023 in the state with the belief that the people of Assam have the right to avail right care at the right time through public healthcare institutions that fully satisfies their needs and preferences, and the services should be affordable and acceptable to all.***



The State conceived the idea to have SSU in 2017 and formed State Level Steering Committee (SLSC), State Level Core Team (SLCT) and District Level Core Team (DLCT) for carrying out assessment of infrastructure, human resource and service qualities of health institutions vis., medical colleges, district hospitals, sub-divisional civil hospitals, and community health centres of the State. The main objective of this initiative has been to assess the healthcare institutions in the State and capacitate them for improvements and to enable quality of care against quality standards. Until 2022, multiple initiatives were taken by the State to bring in quality at the public healthcare institutions and in 2023, the first phase of SSU 2023 was launched to assess the 1252 healthcare facilities across the state against the prescribed quality standards. These health facilities included 21 District Hospitals (DHs), 16 Sub-Divisional Civil Hospitals (SDCHs), 205 Community Health Centres (CHCs), and 1010 Primary Health Centres (PHCs). IPHS, 2022 has been the guidance document to base quality standard framework for SSU 2023 and selecting the quality parameters.

***"The State of Assam shall benefit from the findings of Swasthya Sewa Utsav by using them for improving the quality of care against national standards. Learning and best practices from this campaign shall also be helpful for others to replicate and prioritize the quality of care as State's mandate not as a choice."***

***Dr. M. S. Lakshmi Priya, Mission Director***
***National Health Mission, Assam***

## SSU Objectives

- To provide comprehensive healthcare services to the community.
- To create and share sustainable practices related to key areas of concern in public health facilities linked to positive health outcomes.
- To promote cleanliness, hygiene, and infection control practices in public health facilities.
- To reduce the infant mortality rate and maternal mortality ratio.
- To reduce the patients waiting time for consultation.
- To reduce out of pocket expenditure of the service users.

The findings from this assessment are expected to set a baseline figure in the state to work upon and SSU as a model to replicate for considering quality of care as one of the essential components of healthcare ecosystem. Based on the baseline and gaps identified through this exercise, the Health and Family

Welfare Department will chalk out the health institution specific action plan for upgradation as per IPHS, 2022 standards, build the health system more effective, safe, and efficient service delivery through patient centric approach vis-à-vis bringing accountability and transparency in the healthcare ecosystem towards delivery of quality healthcare services and enhanced utilization of available services.

Government of Assam partnered with the United Nations Development Programme (UNDP) India for rolling out SSU, 2023 in the state. UNDP plays a critical role in helping Governments at national, state, and local levels in India to build their capacities in policy development, programme implementation and management towards achievement of SDGs. Based on the request from Government, UNDP, India supported for shaping the SSU strategy and developing a digital application for conducting internal and external assessments by the assessors. The UNDP, India team also conducted pilot testing of tools, and capacity building of assessors and stakeholders for the successful roll out of the campaign.

## 5.1 PROCESSESS AND PREPARATIONS FOR SSU, 2023

Swasthya Sewa Utsav is the replication of best practices of "Axom Samagra Shiksha Abhiyan (SSA)" by implementing "Gunotsav" programme. In order to carry out SSU at the select facilities, nine priority areas were identified which included accountability, diagnostics, drugs, human resource, infrastructure, medical equipment, monitoring & certification, quality, and service delivery. The basic objective of the programme was to assess the health institutions against these nine indicators through a comprehensive checklist/ checkpoints as per the standards of IPHS, 2022 and the other national and state healthcare programmes under implementation in the state.


*Figure 1: Campaign preparation meeting under the chairmanship of Hon'ble Health Minister, Assam*

# SSU, 2023 ASSESSMENT FRAMEWORK

The SSU, 2023 framework was categorized around the areas of enquiry, checkpoints, assessment methods, means of verification and scoring criteria.

**Areas of enquiry:** These included hospital upkeep, registration area, outdoor, diagnostics, dispensing/ pharmacy & drug store, indoor, labour room, operation theatre, sick newborn care unit/ newborn stabilization unit, accident & emergency, biomedical waste management, blood transfusion services, governance & financial management, auxiliary services, patient satisfaction, and outcome of services.

**Checkpoints:** These included specific requirements that assessors were expected to investigate at the facility for ascertaining extent of the compliance. This task served the basic unit of measurement against compliance indicators.

**Assessment method:** There were three layers of assessment. The first assessment was done by the internal assessors followed by external assessors and external evaluators. A standard checklist was used by these internal assessors and external assessors. There were three separate checklists for District Hospital and Sub-divisional civil hospital, Community Health Centre, and Primary Health Centre. A common checklist was used for District Hospital and Sub-divisional civil hospital. There were four methods applied for assessing the facilities against standard checkpoints and checklists. These four methods are:

**Observation:** Where information can be gathered through direct observation e.g., hospital signboard, uniform signage system, availability of functional equipment and instruments etc.

**Staff Interview:** Information should be gathered by interacting with the facility staff to understand the current practices, competency, etc. (Example: steps of hand washing, availability of tests under free diagnostics services, cleanliness of toilets and like).

**Record Review:** Where information can be extracted from the records available at the facility. Few examples of filled-in housekeeping checklist, delivery register, properly filled in partograph, bed head ticket etc.

**Beneficiary Interview:** This was based on interactions with the direct beneficiaries or their attendants on the services provided by the health facility, behaviour of staff as well as their satisfaction.

**Means of verification:** Each checkpoint was accompanied by means of verification which provided specific guidance to the assessors about what to look for, while taking a decision on extent of compliance. This also enabled the assessors to choose appropriate status of the checkpoints based on the observations, list of items, questions to be prompted to the facility staff, list of records, norms for specific requirement and like.

- Gather the information using one or more assessment methods
- Read the checkpoint along with means of verification
- Compare with the requirement checkpoints and means of verification
- Mark full, partial or non-compliance

**Scoring criteria:** Scoring was done based on the compliance status of particular indicators being scored.

**Full compliance:** If the information gathered gives the impression that all the requirements of checkpoints and means of verifications are being met, then 2 marks were provided for full compliance.

**Partial compliance:** If the information gathered gives the impression that the checkpoints and related requirements are at least 50 per cent compliant, then 1 mark was given for partial compliance.

**Non-compliance:** In case the compliance is observed to be lower than 50 per cent then no mark was given.


A five-points activity matrix namely SSU Planning, SSU Enquiry Areas and Checklists, Digitalization of the SSU Assessment Process, Identification and Capacity Building of Assessors and Evaluators, and SSU Monitoring and Supervision were prepared for the designing and implementation of SSU, 2023.

## PLANNING FOR SSU, 2023

There were three different steps for campaign designing and planning. In the first step, a campaign planning meeting was held under the chairmanship of Hon'ble Chief Minister of Assam to decide on the policy level strategies and directions including partnership strategy for involving stakeholder departments/ organisations in the SSU, 2023. This meeting was held on 23rd January 2023 where the dates for SSU and other strategies were discussed. Some of the important decisions of this meeting were:

- Date of the SSU: It was decided to organize Swasthya Sewa Utsava on 24-26 February 2023 which was rescheduled for 6-8 April 2023 after approval from Hon'ble Chief Minister, Government of Assam.
- All the Hon'ble Ministers shall be placed in their constituency for this purpose to support the campaign and do the monitoring.
- The SSU shall be attended by all the Members of Parliament (MPs) and Members of Legislative Assembly (MLAs) of Assam.
- In the Schedule Districts, CEMs/ EMs of the Autonomous Council shall also take part in the SSU.
- Senior Officers from Union and State Public Commission working in the Assam shall be deputed for monitoring the SSU.
- A total number of 1252 public health facilities were selected for SSU, 2023 which comprised of District Hospitals (#21), Sub-Divisional Civil Hospital (#16), Community Health Centre (#205), Primary Health Centre (#1010).

It followed by a meeting held under the chairmanship of Hon'ble Health Minister, Government of Assam where decision on the structure of the campaign and detailed modalities of the SSU, 2023 was determined. Remining tasks were completed by the State Level Steering Committee (SLSC), State Level Core Team (SLCT) and District Level Core Team (DLCT). SLSC and SLCT were responsible for finalization of assessment checklists/ checkpoints, monitoring the overall programme activities, finalization of the list of external evaluators (senior officials and leaders) while the work of DLCT was focused on identification of internal and external assessors, capacity building of the assessors, coordination, monitoring, and logistics management etc. The structure of the Committee/ Team is as follows:

## STATE LEVEL STEERING COMMITTEE (SLSC)

| S.No. | Participants | Roles |
|---|---|---|
| 1 | Chief Secretary, Assam | Chairperson |
| 2 | Principal Secretary, H&FW Department | Member Secretary |
| 3 | Senior Most Secretaries of all Departments | Member |
| 4 | Commissioner & Secretary/ Secretary, H&FW | Member |
| 5 | Mission Director, NHM, Assam | Convener |
| 6 | Executive Director, NHM, Assam* | Member |
| 7 | Director of Health Services, Assam | Member |
| 8 | Director of Health Services (FW), Assam | Member |
| 9 | Director of Medical Education, Assam | Member |
| 10 | Special Consultant, NHM, Assam | Member |
| 11 | Director – Finance, Assam | Member |

## STATE LEVEL CORE TEAM (SLCT)

| S.No. | Participants | Roles |
|---|---|---|
| 1 | Mission Director, NHM, Assam | Chairperson |
| 2 | Executive Director, NHM, Assam* | Member Secretary |
| 3 | Director of Health Services, Assam | Member |
| 4 | Director of Health Services (FW), Assam | Member |
| 5 | Director of Medical Education, Assam | Member |
| 6 | Mission Director, Sarva Shiksha Abhiyan | Member |
| 7 | Director, Social Welfare Department | Member |
| 8 | Chief Engineer, Public Health Engineer Department | Member |
| 9 | Special Consultant, NHM, Assam | Member |
| 10 | Director Finance, NHM, Assam | Member |
| 11 | SPOs of all Umbrella Programmes | Member |
| 12 | All Component Heads of NHM, Assam | Member |

# DISTRICT LEVEL CORE TEAM (DLCT)

| S.No. | Participants | Roles |
|---|---|---|
| 1 | Deputy Commissioner/ Principal Secretary cum Chairperson District Health Society | Chairperson |
| 2 | ADC (Health) | Co-chairman |
| 3 | Joint Director – Health Services* | Member Secretary |
| 4 | Addl. CM&HO (FW) | Member |
| 5 | Superintendent, Civil Hospital | Member |
| 6 | Deputy Superintendent, SDCHs/ CHCs | Member |
| 7 | SDM&HO or I/c Block PHCs | Member |
| 8 | DPOs of all Umbrella Programmes | Member |
| 9 | District Programme Manager, NHM | Member |

**Executive Director, NHM, Assam was nominated as Nodal Officer at State level while Joint Director of Health Services was appointed as District Nodal Officer in each district.*

# Roles and Responsibilities of the Committee/Team

| SLSC | SLCT | DLCT |
|---|---|---|
| » Overall formulation of policy for implementation of programme<br>» Finalization of guidelines, checklist etc.<br>» Finalization of list of external evaluators.<br>» Monitoring of progress of the activities.<br>» Monitoring of fund flow mechanism. | » Implementation of the programme<br>» Formulation of guidelines, checklists etc.<br>» Finalization of list of external evaluators.<br>» Monitoring of progress of the activities. | » Overall monitoring of the programme at district level<br>» Implementation of the programme<br>» Logistic arrangement for the External Evaluators. |

# SSU ENQUIRY AREAS AND THE CHECKLISTS

The State Level Core Team (SLCT) was made responsible for formulating the checklists/checkpoints to be used for the SSU, 2023. Based on the state's priority, nine priority areas were identified for internal and external assessments, which were further aligned to the broad categories as per IPHS, 2022 standards.

| IPHS, 2022 | SSU, 2023 |
|---|---|
| Infrastructure | Infrastructure |
| Human Resource for Health | Human Resource for Health |
| Diagnostics | Diagnostics |
| Medicines | Drugs (Medicines) |
| Equipment | General Equipment<br>Medical Equipment |
| Quality Assurance | Quality |
| Clinical Governance | Monitoring & Certification<br>Accountability<br>Service Delivery<br>(National and state health programmes) |

The SLCT with a team of technical and subject experts adapted the IPHS, 2022 guidelines and developed the checklists/ checkpoints for SSU, 2023. These were further discussed in detail with the State Level Steering Committee (SLSC) for their finalization. Suggestions provided by Committee members were incorporated in the checklists for finalization. The SLSC also recommended piloting these checklists before starting the state-wide campaign. The pilot testing of the checklists was performed by the team from United Nations Development Programme (UNDP) India and the district teams at select locations. In addition to this, SLSC recommended following:

- Deputy Commissioner of the participating districts shall nominate senior officers from various departments as external assessors. These external assessors shall be accompanied by a faculty member from linked medical colleges. List of faculty members shall be provided by the Directorate of Medical Education, Government of Assam.
- In addition to the external assessors, external evaluators shall also be nominated for health facility visits. These external evaluators shall focus on assessment of quality of health services provided by the health institution to the public, including availability of basic amenities in the institution. The Committee suggested to develop a small checklist for them to record observations and beneficiaries' perspectives for the improvement of healthcare services at the public health facility.
- The Committee suggested to organize orientation session for all the Deputy Commissioners on the SSU, 2023 towards their engagement in the campaign and making it successful. It was decided that this session will be chaired by Chief Secretary, Government of Assam.

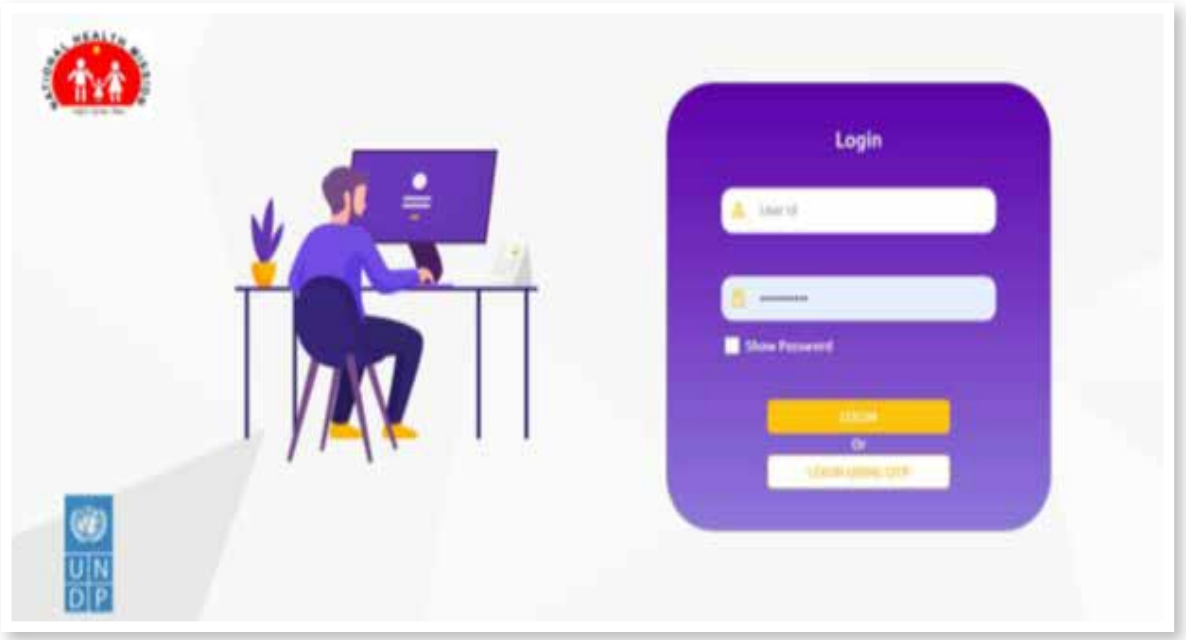
» The Committee also recommended to have media sensitization event to publicise the objectives of government through SSU, 2023. Principal Secretary (Health) suggested to include all kind of media i.e., print, electronic, social and local media for this. Messages from the State's leadership should be published for greater awareness across the State.

> ***"District officials are to be fully involved in this exercise, which is a first for the nation and will set an example for strengthening the health ecosystem."***
>
> ***- OSD to Health Minister***

## DIGITALIZATION OF THE SSU ASSESSMENT PROCESS

UNDP, India supported development of a web application *(https://swasthyautsav.assam.gov.in/home)* which is first of its kind in India that enabled the assessors and evaluators to upload the assessment findings online. The web application allows automatic scoring of the facilities and projection of findings in no time and results are accessible to all the stakeholders. This web application went through multiple levels of developer and field testing for making it live. In field testing, health facilities from all categories were selected by the UNDP team and respective districts. Observations from field testing were incorporated in the web application for ease of operation. This web application provided following configurations:

**User Registration Module:** District Administration was made responsible for creation of user credentials for the internal and external assessors. These login credentials were provided to the respective assessors by the district team. However, a self-registration module was developed for the external evaluators. Once the login credentials are created and assigned, the respective user can see the allotted district and the health facilities where the assessment work was supposed to be done.




**Data Upload Module:** Data upload module was developed on the web application to allow the internal assessors, external assessors, and the external evaluators to submit the assessment findings based on the checklists/ checkpoints provided to them. The module was easy to operate as the data upload template was designed in the Microsoft Excel format where the user was supposed to fill the information offline and upload it on the portal to populate the findings.

**Data Visualization and Dashboard:** Logics were in-built in the web application for automatic analysis of the assessment findings and through dashboard and comparison score by type of facilities. Dashboard was also developed for showing the overall status of the health facility by specific areas/ SSU components. Two different levels of dashboard was developed which included overall score and rank of the facility across the State while second dashboard included status/ score of that particular facility against nine indicators of the SSU.

| Sr no. | Facility Name | Facility Type | Facility Sub Type | Survey Type | District Name | Block Name | Score / Total Score | % of Score | Grade | Rank | Actions |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Sualkuchi CHC | CHC | FRU | External Assessor | Kamrup | Sualkuchi | 1521 / 1712 | 88.84 | A | 1 | Score |
| 2 | Hajo CHC | CHC | FRU | External Assessor | Kamrup | Hajo | 1490 / 1712 | 87.03 | A | 2 | Score |
| 3 | Goalpara Civil Hospital | DH/SDH | DH | External Assessor | Goalpara | Goalpara Urban | 1910 / 2214 | 86.27 | A | 3 | Score |
| 4 | Demow Model Hospital | CHC | FRU | External Assessor | Sivasagar | Dimow | 1451 / 1712 | 84.75 | A | 4 | Score |
| 5 | Haflong Civil Hospital | DH/SDH | DH | External Assessor | Dima Hasao | Dima Hasao Urban | 1842 / 2214 | 83.20 | A | 5 | Score |
| 6 | LGB Civil Hospital | DH/SDH | DH | External Assessor | Tinsukia | Tinsukia Urban | 1834 / 2214 | 82.84 | A | 6 | Score |
| 7 | MANGALDAI CIVIL HOSPITAL | DH/SDH | DH | External Assessor | Darrang | Mangaldai Urban | 1826 / 2214 | 82.48 | A | 7 | Score |

Figure 2: A snapshot of overall scoring dashboard

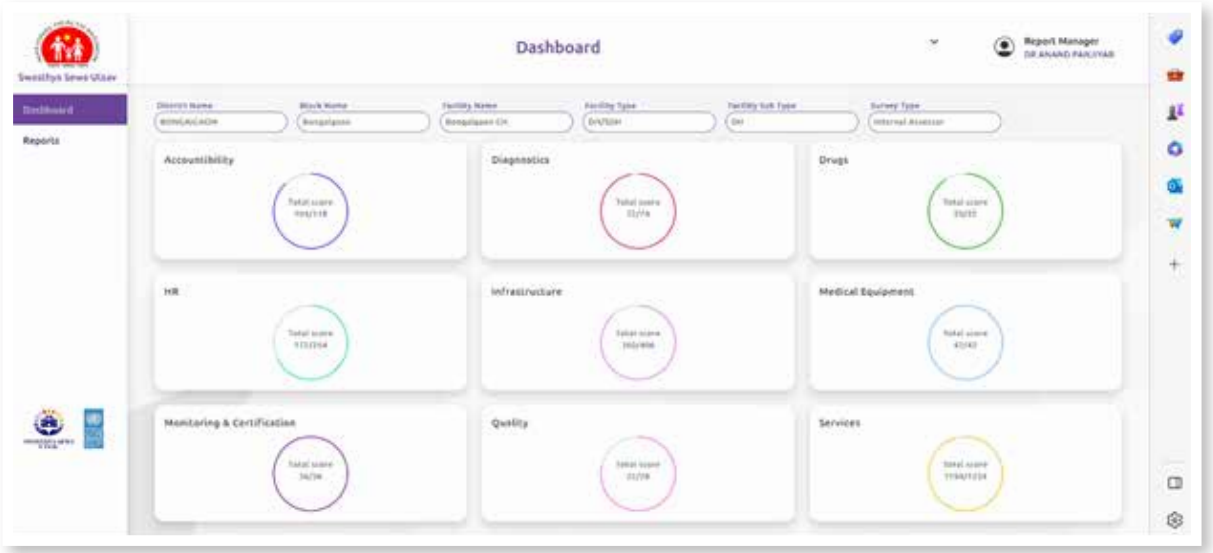
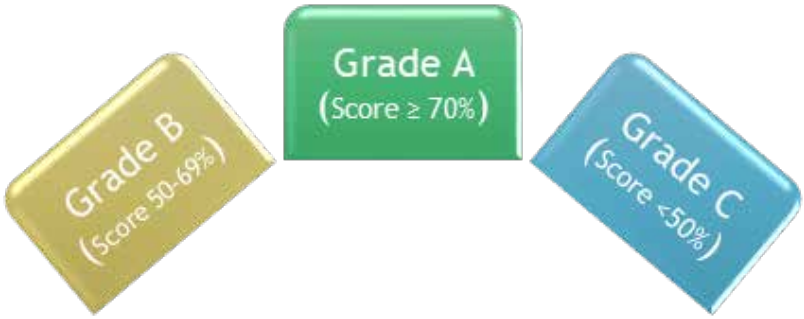



Figure 3: A snapshot of facility specific dashboard

**Certification:** Provision has been made to issue online certificates to all the heath facilities based on their rankings assessed by the external assessors. As per guidelines, there will be three different categories of facility ranking i.e., Grade 'A', Grade 'B' and Grade 'C'. This Grading System will be interpreted as follows:



Facility achieving ≥ 70% shall be considered to be SSU/IPHS compliant. In addition to this, the provision has also been made for SSU, 2023 Facility Report Card for the participating health facilities. A specimen copy of this Report Card can be seen in the following figure.

GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE DEPARTMENT

SWASTHYA SEWA UTSAV – 2023 FACILITY REPORT CARD

Facility Name : Saudharvitha MPHC
District : Baksa
Facility Type : PHC
Block : Jalah BPHC
Facility Sub Type : 24*7 PHC

Sections wise Facility score

| Accountability | Diagnostics | Drugs | HR | Infrastructure | Medical Equipment | Monitoring & Certification | Quality | Services |
|---|---|---|---|---|---|---|---|---|
| 93/122 | 30/76 | 12/22 | 22/44 | 232/306 | 30/32 | 16/34 | 16/28 | 379/780 |

Total Score : 825 / 1242
% of Score : 66.43
Grade : B
Survey Type : Internal Assessor

| Score in % | 70% and above | 50% - 69% | Below 50% |
|---|---|---|---|
| Grade | A | B | C |

Figure 4: Specimen copy of the Swasthya Sewa Utsav - 2023 Facility Report Card

## IDENTIFICATION AND CAPACITY BUILDING OF ASSESSORS AND EVALUATORS

All the districts selected for SSU, 2023 was divided into five administrative zones and allotted against nine medical colleges for mentoring support to the facilities selected for assessment. The entire assessment activities were divided into two different phases i.e., 1) Internal Assessment, and 2) External Assessment. Following criteria was adopted for identification of assessors:

Internal Assessment: Two members' team comprising of respective Medical Officer In-Charge (MOIC) and Quality Assurance Certified Trainer under Health and Family Welfare Department were identified for Internal Assessment.

External Assessment: Two members' team comprising of a senior officer from the respective district and a faculty member from the linked medical college were identified for External Assessment. External Assessment team was also joined by the External Evaluators that included Hon'ble Cabinet Minister/MP/MLA/CEM/EM/Senior IAS, IPS, IFS, ACS, APS, AFS etc.

The Government envisaged identification of 450 teams (430 main teams plus 20 need-based teams) for facility assessment by the Internal Assessors and External Assessors. A total number of 900 assessors were required for Internal Assessment and the same number for the External Assessment. External Assessors were required to visit the facility during OPD hours.

## Roles and Responsibilities of the Assessors and Evaluators

| Internal Assessor | External Assessor | External Evaluator |
|---|---|---|
| » Preparing assessment plan and schedule.<br>» Assessment and Gap analysis as per the SSU Checklist.<br>» Maintenance of assessment records.<br>» Disseminate the findings of internal assessment.<br>» Communicating and coordinating with departments.<br>» Preparation of action plan in coordination with respective departments.<br>» Filling up the gaps | » The role of senior officer from District Administration will be to do overall supervision of the assessment.<br>» Faculty members from Medical Colleges will be responsible for technical evaluation and to produce the final assessment report to accurately reflect the findings within the agreed timeline as per the SSU Checklist.<br>» The assessors would facilitate development of 'gap-closure' plan at the facility level through a consultative process. | » Overall monitoring and supervision at the health facility.<br>» Assessment of the Health facility as per the simplified checklist.<br>» Interaction with the beneficiaries and attendants.<br>» Valuable suggestions for better patient care<br>» Identification of major gaps.<br>» Recommendation for improvement. |

# SSU MONITORING AND SUPERVISION

State and District Teams including the External Evaluators were made responsible for monitoring and supervision of SSU, 2023. The SLSC also suggested engaging Deputy Commissioners of the respective district in the SSU to ease the implementation as well as monitoring and supervision for efficient assessment by the assessors and evaluators. Further, a checklist was also prepared to monitor the progress during SSU planning and implementation phases:

| S.No. | Indicators | Status |
|---|---|---|
| 1. | Formation and organization of meetings of the SLSC, SLCG, DLCG | ✓ |
| 2. | Development and finalization of the checklists/ checkpoints | ✓ |
| 3. | Pilot testing of the checklists | ✓ |
| 4. | Identification of the Assessors and Evaluators | ✓ |
| 5. | Tagging of External Assessors against each health facility | ✓ |
| 6. | Training of the Assessors and Stakeholders including the head of health facility selected for SSU | ✓ |
| 7. | Orientation of the Assessors and Evaluators on the SSU Web Application and data uploading process | ✓ |
| 8. | Internal assessment of the health facilities selected for SSU, 2023 | ✓ |
| 9. | Provisioning of budget for capacity building and SSU, 2023 implementation | ✓ |
| 10. | Nomination of the Liasioning Officer against each of the health facility selected for SSU for better coordination | ✓ |
| 11. | Operationalization of the Control Room at District Progamme Management Unit (DPMU) in each district to support External Assessors and External Evaluators | ✓ |
| 12. | Logistics arrangement for the assessors and evaluators | ✓ |
| 13. | Daily monitoring of the data upload by Internal Assessors, External Assessors and External Evaluators | ✓ |
| 14. | Review of the Scores by the Assessors and Evaluators | ✓ |

## 5.2 IMPLEMENTATION OF SSU, 2023

Dr. Himanta Biswa Sarma, Hon'ble Chief Minister of Assam launched the Swasthya Sewa Utsav on 6th April 2023 in Guwahati Assam. In the first phase, all the selected 1252 health faciltieis were required to undergo internal assessment against defined set of indicators by the Internal Assessors, followed by assessment by the External Assessors and External Evaluators. The entire SSU, 2023 were based around nine areas that included accountability, diagnostics, drugs, human resource, infrastructure, medical equipment, monitoring & certification, quality, and service delivery. In External Assessment, a team of 900 External Assessors took part to complete SSU Assessment on 6-8 April 2023.

**Patient-Centred:** delivering health care that takes into account preferences and aspiration of the service users. It implies that patients are accorded dignified and courteous behaviour.

**Effective:** delivering health care that is based on the needs, and is compliance to available evidences. Therefore, observance of treatment guidelines and protocols is important for ensuring the quality of care. The delivered health care results into the improved health outcomes for the individuals and community in Particular.

**Safe:** delivering health care which minimizes risks and harm to the users.

**Efficient:** delivering health care in a manner which maximizes productivity out of the deployed resources. The wastes are avoided.

In order to create proper awareness about the SSU, state and district level media campaigns were executed in different mediums before the launch of the campaign and during the campaign roll out. This included involvement of print, electronic and social media where messages from Hon'ble Chief Minister of Assam and Hon'ble Health Minister of Assam were widely published. The entire programme was executed in festival mode with the goal of improving the quality of healthcare services at the public health facilities. The Government also launched the logo of this initiative to give unique identity to the vision of the State towards ensure quality healthcare in Assam.


*Figure 5: Logo Launch of the Swasthya Sewa Utsav by Hon'ble Chief Minister, Govt. of Assam*

## ASSESSMENT BY INTERNAL ASSESSORS

All the facilities selected for SSU 2023 were required to undergo internal assessment to ascertain the status of the facility against IPHS 2022 criteria and set indicators. This process has been helpful in local planning towards strengthening the facility-based healthcare ecosystem and have relevant discussions to understand the weakness and strengths for taking corrective measures to bridge the required infrastructure and service-related gaps. The government mandated to complete internal assessment within a day using a standard checklist and uploading the the record in a set template over online portal developed for this purpose. The gaps identified during this assessment were required to be discussed and informed to the health facility in-charge for improvement of services, capacity building of the human resources as an immediate measure and infrastructure related gaps in long run.

*Figure 6: Hospital and Assessment Teams at a health facility*

## ASSESSMENT BY EXTERNAL ASSESSORS

External assessment was conducted by a team of around 900 external assessors for the purpose of having independent views and findings against the set checkpoints/checklist of SSU 2023. The activity aimed to contribute to the improvement of overall healthcare delivery by requiring services to meet standards, and quality improvements in a more resilient, accountable, and effective manners. The government mandated to complete this assessment within three days from its initiation. A total of 450 teams were placed to visit one or two health institutions depending on the type of facility and verification of the processes at the health institution mentioned in the checklist. External Assessment was completed on 6-8 April, 2023.

***The State Government of Assam is actively conducting Swasthya Seva Utsav across all health centers in the state. Our dedicated doctors and health staff are tirelessly serving the public, and it is imperative that we support them with adequate facilities in these centers to ensure the provision of high-quality services. As Members of Parliament, it is crucial for me to actively participate in this endeavour, as our Hon'ble Prime Minister has emphasized that our duty extends beyond politics to serving the people. Hence, it is incumbent upon us to visit these health centers, listen to their concerns, resolve them, and if necessary, escalate them to the state government and even to the Parliament, in order to improve healthcare facilities in our state."***

***Ms. Queen Oja,***
***Hon'ble Member of Parliament (LS), Government of India***

Against a total target of 1252 in the State, as per the reported figure on the online portal, assessment data for the 1245 public health facilities have been successfully uploaded by the External Assessors.

# ASSESSMENT BY EXTERNAL EVALUATORS

External Evaluators focused on assessment of quality of health services provided by the health institution to the public, including availability of basic amenities in the institution. Hon'ble Member of Parliament (MP), Hon'ble Member of Legislative Assembly (MLA), Officials of Indian as well as State Administrative Services, Allied Services were nominated as external evaluators.

> ***The external Evaluator visited our health facilities and met the beneficiaries. Beneficiaries were asked about their visit and access to services available in our hospital such as tests and medicine, cleanliness, and their level of satisfaction with the services and facilities available in the hospital. Beneficiaries shared their experiences at our health facility. It is our utmost duty to maintain quality and cleanliness all the time here. We have also been doing improvements under the guidance of our leadership***
>
> ***Dr. Pankaj Lochan Sharma***
> ***Medical Officer***

*Figure 7: Shri Sarbananda Sonowal, Hon'ble Union Cabinet Minister during his visit to a health facility*

Internal and External Assessors were required to fill each and every indicators/ point of the checklist.

Further, a short checklist was prepared for the External Evaluators and the same included:

| Checklist for the External Evaluators |
|---|
| Overall impression about the health facility (including hospital building, hospital campus, approach road, IEC materials, gardening, drainage system, boundary wall, etc |
| Overall impression after entering the health facility (including cleanliness, information boards, registration counters, help desk, crowd management, fire safety etc. |
| IEC boards/ hoarding/ banners/ wall painting etc. on various health programmes |
| Overall impression of the health facility about patient amenities (whether patient amenities like seating arrangement, drinking water facility, separate toilet for male & female patient, fan, breastfeeding room, etc. are adequate? |
| Feedback of patient attended OPD (by interaction with the patient) |
| Feedback of patients in ward (by interacting with patient or attended) |
| Feedback of public on staff attendance, functioning of hospitals, etc. |
| Feedback of pregnant women/ mother in pre-natal, post-natal ward. |
| Feedback of patients on availability of free drugs and assessment of out-of-pocket expenditure (Whether medicines are available as per EDL, whether medicine is available but not provided to patient, whether branded medicines are prescribed and patients are procuring from outside, etc). |
| Assessment of functional status of equipment, diagnostic services, etc. |
| Assessment of skill of staff and suggestion to add skill for better service delivery |
| Feedback of staff working in the hospital to review the gap and their suggestion for improvement of service delivery |
| Review of referral register and reasons for referral |
| Awareness of patients about different health schemes/ services available in the health facility |
| Overall impression about cleanliness of the hospital and infection control |
| Bio medical waste management |
| Time taken for birth registration, death registration etc. and feedback on the system |
| Referral system mechanism and assessment of availing of referral transport services by patient like 108, hospital ambulance etc. by interviewing with patient |
| Assessment of mortuary services |
| Assessment of grievances redressal mechanism, etc. |


*Figure 8: Ms. Queen Oja, Hon'ble Member of Parliament (LS) during her visit to a health facility*

*Figure 9 : Shri Keshab Mahanta, Hon'ble Health Minister, Government of Assam during his visit to a health facility*


*Figure 10: Shri Gautam Talukdar, IAS verifying the records at the health facility during his visit to the health facility*

*Figure 11: Dr. M. S. Lakshmi Priya, IAS, MD-NHM, Assam and External Evaluator talking to a beneficiary during her visit to the health facility*

# 6. SSU 2023 – PERCEPTIONS OF THE BENEFICIARIES, STAKEHOLDERS & ASSESSORS ON THE SSU AREAS OF ENQUIRY

Government of Assam is implementing 'Assam Public Health Act, 2010' which mandates the Government to provide for protection and fulfillment of rights in relation to health and wellbeing, health equity and justice, including those related to all the underlying departments of health as well as healthcare and for achieving the goal of health for all and for matters connected therewith or incidental thereto. The Swasthya Sewa Utsav initiative bolsters the existing efforts of the Government of Assam to ensure quality of care at the public healthcare institutions that are of standards and the services offered through these facilities are monitored against quality parameters.

> ***"Swasthya Sewa Utsav serves as a comprehensive assessment tool with over 900 checklist points, enabling us to identify the shortcomings in the public health system. Through this initiative, the government can strategically plan for improvements, policy interventions, and increased accountability in healthcare services in Assam."***
>
> ***Dr. Shoma Roy,***
> ***External Assessor***

## ENQUIRY AREA 1: ACCOUNTABILITY

Accountability in public healthcare is directly linked to the level of safety and quality of care which a patient receives at the health facility. Improving the quality of care is the ultimate goal where an accountable healthcare system means continuous investigation and restructuring of the processes to meet the need of the people seeking care to improve the quality of care. National Health Mission (NHM), Assam has implemented diverse measures to improve the quality of public health services across the state. Under accountability, the checklists were designed to gather information around governance, health systems financing, leadership and governance and statutory norms. By addressing these gaps and shortcomings, the government can make informed decisions on how to enhance the system, leading to improved health outcomes for the people of Assam.

***I'm a medical doctor to assess whether all the clinical practices that have been practiced in this hospital are as per IPHS standards or not. Our job is to assess is this hospital really practicing what needs to be done. Whether the patients coming to this hospital are getting basic care as per standards or not and if the emergency care is fulfilled in the proper manner or not. As a civil hospital, every patient here should get at least the minimum required care and should not be referred to the medical college or higher facilities. This assessment will help us to determine if there is any lack in the functioning of the hospital so that it can be addressed."***

***Aparajita,***
***PG Student***

## ENQUIRY AREA 2: DIAGNOSTICS

Poor availability of diagnostics in a healthcare system presents a significant challenge in the public health system, especially in rural and hard to reach areas. Individuals in these regions often face the burden of traveling long distances to receive necessary care due to deficient diagnostic facilities in these health facilities. Such deficiency is attributed to the unavailability, non-functioning, or delayed supplies of essential equipment, machines, chemicals, and kits. SSU, 2023 included this in the assessment to identify gaps in diagnostic availability within healthcare facilities. Information from the assessment shall not only be helpful in doing ranking of the facilities but also to serve as a basis for enhancing the planning and delivery of healthcare services throughout the state. The SSU assessment focuses on evaluating hospitals' adherence to established standards and the provision of adequate care.

The assessment criteria for the SSU varies based on the hospital's classification, covering various aspects such as clinical practices, adherence to safety protocols, availability and administration of medications, and compliance with the national and state guidelines/ policies. Under the diagnostics theme, the SSU plays a crucial role in improving access to a comprehensive range of tests, including blood tests, X-rays, and ultrasounds. These diagnostics are addressed in the assessment checklist, ensuring their inclusion in the evaluation process.

***I'm given top-notch medical attention and counseling by medical professionals and administrative staff. The facility is patient-friendly and offers all types of investigations. My family and I have never gone to a private facility or sought medical care elsewhere before. Since the last few months, there is a noticeable positive change at the facility. Everything is now very clean and free of infections, and it is all being managed in a very professional manner. We feel very good and confident at the facility.***

***Vipul Barman,***
***A beneficiary of Pandu Civil Hospital, Kamrup Metro***

## ENQUIRY AREA 3: DRUGS

The availability and timely provision of essential medications are critical for delivering quality healthcare services. However, many healthcare facilities often face challenges in maintaining an efficient drug supply system, leading to shortages, delayed deliveries, and inadequate stock of vital medications, which significantly impacts the patient care, thus under the SSU, 2023, hospitals were evaluated on their adherence to established standards and the provision of adequate medications. The assessment criteria for the SSU encompass various aspects of the drug supply system, including demand generation as per essential drug list (EDL), storage conditions, inventory management, and distribution practices. By evaluating hospitals on these parameters, the SSU identified deficiencies to develop strategies for improving the drug supply system. This comprehensive evaluation serves as a foundation for subsequent enhancements and corrective measures.

***Swasthya Seva Utsav ensures that hospitals meet the standards and have an adequate supply of medications. Through our internal assessment, we were able to identify and address the issues in the system, including the drug supply. Keeping a close watch on the findings from the assessment, we swiftly took action to bridge any gaps even before the external evaluation."***

***Ms Chhayanika Dutta,***
***Civil Hospital Administrator***

## ENQUIRY AREA 4: HUMAN RESOURCE FOR HEALTH (HRH)

While the SSU, 2023 envisaged to identify the gaps in the availability of required healthcare professionals, it also aimed to assess the capacity building need of these resources for their optimal utilization. Identification of gaps in the workforce of public healthcare facilities was based on the availability and deployment of minimum required human resources for managing various functions at the health facilities but also to meet the requirement of national and state healthcare programmes implemented by the government for preventive and promotive health campaigns/ services including vaccination.

> ***"This is a very promising initiative by the Government of Assam and National Health Mission, Assam. The findings from this assessment shall be helpful in bridging the human resource related gaps along with other important indicators. By identifying gaps, offering training opportunities, and fostering a supportive work environment, it holds the potential to bring about significant and lasting enhancements to healthcare quality in Assam."***
>
> ***Ms. Nayna Parasar,***
> ***DPM, NHM, Darrang***

## ENQUIRY AREA 5: INFRASTRUCTURE

The checklist prepared for SSU, 2023 meticulously covered various aspects of the health system as per IPHS, 2022 standards. Assessment indicators were around general appearance and upkeep, way finding/ signage, parking, garden and landscaping, facility entrance, environment friendly features, disabled & elderly friendly access, disaster, emergency & fire preparedness, electric power supply and illumination, water supply, drainage, sanitation, waste management, infrastructure for clinical services, out-patient consultation rooms, examination rooms, adolescent friendly health clinic, counselling room, clinical laboratory, medical imaging facility, drug dispensing counter, emergency care facility, operation theatre, labour delivery recovery (LDR), basic emergency obstetric and newborn care facility, comprehensive emergency obstetric care facility, NBSU, nutritional rehabilitation centre (NRC), Inpatient Department (IPD), high dependency unit (HDU), intensive care unit (ICU), record keeping room, store room, administrative room, blood storage unit, hospital laundry, dietary services, medical gas pipeline system, residential quarters, guest house, toilets, mortuary, etc., depending upon the type of health facilities under evaluation.

*SSU is the process by which we will be able to improve the infrastructure of our facility and the quality of services. Better-equipped medical facilities will encourage service providers to provide better care."*

***Ms. Lovely Medhi,***
***Staff Nurse***


***Internal and external assessments have significant importance in improving infrastructure. Assessment indicators have been helpful to identify the facility's strengths and weaknesses, as well as prioritization of the areas which need immediate attention for improvement.***

## ENQUIRY AREA 6: MEDICAL EQUIPMENT

This included availability of all basic equipment based on the type of health facilities being assessed e.g., DH/ SDH/ CHC/ PHC. These equipment included basic and advance equipment like weighing scale (adult, child, and infant), stadiometer, digital thermometer, stethoscope pediatric and adult, radiant warmer, blood pressure apparatus, light source, intravenous infusion kits, oxygen concentrators, oxygen cylinders, central oxygen supply, flowmeter for oxygen therapy, oxygen delivery apparatus, examination light, suction apparatus, vacuum extractor, elbow operated tap, newborn bag, suction pump, delivery kits, and other equipment and instruments for examination, monitoring, diagnostics, resuscitation, storage of drugs and vaccines, IUCD/ PPIUCD/PAIUCD equipment, sterilization equipment, laboratory and imaging equipment, etc.

***We held a meeting with the entire staff and distributed the checklist and are currently providing services to beneficiaries. We are also working to provide quality health services in accordance with protocol. This is an ongoing process, and we are receiving feedback as well as support from various departments and other stakeholders. SSU acts as a catalyst for our services to improve. It builds momentum and inspires our staff to keep up the progress. Even though there has been change, beneficiaries are giving us overwhelmingly positive feedback."***

***Chhayanika Dutta,***
***Civil Hospital Administrator***

## ENQUIRY AREA 7: MONITORING & CERTIFICATION

Monitoring and certification indicators were based around the quality, certification, and accreditation status such as NQAS, Kayakalp, LaQshya, NABL etc. of the health facilities. Various monitoring components also included medical audit (MDSR, CDR), maternal death review, incident reporting, economic audit, disaster preparedness audit, monitoring of accessibility and equity issues, information exchange, and external monitoring through local systems, Rogi Kalyan Samiti, GRS Help Desk etc.

***Each medical facility's report will be unique. The government will receive a summary of the State's healthcare system once all the reports have been submitted. Based on these reports, the government will make sure that the gaps in the State's health ecosystem can be filled when developing health policies in the future."***

***SPM (NHM)***

## ENQUIRY AREA 8: QUALITY

SSU, 2023 drew inspiration from the successful "Gunotsav" initiative, which aimed to enhance the quality of academic institutions. The quality indicators helped the facilities to check their status with respect to their adherence to the established protocols and foster healthy competition among facility staff to ensure the delivery of high-quality healthcare and maintain a sanitary environment. Various parameters included concurrent assessment of the services and development of facility improvement plan, patient satisfaction

scoring, analysis of the key performance indicators, conduct concurrent audits (death, medical, prescription, hygiene), adherence to the medical protocols and availability of required services for the beneficiaries. SSU indicators touched all the essential areas required to ensure quality service delivery for the beneficiaries.

***Mrs. Seema Thakur, a beneficiary from Pandu Civil Hospital, Kamrup Metro, expressed her satisfaction with the services provided by the facility. She had a positive experience during the birth of her first child and consequently chose the same facility for her second pregnancy. She received quality antenatal care (ANC) services and counseling, and the staff nurse even proactively reminded her for routine checkups. Mrs. Thakur expressed her appreciation for the quality services and care received from the facility and extends her gratitude to the government and service providers.***

## ENQUIRY AREA 9: SERVICE

Service availability is linked to fulfillment of all the required parameters such as infrastructure (availability and upkeep), human resources (doctors, nurses, allied health professional, administrative and support staff, capacity building and staff behaviour etc.), medicines, diagnostics, equipment, quality assurance along with governance for monitoring, financing, and administration. Depending on the types of facilities, facilities are required to have round the clock services and emergency care, critical care, labour delivery recovery, operation theatre, out-patient services, in-patient services, diagnostics, radiology, physical medicine and rehabilitation, vaccines, and other support and health promotion and prevention services through national and state health programmes.

***I am satisfied with the services of the hospital. The behaviour of staff is very nice. Though I do not know about the Swasthya Seve Utsav but today some higher officials visited the hospital to see the facilities available here. It will help to improve the services and help patients to avail good services."***

***Mrs. Sima Begum,***
***Beneficiary of Kamrup Civil Hospital for ANC check-up***

# 7. SSU, 2023 FINDINGS

In the SSU, 2023, external assessment of 1245 health facilities out of a total target of 1252 health facilities could be completed by the External Assessors. The Government had initially planned to conduct assessment of 21 District Hospitals (DH), 16 Sub Divisional Civil Hospitals (SDH), 205 Community Health Centers (CHC), and 1010 Primary Health Centres (PHC). However, the coverage target for CHCs was revisited from 205 to 208 health facilities. In this section the data gathered from the assessment has been analysed and presented based on the scoring criteria. As per the scoring criteria of SSU, 2023, facilities securing ≥ 70% were required to be give 'Grade A' ranking and be considered as SSU/IPHS 2022 Compliant while the other two categories included 'Grade B' for score ranging 50-69% and 'Grade C' for the score below <50%.

### SSU, 2023/ IPHS, 2022 Compliant Health Facilities – Grade 'A'

| Categories of the Health Facilities | Facilities undergoing External Assessment (#) | Facilities securing Grade 'A' in External Assessment (#) | Facilities securing Grade 'A' in External Assessment (%) |
|---|---|---|---|
| District Hospital | 21 | 14 | 66.7 |
| Sub-Divisional Hospital | 16 | 1 | 6.3 |
| Community Health Centre | 208 | 46 | 22.1 |
| Primary Health Centre | 1000 | 92 | 9.2 |
| **Total** | **1245** | **153** | **12.3** |

### SSU, 2023/IPHS, 2022 Progressing Health Facilities – Grade 'B'

| Categories of the Health Facilities | Facilities undergoing External Assessment (#) | Facilities securing Grade 'B' in External Assessment (#) | Facilities securing Grade 'B' in External Assessment (%) |
|---|---|---|---|
| District Hospital | 21 | 6 | 28.6 |
| Sub-Divisional Hospital | 16 | 13 | 81.3 |
| Community Health Centre | 208 | 118 | 56.7 |
| Primary Health Centre | 1000 | 470 | 47.0 |
| **Total** | **1245** | **607** | **48.8** |

SSU, 2023/IPHS, 2022 Non-Compliant Health Facilities – Grade 'C'

| Categories of the Health Facilities | Facilities undergoing External Assessment (#) | Facilities securing Grade 'C' in External Assessment (#) | Facilities securing Grade 'C' in External Assessment (%) |
|---|---|---|---|
| District Hospital | 21 | 1 | 4.8 |
| Sub-Divisional Hospital | 16 | 2 | 12.5 |
| Community Health Centre | 208 | 44 | 21.2 |
| Primary Health Centre | 1000 | 438 | 43.8 |
| **Total** | **1245** | **485** | **39.0** |

*List of the health facilities and SSU,2023 scores can be seen at 'Annexure – I'*

# 8. LEARNING AND THE WAY FORWARD

Attainment of UHC and SDGs needs strong commitment of the government towards enabling people-centered care and high-quality services along with increased financial investments. Government of Assam took a novel initiative to assess its public healthcare institutions on quality parameters and State's priorities. This initiative was named 'Swasthya Sewa Utsav' with the aim to provide comprehensive and quality healthcare services to the community; create and share sustainable practices to promote positive health outcomes; promote cleanliness; hygiene, and infection control practices in public health facilities; reduce the IMR and MMR; vis-à-vis reduction of patients waiting time for medical consultation and out-of-pocket expenditure (OOPE) for the services.

SSU has been the first of its kind which was launched as state wise celebration and leveraged digital application for Internal and External Assessments as well as the projection of findings/ automated scoring of health facilities based on the scores obtained by them. A total number of 1245 facilities took part in the first phase of SSU against a set target of 1252. These facilities included DHs, SDHs, CHCs, and PHCs. SSU 2023 had a high level of political buy-in from the State's leadership and the top officials who contributed with their input

and involvement from conceptualizing this campaign till its execution. Multiple Committees/Teams were made at the state and district levels for developing and finalizing the assessment checklist, capacity building of the assessors, monitoring and evaluation as well as the logistics management for this mass campaign that involved ~1000 External Assessors and External Evaluators.

A web application was developed for uploading the observations of Internal Assessors, External Assessors, and External Evaluators and automated processing and presentation of data through dashboards. This web application also had inbuilt logic and validation in place for quality data processing and presentation of state-wise, district-wise, and facility-wise scores/ ranking. This web application also had provision to issue online certificates to all the facilities which undergone the assessment by the External Assessors. There were three different categories of facility ranking i.e., Grade 'A', Grade 'B', and Grade 'C'. Grade 'A' was also considered SSU/IPHS, 2022 compliant. Assessment findings revealed very minimal health facilities (12.3%) as SSU/IPHS, 2022 compliant. Around half of the participating health facilities (48.8%) were progressing while the remaining were found non-compliant.

SSU 2023 has provided baseline status of these health facilities which would be helpful for the State to plan facility upgradation on quality parameters. Government of Assam has already developed State policy through SSU guidelines for quality policy and strategy and has fixed accountability of health authorities. However, based on the current status of the health facilities, it should plan facility reforms by considering quality as the foundation of the healthcare system. The Government may also have short-term, mid-term, and long-term plans for closing the gaps between current and quality standards. It would be ideal to develop Model Health Facility at each level of health facilities on quality parameters in each district and have district-specific plans for the transformation of remaining health facilities in a phased manner.

Swasthya Sewa
Utsav