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Strengthening quality certification of primary health care facilities: Learnings from Kalahandi, Odisha

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Better quality of care (QoC) at primary health care facilities is essential for India to achieve Universal Health Coverage (1). Over the past decade, several national quality initiatives including the National Quality Assurance Standards (NQAS), Kayakalp, and Labour room quality improvement initiative (LaQshya)[1] have been launched to standardize and elevate quality in healthcare delivery. Yet, implementation of the quality initiatives remains challenging especially in resource limited geographies and at peripheral health facilities (2–4).

Kalahandi, a tribal and historically underserved district in Odisha (Figure 1), has made exceptional progress in enhancing quality certification of its primary health care facilities (Sub-Health Centres and Primary Health Centres). In 2022-23, Kalahandi had only 27% (18 facilities) primary health care facilities NQAS certified, which increased to 61% (81 facilities) in 2023–24. The number of certifications quadrupled (from 18 to 81), making it one of the best performing districts in NQAS certification in the state. This note presents Kalahandi's journey, highlighting strategies, institutional mechanisms, and local innovations that contributed to this transformation.

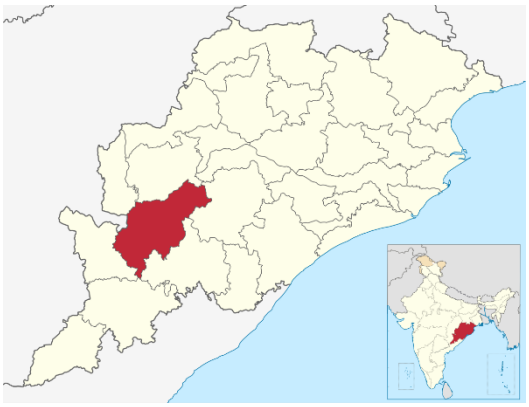

Fig 1: Kalahandi district map

Kalahandi's experience highlights the importance of locally tailored, system-wide reforms in advancing coverage of quality primary health care services. It provides valuable lessons for other districts seeking to improve the quality of care in primary health care facilities, particularly in resource-constrained settings.

Prioritization of the NQAS certification by the district

In Kalahandi district, the state and district leadership understood that NQAS certification would benchmark facilities against national standards, improve coverage and quality of primary health care services, and institutionalize practices of infection control, patient safety, and continuous quality monitoring. This prioritization was further reinforced through a Human Centered Design (HCD) workshop held in February 2024, where district and block-level managers, health providers, and partners engaged in a day long participatory process (5). During this workshop, participants mapped key challenges in improving quality of care and identified potential solutions. The exercise fostered ownership among implementers, generated district-specific strategies, and secured leadership buy-in for selected solutions. Thus, NQAS was prioritized not just as a certification goal, but as a pathway to institutionalize quality improvement practices tailored to Kalahandi's context.

IPSI support for NQAS certification

The India Primary Healthcare Support Initiative (https://jhu-ipsi.com/) is a consortium of schools of public health and government agencies, that aims to support the delivery of primary health care services in select districts across five states. At the national level, IPSI is led by Johns Hopkins University and AIIMS, Delhi.

[1] NQAS: A framework launched by the Ministry of Health & Family Welfare (MoHFW), Government of India, to assess and improve the quality of public health facilities through systematic certification.
Kayakalp: An initiative under Swachh Bharat Abhiyan to promote cleanliness, hygiene, and infection control practices in public health facilities.
LaQshya: A program by MoHFW aimed at improving the quality of care during childbirth, ensuring safe and respectful maternity care in Labour Rooms and Maternity Operation Theatres.

In Kalahandi, the IPSI project is being led by AIIMS, Bhubaneshwar. Kalahandi's quality improvement journey was significantly strengthened through the support of the IPSI project, which deployed three dedicated research fellows at the district level. These fellows closely coordinated with the District Quality Assurance Unit, providing continuous handholding support on infection control practices, monitoring outcome indicators, and training facility staff to achieve NQAS certification. Their rigorous facility visits, systematic gap assessments, and follow-up ensured timely compliance with identified gaps.

The district IPSI team, as research fellows from AIIMS Bhubaneswar, received technical support particularly for quality team management, and documentation from the State Quality Assurance Unit. Furthermore, the IPSI team facilitated the Human Centred Design workshop on Quality Assurance, which helped foster innovative approaches and sustained momentum in institutionalizing quality practices. This structured, multi-level technical support played a pivotal role in enabling Kalahandi to achieve its certification milestones.

Key strategies and interventions for improving NQAS certification

1. Leadership and Review Mechanisms

Monthly district and block level leadership reviews were introduced to increase accountability, resolve operational bottlenecks, and coordination across departments. These reviews enabled real time problem solving and prioritized quality in routine governance. The IPSI team played a crucial role in these forums by providing technical inputs, facilitating documentation, and aligning district priorities with state level quality assurance goals.

2. Capacity Building and Peer Learning

Targeted training programs were conducted for Medical Officers, Community Health Officers, and Block Program Managers. Senior staff from better-performing facilities were designated as peer mentors for those preparing for certification. This hands-on support and collaborative learning environment accelerated facility readiness. The IPSI team provided consistent handholding on infection control, outcome indicators, and mock preparation, while also organizing exposure visits to high performing districts within Odisha and to Bhavnagar district in Gujarat. These cross-learning visits allowed district managers and facility staff to directly observe best practices and adapt them to Kalahandi's context. The improved readiness of facilities was reflected in higher scores in baseline assessment for NQAS.

3. Use of Data and Mock Assessments

Primary health care facilities undertook multiple rounds of mock assessments using NQAS checklists. Performance data were routinely reviewed at district meetings to track progress and guide corrective actions. This enabled targeted support and focused improvements across critical areas. IPSI team provided technical assistance in conducting gap analyses, compiling performance dashboard data, and ensuring timely corrective actions based on data driven insights.

4. Community Engagement and Fund Utilization

The participation in Gaon Kalyan Samitis (GKS) and Jan Arogya Samitis (JAS) i.e. community committees at the villages and health facilities, increased substantially. An indicator of this - utilization rates of committee funds increased from 10% in 2023 to over 65% by late 2024. Community driven activities, patient feedback systems, and local events helped build trust and responsiveness in healthcare delivery. The HCD workshop also emphasized community participation as central to improving quality, ensuring that patient feedback and local participation became integral parts of the district's quality improvement framework.

5. Infrastructure and Inter-Departmental Coordination

Partnerships with the Panchayati Raj Department, Rural Water Supply and Sanitation, and local governance bodies were essential in resolving infrastructural issues. Timely support for water, sanitation, and electricity improvements enabled facilities to meet quality benchmarks. IPSI's district level presence helped to strengthen coordination between health facilities and these departments by channelling systemic gaps identified during field visits into district review discussions, ensuring that infrastructural challenges were prioritized and addressed quickly.

Key lessons for replication

- Strong local leadership and regular review mechanisms drive accountability and performance.
- Peer mentoring and practical training are effective in fast-tracking certification readiness.
- Data-driven decision making, when institutionalized, can help identify gaps and enable continuous quality improvement.
- Community involvement enhances service delivery alignment and fund utilization.
- Inter-departmental collaboration is critical to resolving infrastructural and resource constraints.

Conclusion

Kalahandi's success shows that primary health care facilities in low resource districts can achieve high levels of quality certification and quality improvements through practical, low-cost interventions, strategic planning, and empowered local leadership. Kalahandi's experience offers valuable insights for other states aiming to strengthen primary care quality through NQAS and similar initiatives.

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