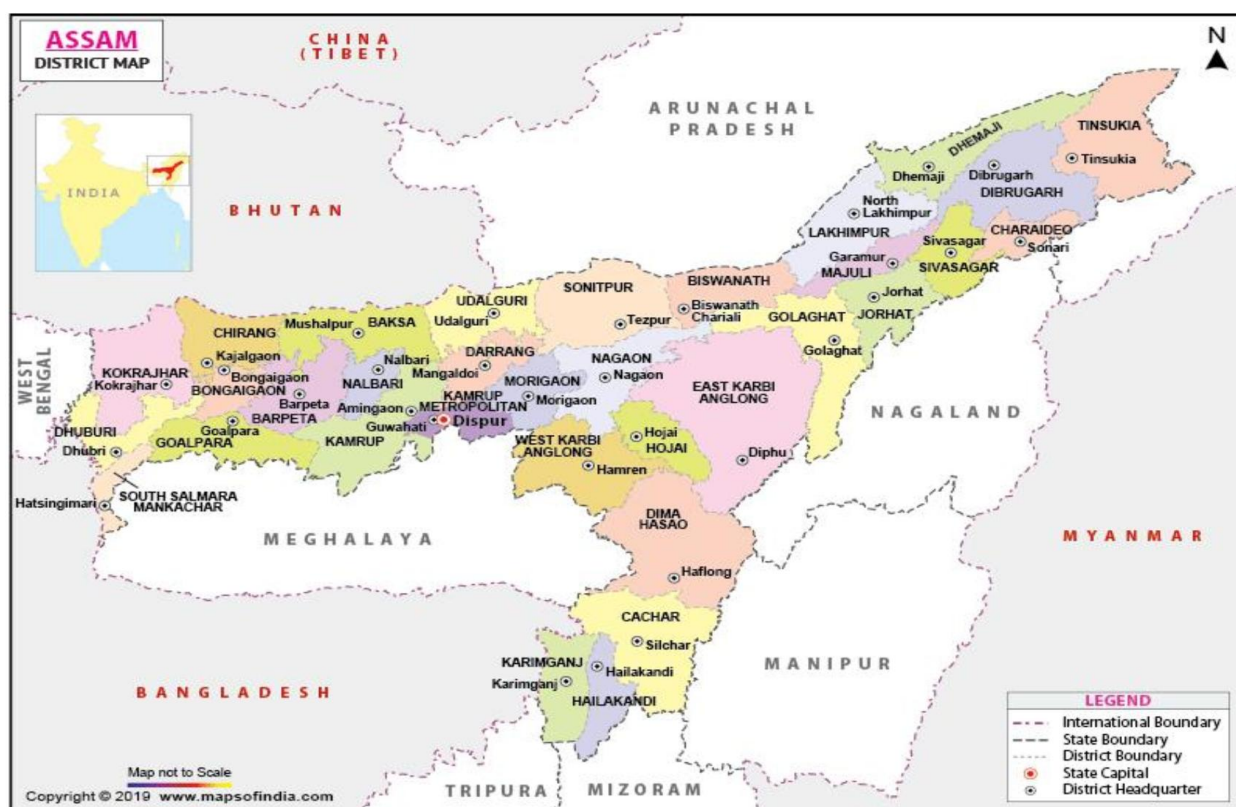


SUPPORTIVE SUPERVISION VISITS TO HEALTH FACILITIES IN KAMRUP(M) AND TINSUKIA DISTRICTS OF ASSAM

9th - 13th June 2025



Regional Resource Centre for Northeastern states
(Branch of NHSRC)
MoH&FW, Govt. of India, Guwahati, Assam

QPS Team, RRCNE visited health facilities in Kamrup (M) and Tinsukia districts during 9th to 13th June 2025 for supportive supervision. The facilities visited included Nartap MPHC, Panikheti MPHC, Birkuchi UPHC, East Guwahati USD, Fatashil Ambari UPHC, Adingiri UPHC, Kamrup and Margherita UPHC, Tinsukia. The purpose of the visit was to provide handholding support to NQAS-targeted facilities and facilitate quality improvement processes.

Details of Field Visits:

Sl.	Type of Health facility	Facilities Visited	Date Of Visit	Name of QPS Team visited
1.	AAM PHC	MPHC <i>Nartap</i>	9 th June 2025	Dr. Ravikar Singh, Consultant -QPS, RRCNE
2.	AAM PHC	MPHC Panikheti		
3.	UPHC	UPHC <i>Birkuchi</i>	10 th June 2025	
4.	UPHC	USD East Ghy		
5.	UPHC	UPHC <i>Fatashil</i> Ambari	11 th June 2025	Dr. Munmee Das, Consultant - QPS, RRCNE
6.	UPHC	UPHC <i>Adingiri</i>		
7.	UPHC	Margherita UPHC, Tinsukia District	13 th June 2025	Dr. Ajay Arya, Consultant - QPS, RRCNE

The primary objectives of the visit were to:

- Assess the status of NQAS implementation at selected urban health facilities.
- Provide on-site mentoring and technical handholding support to facility teams for strengthening quality systems.
- Identify existing gaps in service delivery, infrastructure, clinical practices, and documentation related to quality standards.
- Facilitate orientation of facility staff on key components of NQAS and internal assessment processes.
- Review infection control, biomedical waste management, and patient safety practices to ensure compliance with national quality standards.

Key Recommendations of the visit are as follows:

- Orientation and training of all staff on NQAS, including scoring methods & internal assessments.
- Conduct periodic internal assessments with action planning for gap closure.
- Ensure availability of adequate stock of essential drugs and lab reagent stock including regular DVDMS updates, LASA separation, and ensuring no expired items.
- Ensure mandatory diagnostics and essential drug list availability and display as per state norms.
- Space optimization & layout improvements — emergency/triage, registration, dispensing & waiting areas.
- Space reorganization (registration, waiting, emergency areas), Provision of ramps and improved accessibility.
- Strengthen infection control & patient safety, including Safe waste storage & disposal, Fire hazard mitigation and Securing electrical systems.
- Improve records and documentation — updated SOPs, WI, test lists, outcome indicator monitoring.

Further Facility-wise details are as follows:

Nartap MPHC

Nartap PHC is a three-bedded day care health facility with 24/7 emergency care, strategically positioned in the Chandrapur Block of Kamrup (m) district. It is located at the southern end of the district, approximately 10 kilometers away from the District Headquarter, and can be easily accessed through well-maintained roads. The journey to the PHC from the district headquarters typically takes less than an hour. Facility is Kayakalp winner in the previous financial year.

Staff Medical officers - (03), GNM -(02), ANM - (01), Lab Technician - (01), Pharmacist - (01), LDA - (01), MPW - (01), ASHAs - twenty-four (24), grade IV staff- (02), Sweeper- 01, Driver- 01.

Key Observations:

- Facility is functioning in the government building & infrastructure is in good condition.
- A designated Labor room, Newborn care corner (NBCC) with radiant warmer in the facility is observed. Labour room is equipped with functional delivery table, delivery trays, hand washing corner.
- Autoclave is functional in the facility, but the staff is unsure about the maintenance of the equipment.
- 24x7 Electricity with functional back up in the form of Generator on the premises.
- Out of the essential diagnostic tests, majority of diagnostic tests are provided as the facility has the availability of RDT and hematology semi auto-analyzer (Erba Mannheim H560) and Centrifuge.
- Refrigerator for storing the heat sensitive test Kit is functional and temperature log is maintained.
- Only 30-35 no. of drugs are available, Pharmacist is aware regarding the State EML, DVDMS portal is used for the indenting purpose, but drugs stock is not updated on the portal.
- Karnataka model (Liquid waste treatment) is installed. Burial pit, sharp pit is available. Although empty BMW collection bins are placed with vegetables from the garden which was advised to discontinue.
- Ambulance facility is available in PHC.
- Facility has enough space for herbal gardening; Solar panel backup is installed and providing power backup.
- MO is very enthusiastic about NQAS implementation.

Areas of Improvement:

- Participation from all staff is required for NQAS preparation.
- Ensure availability of drugs as per State Emergency Medicine List (EML)
- Continue to build on Kayakalp success & ensure participation in the Kayakalp assessment.
- Some of the SoPs need updating.
- Strengthen the follow up mechanism of referred patients.

Panikheti MPHC

Panikheti MPHC is a 24/7 health facility with four beds, is located outside the Panikheti region in the Chandrapur Block of Kamrup (m) district. It is located at the southern end of the district, approximately 20 kilometers away from the District Headquarter, and can be easily accessed through well-maintained roads. The facility has – MO (2), ANM-2, GNM/vaccinator-(02), Accountant-(01), ABPM-(01), Lab tech-(01), Pharmacist- (01), Support staff-(01), counsellor (Leprosy)-(01).

Key Observations:

- Availability of Drug stock could not be established as DVDMS was not functioning

and pharmacist was unavailable on that day.

- Limited diagnostic tests are conducted (RDT based) as the facility due to the unavailability of RDT, Auto-analyzer and Centrifuge. Third party is outsourced for majority of tests.
- Karnataka model was in place for liquid waste management.
- Branding of AAM Service Package of assured services was done.
- There are landownership issues as the facility does not have original document regarding ownership and is currently in dispute.
- Junk materials were stored in haphazardly manner blocking corridors, this may be a fire hazard. Only CO2 extinguisher is provided.
- Community meetings are held monthly and records are maintained.
- Deep Burial, Sharps pit, and gambusia fish cultivation tank are done in the premises of the facility.

Areas of Improvement:

- HWC branding needs to be done as per the norms.
- Mandatory diagnostic tests need to be made available.
- Essential Drugs list should be prominently displayed in the facility as per the state notification.
- Training of staff at the facility on NQAS Guidelines, Methods of scoring & Assessment.
- Conducting periodic Internal Assessments, developing action plans on observed gaps to mitigate them.

Birkuchi UPHC

Birkuchi UPHC is Day-care Urban health facility, strategically positioned in the *Narengi* area of Kamrup (m) district. It is located at the southern end of the district, approximately 8 kilometers away from the District Headquarter, and can be easily accessed through well-maintained roads. However, the by lane to the facility is located is extremely narrow (only one way), which hampers the movement of patient vehicles and facility vehicles. The facility caters to a population of 30,400.

Staff – MO (on study leave during the day of visit), ANM-(04), GNM-(01), Accountant-(01), ABPM-(01), Lab tech-(01), Pharmacist- (01), Support staff-(02).

Key Observations:

- Staff's knowledge on NQAS was minimal. Therefore, SoPs etc. were missing.
- Facility is functional in a rented building on the ground floor. Seepage is visible everywhere, with less opportunity for infrastructure modifications.
- Majority of the essential diagnostic tests are being conducted as the facility has the availability of RDT, hematology semi auto-analyzer and Centrifuge. Calibration is done for all equipment by a third party. LT was knowledgeable about Quality Control methods, although reagents supply is a problem.
- Pharmacists could not provide the current list of available medicine. It was also observed that the Pharmacist has not separated the LASA drugs in the distribution area.
- For power backup, Inverter is present, which provides backup for limited time.
- Single toilet for both male and female patients.
- Branding of AAM Package of assured services.
- BMW collection and disposal is done with a third party.
- No ramp for disable in the facility.

Areas of Improvement:

- MO is required to be deputed at the facility as currently pharmacist is providing medications.

- Sensitization and Training of all the staff of facility on NQAS Guidelines, Methods of scoring & Assessment.
- Conducting periodic Internal Assessments, developing action plans on observed gaps to mitigate them.

East GHY USD

East Ghy USD (urban state dispensary) is a single bedded day care urban public health facility, in the Kamrup (m) district. It is located at the middle eastern side of the district, approximately 5 kilometers away from the District Headquarter, and can be easily accessed through well-maintained roads. The journey to the PHC from the district headquarters typically takes less than an hour. The facility has - MO – (01), GNM – (01), ABPM-(01), Accountant-(01), data manager-(01), Lab tech-(01), Four (04) ANM, grade IV-01, Sweeper-01, and One (01) Health Attendant/educator, one (01) Field Worker.

Key Observations:

- The toilet was in front of the bed in a small corridor.
- Paper waste is stored near the main electrical supply, and there is risk of fire.
- Karnataka model liquid waste management in the facility.
- Early registration of ANC's, depicting staff's dedicated work. However, the facility does not provide delivery services.
- Lab was small but well kept, out of 64 mandatory diagnostic tests, most of them are available as the facility has RDT, hematology semi-autoanalyzer and centrifuge. Maintenance is being done by the supplier.
- Drug dispensary was well kept, LASA identified. stock register was maintained properly was not known.
- MAS meeting, Quality meeting is done on monthly basis and records are maintained. and SoPs are updated and well kept.
- BMW collection and disposal is done with a third party.

Areas of Improvement:

- Restructuring the Facility for better space utilization and mitigating risks (like fire).
- Essential Drugs list should be prominently displayed in the facility as per the state notification with current stock also needs to be maintained.
- Training of all the staff of facility on NQAS Guidelines, Methods of scoring & Assessment.
- Conducting periodic Internal Assessments, developing action plans on observed gaps to mitigate them

Fatashil Ambari UPHC

Fatashil Ambari UPHC is an urban public health facility, in the Kamrup (M) district. It is located approximately 16 kilometers away from the District Headquarter and can be easily accessed through well-maintained roads. The facility has - MO- (01), GNM – (01), Pharmacist-(01), Accountant-(01), data manager-(01), Lab tech-(01), ANM- (04), grade IV-(01), Sweeper-(01), and USHA-(17)

Key Observations:

- The facility is functioning from a rented building.
- The facility has no provision for ramps.
- The registration counter, dispensing areas and patient waiting area are cramped and lacks adequate space for free movement of patients.
- The facility has only one toilet which is used by the staff.
- The signages are present in local language, and IEC is displayed along with all entitlements available for patients.

- Mandated services are being provided except for AYUSH services and emergency room needs to be reorganized.
- The OPD footfall is around 20/day and mostly communicable diseases and NCD cases are being provided treatment. The OPD registers need to be maintained well.
- The laboratory needs to be reorganized as lots of vacant space is unutilized. In-house 15 tests are being done rest are outsourced. Laboratory needs to display list of available tests and work instructions.
- Stock register for reagents needs to be maintained as some expired kits were found at the time of visit.
- Drug dispensary was well kept and LASA identified and FEFO implemented.
- JAS meetings, quality meetings are done regularly.
- BMW collection and disposal is done with a third party (Fresh-Air).
- Needs to maintain SoPs and STGs.
- Facility hasn't started measuring its outcome indicators and needs training/handholding for it.

Areas of Improvement:

- The facility needs to reorganize the registration, emergency area, drug dispensing and patient waiting areas for better management.
- Laboratory needs to maintain stock registers and ensure there are no expired kits in laboratory.
- Training of all the staff of facility on NQAS Guidelines, Methods of scoring & Assessment
- Conducting periodic Internal Assessments, developing action plans on observed gaps to mitigate them.

Adingiri UPHC

Adingiri UPHC is located approximately twenty kilometers away from the District Headquarter and is located at hilltop. It can be accessed through a rough gravel road which might restrict the movement of patient and facility vehicles.

Staff – MO-(01), ANM-(04), GNM-(01), Accountant-(01), Lab tech-(01), Pharmacist- (01), Support staff-(03).

Key Observations:

- Facility is well maintained, and cleanliness and hygiene are ensured. But running water is not available due to water pump issue.
- All services are available as per mandate except for AYUSH services.
- Citizen charter, EDL display and bi-lingual signage are available.
- IEC are adequately displayed, and patient amenities are adequate.
- In the laboratory most of the diagnostic tests are conducted as the facility has the availability of RDT, Auto-analyzer and Centrifuge. Work instructions are not available.
- Laboratory Technician needs training on quality control methods.
- Pharmacy is well maintained.
- BMW collection and disposal is done with a third party (Fresh Air).
- SOPs are maintained.

Areas of Improvement:

- Provision for 24x7 running water should be made.
- Rearrangement of Emergency and triage area needs to be done.
- Records need to be properly maintained with indexing.
- As the facility is preparing for NQAS external assessment refresher training on NQAS Guidelines, Methods of scoring & Assessment can be given to facility staff.

Margherita Urban Primary Health Centre (UPHC)

Margherita Urban Primary Health Centre (UPHC) is in Tinsukia district, approximately 50 kilometers from the District Headquarters. The facility is well connected through motorable roads, requiring a little over an hour of travel from the district headquarters. The UPHC has achieved NQAS State Certification and caters to the urban population of the catchment area. The facility is staffed with Medical Officer- (01), GNMs- (03), Laboratory Technician – (01), and Grade-IV workers- (02). A Pharmacist has been deputed but visits only once a week, which limits consistent pharmacy services.

Key Observations:

- The facility has adequate and well-maintained infrastructure. A ramp is available alongside the stairs at the main entrance, ensuring accessibility for people with disabilities.
- BMW buckets are available at the point of use, and segregation practices are being followed. The Karnataka model liquid waste management system has been adopted. However, the BMW disposal area requires proper covering and secured fencing for safety and compliance.
- Open electric circuit boards were noted in the patient waiting area, posing a potential risk of electric shock to patients and staff.
- The open spaces within the facility premises require regular maintenance and upkeep.
- Outdated and torn IEC materials/posters were observed, which need replacement with updated information for better patient awareness.
- MAS meetings and Quality Committee meetings are conducted monthly, with records properly maintained. Standard Operating Procedures (SoPs) are available and updated.
- Patient Satisfaction Surveys are conducted periodically; however, the analysis and preparation of Corrective and Preventive Actions (CAPA) should be carried out and documented monthly.

Areas of Improvement:

- Full time pharmacists need to be posted in the facility to strengthen medicine dispensing and stock management.
- The biomedical waste disposal area should be properly covered and secured with fencing to prevent safety hazards and ensure compliance.
- Immediate action is required to cover electric circuit boards in the patient waiting area to safeguard clients and staff.
- Regular maintenance of open spaces in the compound is needed to improve overall cleanliness and prevent vector breeding.
- Outdated and torn IEC materials should be promptly replaced with updated and relevant information.
- Monthly analysis of Patient Satisfaction Surveys should be undertaken, and CAPA reports prepared
- Facility to address the existing gaps and apply for NQAS National Certification.

Image Gallery



Fatashil Amabari UPHC



Expired kit at Laboratory (Fatashil amabari UPHC)



Laboratory -Unorganized and WI are not available (Adingiri UPHC)



Well maintained counters (Adingiri UPHC)



Bed in front of toilet (East Ghy)



Well maintained drug dispensary (East Ghy)



No ramp (Birkuchi UPHC)



LASA drugs stored together (Birkuchi UPHC)



Congested corridor due to junk (panikheti MPHC)



Congested Kitchen in toilet (MPHC Nartap)



Open electrical circuit board in the waiting area (Margherita UPHC)



Outside are not maintained (Margherita UPHC)
