

How one district in Gujarat achieved rapid quality certifications of rural primary health care facilities

Indian Institute of Public Health, Gandhi Nagar; State Health Systems Resource Center, Gujarat; Bhavnagar district health department; All India Institute for Medical Sciences, New Delhi; John Hopkins India Private Ltd

The National Quality Assurance Standards (NQAS) certification is an important government initiative to improve and maintain quality standards at public sector health facilities in India. Health facilities are assessed through a set of comprehensive, pre-defined standards derived from global best practices. However, achieving and maintaining certification is an ongoing challenge for many health facilities in India. Bhavnagar district in Gujarat has managed to achieve high levels of primary health care facility certification within a relatively short time. In this note we discuss the reasons for this success.

BHAVNAGAR, GUJARAT



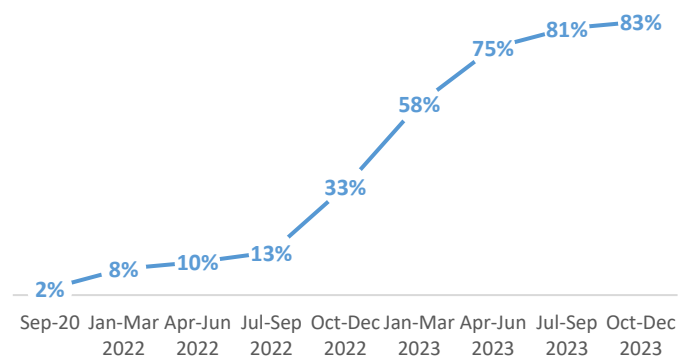
TABLE 1. BHAVNAGAR DEMOGRAPHIC AND HEALTH PROFILE*

Population characteristics	
Total population (lakhs)	24
Urban (%)	41
Rural (%)	59
Sex ratio (females per 1000 males)	942
Health infrastructure	
Medical college hospital	1
Referral centres	18
Primary health centre- Health and wellness centres (rural)	48
Primary health centres- Health and wellness centres (urban)	14
Sub health centre- Health and Wellness Centres	300

*Data from the district Zilla Panchayat office, Bhavnagar obtained in July 2023

Bhavnagar district in Gujarat has completed NQAS certification for more than three-quarters of its 48 rural primary health care centers. Between September 2020 and Dec 2023, 83% of these facilities in the district were certified (see Figure 1). This has made Bhavnagar one of the districts with highest numbers of NQAS certifications in India. In this policy note, we highlight the factors that have enabled the successful certification in the district.

FIGURE 1. PERCENTAGE OF RURAL PRIMARY HEALTH CENTRES NQAS CERTIFIED*



*Data from the Zilla Panchayat, Bhavnagar

To understand the factors behind Bhavnagar's impressive achievement we undertook an exploratory study between December 2023–February 2024. For the study we interviewed officials from state, district and block level, as well as staff from primary health facilities which are NQAS certified.

Four factors were found to be instrumental in Bhavnagar's success – endorsement of NQAS by senior district management, having a mid-level operational team for training and routine handholding, peer mentoring, and pragmatic NQAS checklist adaptations. These are discussed below.

STATE AND DISTRICT LEVEL ENDORSEMENT

Officials at the state and the highest-level district managers in Bhavnagar endorse, support, and direct NQAS certification. State initiatives that set targets like '100 days and 100 NQAS certification', timely disbursement of incentives, and frequent state-level trainings of the district quality team are important facilitators. There is a strong competitive spirit in Bhavnagar district with respect to achieving NQAS certifications. The district management tries to ensure the quick disbursement of funds to facilities that have been lined up for certification. Further, there is routine planning for achieving certifications at the district level, and these plans are closely monitored. The district management has also set up a strong operation team to direct and handhold the NQAS certification process at facilities.

Bhavnagar has also had champions within the government who have strong belief in quality certification, and the contribution of the certification processes to improving quality of care. These champions have both knowledge of the NQAS process, as well as agency in the system to bring change. These champions have trained a mid-level operational team in strategic thinking around NQAS.

MID-LEVEL OPERATIONAL TEAM FOR TRAINING AND ROUTINE HANDHOLDING

Bhavnagar has a strong mid-level operation team of 5–6 people who closely handhold facilities undergoing NQAS certification. Each facility has a person from the mid-level operation team who pre-

assesses facilities, divides work, identifies improvements needed in facilities for obtaining certifications, closely trains and mentors facilities, and works closely with the staff at facilities to find pragmatic solutions. Members of this team provided trainings of diverse nature, including for structural improvements (where to position the fire extinguisher or health promotion material) and for process modifications (like how to mop the floor correctly and prepare documentation meticulously).

PEER MENTORING OF FACILITIES

Bhavnagar has a unique peer-mentoring setup for primary health care facilities, wherein staff from an already-certified PHC act as mentors to staff from facilities that have been selected for certification. Cadre-to-cadre relationships are built; for instance, a

CADRE-TO-CADRE MENTORING FOR NQAS CERTIFICATION THROUGH IN-PERSON VISITS AND ON-CALL SUPPORT FROM FACILITIES CERTIFIED WITH NQAS



laboratory technician from a certified facility mentors his/her counterpart in the prospective one. The operational team also arranges for visits by the PHC team applying for certification to other already-certified facilities.

PRAGMATIC CHECKLIST ADAPPTIONS

The district adopts a pragmatic approach to completing the checklist. They treat the certification process like an examination to be completed, focusing on getting 70% of the checklist (the minimum required for certification) completed rather than aiming for 100% improvement. The district's mid-level operational team has found several innovative solutions to solve checklist-related hurdles in infrastructure and human resources, like setting up a make-shift fire escape or putting screens between rooms when constructing additional rooms is not practical.

Five lessons for efficient NQAS certifications

Lesson 1: Policy champions must be identified within a district.

Champions who believe in quality and can be given protected time to take the certification process forward must be identified. They should be able to motivate operational teams, engage with evidence on NQAS, and contribute to the strategic planning of certifications in the district.

Lesson 2: A mid-level operational team is needed.

A team of 5–6 mid-senior-level people who form a quality circle, exchange learnings, and handhold the facilities closely must be identified. This mid-senior level team must be extensively trained in the processes involved in NQAS.

Lesson 3: Peer mentoring mechanisms enable learning across facilities and motivate staff.

Motivated staff from already-certified primary health centers must be identified as staff mentors. Staff mentors must visit facilities that have been lined up for certification to handhold them. The team applying for certification can also visit other already-certified facilities.

Lesson 4: Facility-level checklist adaptation needs to be done.

Each facility must have at least one person from the mid-level operation team who pre-assesses facilities, divides work, identifies gaps, and enables the facility to pragmatically work with the NQAS checklist. The checklist must be pragmatically adapted so that facilities can best use the strengths they have to work towards obtaining the certification.

Lesson 5: High level management must plan for and direct NQAS certification.

Higher-level managers must ensure the timely release of funds to facilities that have been lined up for NQAS certification, plan for NQAS at the district level, and stringently monitor the plans for certification.

Contributors

Indian Institute of Public Health, Gandhi Nagar: Dr Deepak Saxena, Dr Tapasvi Puwar, Dr Anish Sinha, Dr K Shruti Lekha, Dr Deependra Dube, Dr Pratiksha Ganasva
State Health Systems Resource Center, Gujarat: Dr A M Kadri, Dr Ankita Shah, Ms Jill Shah
Bhavnagar district: Dr Chandramani Kumar Prasad, Dr M Malviya, Dr Dhaval Dave
All India Institute for Medical Sciences, New Delhi: Dr Preet Verma, Dr Sumit Malhotra
John Hopkins India Private Ltd: Dr. Sudha Ramani, Dr Harsha Joshi, Dr Akriti Mehta, Austin Schmidt

Series editor: Krishna D. Rao (kdrao@jhu.edu), Johns Hopkins University

About India Primary Healthcare Support Initiative (IPSI): The IPSI project aims to support Government initiatives to deliver comprehensive primary health care. The project is led by Johns Hopkins Bloomberg School of Public Health and is a consortium of the following institutions: All India Institute of Medical Sciences-New Delhi and Bhubaneswar, Indian Institute of Public Health-Gandhinagar and Shillong, State Health Resource Center-Gujarat, and JHPIEGO. The project works in partnership with the National Health Systems Resource Center (NHSRC) and other government institutions. For more information on IPSI see <https://jhu-ipsi.com>.

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