

# Impact Assessment of Kayakalp on the Service Delivery: A Case Study of Primary Health Centres in Jammu and Kashmir

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Cleanliness and hygiene practices in any healthcare facility are regarded as vital factors to determine the quality of service delivery. In this context, Ministry of Health and Family Welfare (MoHFW) has launched a Kayakalp Award Scheme to promote cleanliness, hygiene and infection control practices and also enhance the quality of public healthcare facilities. The purpose of this initiative was not only to recognize such public healthcare facilities but also to show the exemplary performance in adhering to standard protocols of cleanliness and infection control. The Kayakalp initiative which has been launched in the union territory of Jammu and Kashmir and most of the District Hospitals; Community Health Centres, Primary Health Centres and Sub-centres have assessed their strengths and weaknesses. The health facilities after identifying the gaps have started to focus on plugging these gaps. Almost all the District Hospitals, Community Health Centres and Primary Health Centres have completed their internal assessment and some of them have qualified for external assessment and few of the best performing health institutions have also received the Kayakalp awards over the period of years. Therefore, it is expected that the health institutions which have been awarded under Kayakalp might have witnessed improvement in service delivery.

In this backdrop, this study has been taken to understand the impact of Kayakalp standards with respect to cleanliness, sanitation, hygiene and infection control practices among the selected Kayakalp accredited Primary Health Centres in selected districts of Kashmir Region of the Union Territory of Jammu and Kashmir. This study also tried to identify the path through which Kayakalp award would have an impact on patient satisfaction, staff satisfaction and their motivation. Apart from these, the study also examined whether Kayakalp accredited Primary Health Centres have sustained and maintained the Kayakalp standards with respect to hospital upkeep, sanitation and hygiene, waste management, infection control, support services, and hygiene promotion. Last but not the least; the study has also attempted to establish whether the Kayakalp awarded Primary Health Centres brought any change in the behaviour among the posted staff and other community members or local body members. The study also tried to highlight the achievements and innovative practices with respect to the implementation of Kayakalp Programme. A paired t-test and a combined index have been used to analyze the data which was collected from 18 Primary Health Centres including 09 Kayakalp awarded and 09 non

Kayakalp awarded Primary Health Centres in 9 districts of Kashmir Region. The assessment of selected Kayakalp awarded PHCs have been done with the help of self developed checklists using perception data collected from these Primary Health Centres to determine for any significant change in the performance of the facilities after the programme implementation. Results from the paired t-statistics shows the significant shift in facility performance for infection control, hygiene promotion and sanitation and hygiene among the selected Primary Health Centers, though the mean score of some Kayakalp qualified PHCs was found insignificant. Across the selected Kayakalp qualified PHCs, the highest positive change has been observed in case of PHC Hazratbal, PHC Wuyan, PHC Bugam, PHC Sedow, PHC Kandi and PHC Ichagam whereas PHC Mattan and PHC Kachen were found as low performing PHCs primarily due to issues with human resource. However, some of the non Kayakalp qualified PHCs have shown a remarkable performance even they have not qualified for the same. These PHCs include, PHC Boniyar and PHC Saller. The willingness of the staff to work for the betterment of the health facilities primarily came through self-motivation, recognition factors and incentives. Innovative practices were adopted by the facilities at par with the programme using cost-effective utilization of resources. Thus, the programme appeared as a blessing for the health care facilities though it has scope for future improvements.

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**Mohammad Ibrahim Wani**

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Under the Quality Assurance Scheme (QAS), an initiative known as the ‘KAYAKALP’ has been launched in the country by the Ministry of Health and Family Welfare (MoHFW), on 15<sup>th</sup> of May, 2015 to encourage and incentivize the public health facilities to demonstrate their commitment for cleanliness, hygiene and infection control practices. Moreover, the main concern of this initiative was to inculcate a culture for the promotion of cleanliness, infection control and hygiene practices by incentivizing and recognizing the public health facilities, showing exemplary performance while adhering to the Kayakalp guidelines and thereafter sustaining such practices as well. To complement or to harmonize this effort, a cash prize would be given to those public health facilities that score 70 percent or more in each level of assessment through Kayakalp Assessment tool (checklist) formed by Ministry of Health and Family Welfare (MoHFW), Govt., of India. The initiative (Kayakalp) would encourage the public health facilities in the nation to work towards the standards of excellence to ensure public health facilities stay clean and hygienic: a) Bio-waste disposal protocols would also be initiated and b) Initiative towards Swachhta in public health facilities would: i) bring user confidence; ii) provide quality service and iii) encourage team work.

The Kayakalp initiative which has also been launched in the union territory of Jammu and Kashmir and most of the Districts Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) have assessed their strengths and weaknesses. The health facilities after identifying the gaps have started to focus on plugging these gaps. Almost all the Districts Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) have completed their internal assessment and some of them have qualified for external assessment and few of the best performing health institutions have also received the KAYAKALP awards over the last few years. Therefore, it is expected that the health institutions which have been awarded under KAYAKALP might have witnessed improvement in service delivery. In this regard, an effort has been made to assess the impact of selected Kayakalp accredited Primary Health Centres on service delivery, sustenance and maintenance of Kayakalp

standards, involvement of society with those Primary Health Centres which have not qualified for the same.

### **Significance of the Study:**

With four to six indoor beds, a Primary Health Centre is the basic structural and functional unit of public health services to provide accessible, affordable and available primary health care to people as it serves the first level of CONTACT to a qualified doctor in providing the range of preventive, curative, promotive and rehabilitative care. It, thereby, forms a link between the population and the National Health System (NHS) by bringing healthcare deliveries as close as possible to people where they live and work. Despite the accessibility of quality standards, cleanliness and hygiene practices in any healthcare facility are important factor to determine the quality of service delivery. Moreover, cleanliness not only prevents the spread of infection but also provide the patient's positive experience. Hence, quality of care in health care services offer manifold benefits to facilities as well as patients in terms of goodwill, upkeep, lower infection rates and promotion of healthy behavior.

### **Kayakalp in Jammu and Kashmir:**

In 2018-19, only twenty eight (28) public health facilities had qualified the Kayakalp criteria as per the given guidelines. Of these public health facilities, 05(4.0 percent) were District Hospitals, 12 (24.0 percent) Community Health Centres, 25 (25.0 percent) Primary Health Centres, 07 (14.0 percent) Urban Primary Health Centres, and 4(8.0 percent) were Sub-Health and Wellness Centres.<sup>1</sup> In 2019-20, a total of thirty six (36) public health facilities had qualified for the Kayakalp criteria as per the given guidelines. Of these, 05 (14.28 percent) were District Hospitals, 06 (16.67 percent) Community Health Centres, 20 (55.57 percent) Primary Health Centres, 05 (14.28 percent) urban Primary Health Centres, and 0 (0.0 percent) were Sub-Health and Wellness Centres.<sup>2</sup>

In 2020-21, around fifty (50) public health facilities have qualified the Kayakalp criteria as per the given guidelines. Of these public health facilities, 02 (4.0 percent) were District Hospitals, 12 (24.0 percent) Community Health Centres, 25 (25.0 percent) Primary Health Centres, 07(14.0

<sup>1</sup> Mission Director. (2022-23). National Health Mission (J&K): Regional Institute of Health & Family Welfare, Nagrota. Jammu-181221 and J&K Housing Complex, Secretariat, Srinagar-190015/No: SHS/NHM/J&K/24159-79/dated: 27-03/2023.

<sup>2</sup> Mission Director. (2022-23). National Health Mission (J&K): Regional Institute of Health & Family Welfare, Nagrota. Jammu-181221 and J&K Housing Complex, Old Secretariat, Srinagar-190015/No: SHS/NHM/J&K/24159-79/dated: 27-03/2023.

percent) Urban Primary Health Centres, and 4 (8.0 percent) were Sub-Health and Wellness Centres.<sup>3</sup> In 2021-22, only seventy three (73) public health facilities have qualified the Kayakalp criteria as per the given guidelines. Of these public health facilities, 02 (2.73 percent) were District Hospitals, 13(17.80 percent) Community Health Centres, 30 (41.09 percent) Primary Health Centres, 06 (8.21 percent) Urban Primary Health Centres, and 22 (30.13 percent) were Sub-Health and Wellness Centres.<sup>4</sup>

In 2022-23, around one hundred seventy four (174) public health facilities have qualified the Kayakalp criteria as per the given guidelines. Of these, 06 (3.44 percent) were District Hospitals, 23 (13.21 percent) Community Health Centres, 56 (32.18 percent) Primary Health Centres, 07(4.02 percent) Urban Primary Health Centres, and 82 (47.12 percent) were Sub-Health and Wellness Centres.<sup>5</sup> The impact of Kayakalp over the years could be observed by the percentage improvement of the qualified facilities under Kayakalp over the years. During the year 2022-23, there was an increase of around 57.47 percent health facilities that have qualified for Kayakalp as compared to previous year.

### **Objectives of the Study:**

Keeping in view the principles of Kayakalp initiative; following are the broad objectives which have been examined in this study:

1. To what extent the Kayakalp accredited PHCs sustained the cleanliness, sanitation, hygiene and infection control practices as compared to those PHCs who have yet to qualify;
2. To what extent the Kayakalp awarded PHCs are efficient in service delivery as compared to those PHCs who have yet to qualify for the same; and
3. What are the innovative and good practices adopted by the Kayakalp accredited PHCs in compliance with the Kayakalp as compared to those PHCs who have yet to qualify.

### **Methodology of the Study:**

In consonance with the given objectives, following are some of the methodological steps which have been taken care during the process of data collection, analysis and interpretation.

<sup>3</sup> Mission Director. (2022-23). National Health Mission (J&K): Regional Institute of Health & Family Welfare, Nagrota. Jammu-181221 and J&K Housing Complex, Secretariat, Srinagar-190015/No: SHS/NHM/J&K/24159-79/dated: 27-03/2023.

<sup>4</sup> Mission Director. (2022-23). National Health Mission (J&K): Regional Institute of Health & Family Welfare, Nagrota. Jammu-181221 and J&K Housing Complex, Chanapora, Srinagar-190015/No: SHS/NHM/J&K/24159-79/dated: 27-03/2023.

<sup>5</sup> Mission Director. (2022-23). National Health Mission (J&K): Regional Institute of Health & Family Welfare, Nagrota. Jammu-181221 and J&K Housing Complex, Secretariat, Srinagar-190015/No: SHS/NHM/J&K/24159-79/dated: 27-03/2023.



**Data Base of the Study:**

The study is based on the primary as well as secondary sources of data. The primary data have been collected through well structured checklists from the selected PHCs and for secondary source of data HMIS portal was used.

**Sampling Design of the Study:**

The Primary Health Centers (PHCs) have been categorized into two groups, Group-A consists of these PHCs which are Kayakalp accredited whereas Group-B, consists of non-accredited PHCs. We took randomly nine (09) Primary Health Centres from each group thus, a total of eighteen (18) Primary Health Centres have been taken for the study.

In 2022-23, thirty six (36) Primary Health Centres in Jammu and Kashmir have Kayakalp accreditation for the external assessment, out of which, 09 Primary Health Centres (PHCs) have been randomly taken from different districts of Kashmir region while as the other 09 Primary Health Centres which have not accredited for the same, have also been taken for the study in order to analyze the gap between the two groups shown in the given table.

S. No	GROUP A	GROUP B	District
	Kayakalp Accredited PHCs	Non Kayakalp Accredited PHCs	
1.	Mattan	Saller	Anantnag
2.	Bugam	Katrasoo	Kulgam
3.	Sedow	Vehil	Shopian
4.	Wuyan	Tahab	Pulwama
5.	Hazratbal	Nishat	Srinagar
6.	Ichagam	Dad Ompora	Budgam
7.	Kachen	Batwina	Ganderbal
8.	Kunzer	Boniyar	Baramulla
9.	Kandi	Chogal	Kupwara

**Tools and Methods of Analysis:**

Two well structured checklists were prepared to collect the information/data from group-A (Kayakalp Accredited) as well as from group-B (Non-Kayakalp Accredited). The direct observations were recorded to identify the path through which Kayakalp has an impact on the Public Health Care system. In order to analyze the data, the appropriate statistical method such as paired t-test has been utilized to quantify the test statistics by the use of a well known

Statistical Package for Social Sciences (i.e., SPSS) version 22. Moreover, the personal interviews were conducted with the staff nurses, laundry staff, ward incharges, medical officers, block medical officers, quality assurance nodal officers and other associated staff. Community members were also interviewed for their point of view.

### **Combined Index of Kayakalp Standards:**

In order to understand the sustenance of Kayakalp standards, an index has been developed with respect to the available facilities in the selected Primary Health Centres. In the index five main dimensions of Kayakalp standards have been included such as housekeeping, BMW Handling, toilet inspection, knowledge of staff, practice of staff, attitude of staff and patient opinion about the Kayakalp standards.

Each dimension has its own indicators such as **1)** hospital upkeep including a) floor, corridors, lobby stairs, ramp, waiting area, OPD area; b) walls; c) furniture, d) doors, e) windows, landscaping, f) appearance and infrastructure, g) procedure area like dressing room, injection room; h) labour room; i) lab and pharmacy; j) office/meeting/staff/record rooms; k) IEC and dress code, **2).** BMW Handling includes: a) segregation and collection; b) labeling and transport, **3).** Rating of Toilet includes: a) cleaning b) lighting c) availability of water; d) conditions of doors; e) floors of the toilet; f) wash basin; g) toilet pains, **4)** Patient satisfaction including a) cleanliness around PHC, b) signage in PHC; c) condition of building; d) painting; e) parking facility; f) cleanliness in waiting area; g) presence of stray animals; h) pest control; i) clean bedding; j) cleanliness in toilets; k) availability of waste bins at waiting area; l) behaviour of doctors; m) behaviour of staff nurses; and n) behaviour of other staff.

All the dimensions and their indicators have been assigned with equal weightage. The index ranges from 0 – 1 and those PHCs whose index score is approaching to 1, have sustained and maintained the Kayakalp standards while the PHCs whose index value is close to zero, means their Kayakalp standard have not maintained and sustained after awarded Kayakalp.

### **Variables of the Study:**

In order to quantify the impact of Kayakalp on the service delivery and involvement of local bodies among the selected PHCs, a range of variables has been taken into consideration such as:

1) Human Resource; 2) General OPD; 3) Indoor Services (IPD); 4) Control of epidemic/endemic and Communicable Disease Programme; 5) Implementation of national programs like a) Maternity and Child Health Program, b) Family Welfare Services, c) School Health Programme, d) Iodine Deficiency Control Programme, e) Blindness Control Programme f) Malaria Control Programme g) AIDS and HIV Control Program, h) Leprosy Eradication Programme, i) Tuberculosis Control Programme, j) Universal Immunization Programme; 6) Provision of micro nutrient like vitamin A/Iron and Folic Acid; 7) Behavioral Change Communication; 8) Safe Water Supply and Basic Sanitization; 9) Collection and Reporting of Vital Statistics; 10) Reproductive and Child Health like a) Mother and Child Care, b) Janani Suraksha Yojana under NHM, c) Universal Immunization Programme from mother and Child, d) Pre-Intra and Post-delivery Services e) Family Welfare Services (i.e., Sterilization, Free Distribution of Oral Pills and Condoms etc.); 11) ANC Services; 12) Deliveries; 13) Non-Communicable Diseases (NCDs); 14) Laboratory Services; 15) Patients satisfaction; 16) Satisfaction of the Society; 17) Referral Services; and 18) Emergency Services and etc.,

**K**ayakalp is an initiative undertaken by the Central Governments under the flagship programme Swachh Bharat Abhiyan, aimed to improve cleanliness, hygiene and waste management practices at public health facilities. The main objective of this award scheme is to promote cleanliness, hygiene and infection control practices in public healthcare facilities, to incentivize and recognize such public healthcare centers that show exemplary performance in adhering to standard protocols of cleanliness and infection control, to inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation, to create and share sustainable practices related to improved cleanliness in these centers linked to positive health outcomes. The award and the incentive involved with the Kayakalp motivate the healthcare staff to improve the cleanliness indicators and sustain those standards in the healthcare facilities. Kayakalp award scheme not only encourages the public health facilities to maintain cleanliness; but also creates healthy competition among the public health facilities, which further improves and enables the environment for improving the quality of care. In the Union Territory of Jammu and Kashmir, a large number of primary health centres had applied for the assessment but only 56 primary health centres have qualified the Kayakalp and out of these around 09 PHCs were randomly selected, one in each district of Kashmir region for the present study and another 09 non-Kayakalp qualified PHCs in order to make a comparison between the two groups.

One of the objectives of this study is to assess as to what extent the selected Kayakalp qualified PHCs sustained the cleanliness, sanitation, hygiene and infection control practices as compared to those selected PHCs who have not qualified for the same. The idea to include this objective in the study is to know whether all the qualified PHCs are maintaining the same standards of implementation of the programme at the time of external assessment throughout the year or neglect the programme once they have been awarded. A rating scale has been developed to check the sustenance level of Kayakalp standards and if the aggregate score of all the indicators is 70

(mean score of 0.7) or above, it simply indicates the PHC is sustaining the standards in implementing the programme and vice versa.

### PHC Mattan and PHC Saller of District Anantnag:

The results (mean score = 0.49) shows that Kayakalp qualified PHC has not sustained and maintained the Kayakalp standards to attain the threshold score due to the non availability of sanitary inspector, safaiwalas and the reluctance of other staff. The results show the knowledge, attitude and practice among the staff like ward attendants, staff nurses, laundry staff and Safaiwalas was not satisfactory. Though the PHC has good infrastructure in terms of labour room and trained staff but due to the nearby territory care health facilities, the PHC is not conducting normal deliveries. However, the PHC has maintained the hospital upkeep (mean score = 0.69) and sustained the patient load up to the satisfactory level.

The non Kayakalp qualified PHC has also not achieved the satisfactory score (score = 0.32) in any aspect due to the lack of awareness, knowledge, infrastructure and trainings about the Kayakalp Programme (table-1). Although the t-value shows the significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ), but the results shows either the Kayakalp accredited PHC had neglected the programme once it was awarded or the external assessment team might have shown some leniencies in assigning the marks in order to encourage the PHC. Thus, the PHC has not sustained the Kayakalp standards with respect to hospital upkeep, sanitation, hygiene promotion, support services, infection control and biomedical waste and accordingly have no impact on the service delivery after the Kayakalp award.

**Table 1: Mean Score of PHC Mattan and PHC Saller of District Anantnag:**

District	Parameters	Weightage	Mean Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Anantnag	Hospital Upkeep	0.076	<b>0.69</b>	<b>0.53</b>	t = 5.33 p = 0.0005
	BMW Handling	0.25	0.50	0.25	
	Toilet inspection	0.142	0.28	0.14	
	Patient Satisfaction	0.062	<b>0.69</b>	<b>0.50</b>	
	Staff Nurses	0.04	0.41	0.26	
	Ward attendants	0.125	0.62	0.50	
	Laundry	0.067	0.26	0.13	
	Safaiwala	0.047	0.47	0.30	
	<b>Mean Score</b>			<b>3.92/8 = 0.49</b>	

**PHC Bugam and PHC Katrasoo of District Kulgam:**

The results (mean score = 0.92) shows that Kayakalp qualified PHC has sustained and maintained the Kayakalp standards in almost all the indicators irrespective of space constraint and old structure of hospital building. The PHC has developed various innovative techniques (like LED to aware the NCD patients, line signage directions for illiterate patients, ALC ambulance & etc..) to aware the patients about the available services. The results show the knowledge; attitude and practice among the staff are significant as patients have been seen highly satisfied with the services and behaviour of staff especially medical officers/staff nurses/ward attendants and at times the PHC is conducting normal deliveries even the DH is at a distance of only 3 Kms which clearly indicate the patients have good faith and expectations about the service delivery of this PHC.

The non Kayakalp qualified PHC has not achieved the satisfactory score (mean score = 0.44) in any aspect due to the lack of coordination and reluctance of staff, old structure of hospital building, infrastructure, machinery and trainings about the Kayakalp Programme (table-2). However, the staff nurses/males have good knowledge and awareness about the programme and they found enthusiastic about the Kayakalp accreditation.

The t-value shows the significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which simply indicates the Kayakalp qualified PHC has sustained and maintained the Kayakalp standards above the satisfactory level in almost all the aspects.

**Table 2: Mean Score of PHC Bugam and PHC Katrasoo of District Kulgam:**

District	Name	Weightage	Mean Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Kulgam	Hospital Upkeep	0.076	0.98	0.38	t = 6.84 p = 0.0001
	BMW Handling	0.25	1.00	0.25	
	Toilet inspection	0.142	1.00	0.42	
	Patient Satisfaction	0.062	0.93	0.43	
	Staff Nurses	0.04	0.96	0.76	
	Ward attendants	0.125	1.00	<b>0.62</b>	
	Laundry	0.067	0.73	0.34	
	Safaiwala	0.047	0.76	0.32	
	<b>Mean Score</b>			<b>7.36/8 = 0.92</b>	

**PHC Sedow and PHC Vehil of District Shopian:**

The results (mean score = 0.98) shows that Kayakalp qualified PHC has sustained and maintained the Kayakalp standards in almost all the indicators irrespective of limited staff and hilly topography. The PHC has developed various innovative techniques through the ASHA workers and outreach camps to aware the patients about the available services like JSSK, JSY, TB treatment etc. The results show the knowledge; attitude and practice among the staff are significant as patients have were found highly satisfied with the services and behaviour of staff especially the staff nurses which clearly indicate the service delivery of PHC have improved in terms of patient care, hygiene and infection control after the Kayakalp award (table 3). Though the PHC has good infrastructure in every respect but due to the non availability of female medical officer and USG facility the PHC is not able to perform the normal deliveries even the staff nurses were found eager to perform the normal deliveries at this PHC.

The non Kayakalp qualified PHC has not achieved the satisfactory score (mean score = 0.37) in any aspect due to the old structure of hospital building, management of biomedical waste infrastructure, machinery and trainings about the Kayakalp Programme (table 3). The labour room of the PHC was non-functional since 2018 for some unknown reasons. However, the staff nurses and male staff have good knowledge and awareness about the programme and they were found to be enthusiastic about the Kayakalp accreditation. The t-value shows a significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which clearly indicates that the qualified PHC has sustained and maintained the Kayakalp standards above the satisfactory level in hospital upkeeping, management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and safaiwalas.

**Table 3: Mean Score of PHC Sedow and PHC Vehil of District Shopian:**

District	Parameters	Weightage	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Shopian	Hospital Upkeep	0.076	1.00	0.38	t = 4.56 p = 0.001
	BMW Handling	0.25	1.00	0.25	
	Toilet inspection	0.14	1.00	0.28	
	Patient Satisfaction	0.062	0.93	0.43	
	Staff Nurses	0.038	0.96	0.36	
	Ward attendants	0.125	1.00	0.37	
	Laundry	0.066	1.00	0.39	
	Safaiwala	0.047	1.00	0.51	
	<b>Mean Score</b>			<b>7.89/8 = 0.98</b>	

**PHC Wuyan and PHC Tahab of District Pulwama:**

The results (mean score = 0.92) shows that Kayakalp qualified PHC has sustained and maintained the Kayakalp standards in almost in all the indicators. The PHC has developed various innovative methods like trend analysis to focus on the targeted disease, elbow taping, rainwater harvesting, pest controlling methods, management of biomedical waste, section swabbing, section-wise mobbing methods ownership rights, colour mark directions for illiterate Safaiwalas, plant pots for indoor beautification and direction mark/signage for the illiterate patients for the maintenance of Kayakalp standards. The PHC has developed various innovative techniques – social health marketing through the ASHA workers and outreach camps to aware the patients about the available services like JSSK, JSY and TB treatment etc. The results show the knowledge; attitude and practice among the staff was significant as patients were found highly satisfied with the services and behaviour of staff especially the medical officers and staff nurses which clearly indicate the service delivery of PHC has improved in terms of patient care, hygiene and infection control after the Kayakalp award (table 4). Though the PHC has good infrastructure in every respect like labour room and female medical officer but due to the non availability of USG machine, x-ray plant and for few other reasons, the PHC is not able to perform the normal deliveries.

The non Kayakalp qualified PHC has not achieved the satisfactory score (score = 0.45) in any aspect except the patient satisfaction (score 0.80) due to the limited knowledge and awareness about the Kayakalp programme (table 4). Although the PHC has good labour room and immunization section but due to the non availability of dedicated female medical officers, USG machine, x-ray plant and nearby territory health care facility, the PHC is unable to perform even a normal delivery. However, the staff nurses have good knowledge and awareness about their own activities but have limited knowledge about the Kayakalp accreditation and its related components due to which most of the posted staffs have no interests in maintaining the hospital upkeep, patient care, infection control and sanitation of the facility.

The t-value shows the significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which clearly indicates the hypothesis that the Kayakalp qualified PHC has sustained and maintained the Kayakalp standards above the satisfactory level in hospital upkeep,



management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and safaiwalas.

**Table 4: Mean Score of PHC Wuyan and PHC Tahab of District Pulwama:**

District	Parameters	Weightage	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Pulwama	Hospital Upkeep	0.076	1.00	0.53	t = 4.65 p = 0.001
	BMW Handling	0.25	1.00	0.25	
	Toilet inspection	0.14	1.00	0.42	
	Patient Satisfaction	0.062	0.93	<b>0.80</b>	
	Staff Nurses	0.038	0.92	0.44	
	Ward attendants	0.125	0.87	0.37	
	Laundry	0.066	0.86	0.52	
	Safaiwala	0.047	0.80	0.32	
	<b>Mean Score</b>			<b>7.38/8 = 0.92</b>	

#### **PHC Ichagam and PHC Dad-Ompora of District Budgam:**

The results (mean score = 0.53) shows that Kayakalp qualified PHC has not sustained and maintained the Kayakalp standards to attain the threshold score due to the reluctance and laxity of section incharges. Though the PHC incharge have good knowledge about the hospital upkeeping, sanitation, biomedical waste and patient care but the overall score is not satisfactory due to the lack of knowledge, attitude and practice among the staff like ward attendants, staff nurses, laundry staff and safaiwalas. However, the PHC has maintained the sanitation in toilets but failed to maintain the hospital upkeeping, hygiene promotion, and support services up to the level of satisfaction. Though, the PHC has good infrastructure in terms of labour room and trained staff but due to the non availability of USG, x-ray plant and nearby higher level health facilities, the PHC is not conducting normal deliveries. However, the PHC has maintained the biomedical waste management (mean score = 0.75) and sustained the patient load like ANC patients (score = 0.81) up to the satisfactory level (table 5).

The non Kayakalp qualified PHC has also not achieved the satisfactory score (mean score = 0.27) in any aspect due to the limited staff and lack of knowledge, awareness and trainings about the Kayakalp programme. Although, the infrastructure of hospital building is exemplary but due to the unwillingness of existing staff, the PHC failed to sustain and maintain the hospital upkeeping as well as the patient load. During an interaction, the patients seemed to have less

faith on the services provided by this health facility and the society is also not satisfied with the behaviour of the hospital staff especially the medical officers posted currently at this PHC. However, the PHC has maintained the sanitation in toilets but failed to maintain the patient satisfaction, hospital upkeep, hygiene promotion, and support services up to the level of satisfaction.

Although, the t-value supports our results that there is no significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which clearly shows that Kayakalp qualified PHC does not show any significant results in any indicators except the patient satisfaction and management of biomedical waste. Thus, the results show that the PHC (Kayakalp accredited) has neglected the standards of the accreditation of Kayakalp once it was awarded to them.

**Table 5: Mean Score of PHC Ichagam and PHC Dad-Ompora of District Budgam:**

District	Parameters	Rating	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Budgam	Hospital Upkeep	0.076	0.53	0.15	t = 2.92 p = 0.011
	BMW Handling	0.25	<b>0.75</b>	0.12	
	Toilet inspection	0.14	0.42	<b>0.85</b>	
	Patient Satisfaction	0.062	<b>0.81</b>	0.43	
	Staff Nurses	0.038	0.56	0.20	
	Ward attendants	0.125	<b>0.62</b>	0.25	
	Laundry	0.066	0.13	0.06	
	Safaiwala	0.047	0.47	0.14	
	<b>Mean Score</b>			<b>4.29/8 = 0.53</b>	

#### **PHC Hazratbal and PHC Nishat of District Shopian:**

The results (mean score = 0.91) shows that Kayakalp qualified PHC has sustained and maintained the Kayakalp standards in all the indicators. The PHC has developed various innovative methods like section wise trend analysis to focus on the targeted disease, elbow taping, spill management, baby breast feeding corner, pest controlling methods, management of biomedical waste, section swabbing, section-wise mobbing methods ownership rights to section incharges and signages for the maintenance of Kayakalp standards. This way the PHC has sustained and maintained the hospital upkeep, sanitation, patient care, support services and hygiene promotion up to the satisfactory level. The results show the knowledge; attitude and practice among the staff was significant as patients were found highly satisfied with the services

and behaviour of staff especially the medical officers and staff nurses which clearly indicate the service delivery of PHC has improved in terms of patient care, hygiene and infection control after the Kayakalp award (table 6). Despite the space constraint and bad conditions of the hospital building, the PHC is conducting normal deliveries on 24x7 basis though the PHC is located near to territory care health facilities which clearly indicates, that patients have good faith on this health facility. During an interaction, the patients love to visit this facility because of the availability of USG machine, x-ray plant, location, free medicine and the behaviour of the staff especially the staff nurses, posted gynecologist as well as posted medical officers.

The non Kayakalp qualified PHC has not achieved the satisfactory score (score = 0.51) in any aspect except sanitation of toilets (mean score 0.71) due to the limited knowledge and awareness about the Kayakalp programme (table 6). Although the PHC has good labour room and immunization section but due to the non availability of dedicated female medical officers and nearby territory health care facility, the PHC is unable to perform even a normal delivery. However, the staff nurses have good knowledge and awareness about their own duties as well as knowledge about the Kayakalp accreditation and its related components but due to the renovation of the hospital building, the PHC was not able to maintain and sustain the Kayakalp standards like hospital upkeep, sanitation, support services, patient load and hygiene promotion.

The t-value supports our results that there is a significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which clearly indicates the hypothesis that the Kayakalp qualified PHC has sustained and maintained the Kayakalp standards above the satisfactory level in hospital upkeep, management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and Safaiwalas and accordingly have a good impact on the service delivery especially ANC patients while as the non Kayakalp qualified PHC do not have good impression on the service delivery.

**Table 6: Mean Score of PHC Hazratbal and PHC Nishat of District Srinagar:**

District	Parameters	Rating	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
	Hospital Upkeep	0.076	0.76	0.38	
	BMW Handling	0.25	1.00	0.50	

Srinagar	Toilet inspection	0.14	0.57	<b>0.71</b>	t = 3.126 p = 0.008
	Patient Satisfaction	0.062	0.62	0.31	
	Staff Nurses	0.038	1.00	0.52	
	Ward attendants	0.125	1.00	0.62	
	Laundry Staff	0.066	0.86	0.46	
	Safaiwalas	0.047	0.71	0.61	
	<b>Mean Score</b>		<b>6.52/8 = 0.81</b>	<b>4.11/8 = 0.51</b>	

### PHC Kachen and PHC Batwina of District Ganderbal:

The results (mean score = 0.49) shows that Kayakalp qualified PHC has not sustained and maintained the Kayakalp standards to attain the threshold score due to unknown reasons. The results show that the knowledge, attitude and practice among the staff was indifferent and same was true in the case of community as they have been found unhappy with the services, attitude and practices provided by this PHC. Though the PHC has good infrastructure in terms of labour room, landscaping and trained staff but due to the laxity of staff, non availability of USG machine, x-ray plant and other facilities, the PHC is not conducting normal deliveries. Overall, the PHC has not sustained the patient flow due to poor practices and services after the Kayakalp accreditation.

The non Kayakalp qualified PHC has also not achieved the satisfactory score (mean score = 0.17) in any aspect like hospital upkeep, sanitation, patient care and etc., due to the behavioral issues of medical officer, lack of awareness, knowledge, infrastructure and trainings about the Kayakalp Programme (table-7). During our interaction with the civil society, they were also found unhappy with the attitude, services and practices provided by this PHC. Further, it was found that the staff posted at this PHC does not have any knowledge and awareness about the Kayakalp standards like hospital upkeep, support services, hygiene promotion, biomedical waste management and patient satisfaction.

Although the t-value shows a significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) but the results shows that after receiving the Kayakalp certification, PHC has neglected the programme. The results clearly indicate that the Kayakalp qualified PHC has failed to sustain the Kayakalp standards up to the satisfactory level in hospital upkeep, management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and Safaiwalas and accordingly had

no good impact on the service delivery especially ANC patients while as the non Kayakalp qualified PHC also did not have good impression on the service delivery.

**Table 7: Mean Score of PHC Kachen and PHC Batwina of District Ganderbal:**

District	Parameters	Rating	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Ganderbal	Hospital Upkeep	0.076	0.61	0.22	t = 4.319 p = 0.001
	BMW Handling	0.25	0.50	0.12	
	Toilet inspection	0.14	0.42	0.21	
	Patient Satisfaction	0.062	<b>0.62</b>	0.22	
	Staff Nurses	0.038	0.52	0.12	
	Ward attendants	0.125	0.50	0.25	
	Laundry Staff	0.066	0.4	0.13	
	Safaiwalas	0.047	0.38	0.14	
	<b>Mean Score</b>			<b>3.95/8 = 0.49</b>	

#### **PHC Kunzer and PHC Boniyar of District Baramulla:**

The results (mean score = 0.52) shows that Kayakalp qualified PHC has not been able to maintain the Kayakalp standards to attain the threshold score due to the limited manpower and various administrative issues. The results show that the knowledge, attitude and practice among the staff like ward attendants, staff nurses and medical officers was not satisfactory and same was found true in case of patients as they were found unhappy with the services, attitude and practices provided by this PHC. Though the PHC has not a good infrastructure like USG machine, x-ray plant and nearby territory care health facilities (private health facilities), the PHC is conducting normal deliveries and this way the PHC has maintained the patient flow up to the satisfactory level. However, it was found that some section incharges have good knowledge especially immunization about their own job but have limited knowledge about the Kayakalp standards like hospital upkeeping, sanitation, hygiene promotion, support services biomedical waste management.

Further, the results (mean score = 0.88) shows that non-Kayakalp qualified PHC has maintained the Kayakalp standards in every aspect like hospital upkeeping, sanitation, infection control, support services and hygiene promotion. The PHC has developed various innovative methods like section wise trend analysis to focus on the targeted disease, elbow taping, spill management, advanced USG Machine, baby breast feeding corner, management of biomedical waste, section

swabbing, section-wise mobbing methods, ownership rights to section incharges and signages for the maintenance of Kayakalp standards. This way the PHC has maintained the hospital upkeep, sanitation, patient care, support services and hygiene promotion up to the satisfactory level.

The results show that the knowledge; attitude and practice among the staff is significant as patients have been seen highly satisfied with the services and behaviour of staff especially the medical officers and staff nurses which clearly indicate the service delivery of PHC has improved in terms of patient care, hygiene and infection control after the Kayakalp award (table 8). Despite the space constraint and bad conditions of the hospital building, the PHC is conducting normal deliveries on 24X7 basis though the PHC is located beneath the forest area with many challenges which clearly indicates, the patients have good faith on this health facility. During our interaction, the patients were found satisfied to visit this facility because of the availability of various facilities that include USG machine, x-ray plant, free medicines and the behaviour of the staff especially the staff nurses, gynecologist as well as medical officers.

The PHC has started an innovative mission to establish a '*Nursing Home*' and all the expectant mothers are taken in advance before few days of their expected delivery date and all the logistics are provided free of cost to them. The step was taken keeping in view the topography and hard to reach areas of the block. Even at times, during any eventuality the PHC is taking help from Army through *Air Ambulance* services for emergency cases like accidents, bad weather conditions because Bonyiar area is an accidental prone and climatically different area.

During an interaction with the patients, they were found highly satisfied with the attitude, services and practices provided by this PHC. During our interaction, the staff posted at this PHC was found to have good knowledge and awareness about the Kayakalp standards like hospital upkeep, support services, hygiene promotion, biomedical waste management and patient satisfaction.

The t-statistics shows the significant difference in two scores ( $H_0$ : Mean of Q < Mean of NQ) which clearly shows either the Kayakalp qualified PHC had neglected the programme once it was awarded or the external assessment team might have shown some leniencies in assigning the marks in order to encourage the PHC. This way our hypothesis gets rejected that the Kayakalp

qualified PHC has not sustained and maintained the Kayakalp standards above the satisfactory level in hospital upkeeping, management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and safaiwalas and accordingly have not a good impact on the service delivery especially ANC patients while as the results shows that non Kayakalp qualified PHC has been able to maintain the Kayakalp standards in every respect.

**Table 8: Mean Score of PHC Kunzer and PHC Boniyar of District Baramulla:**

District	Parameters	Rating	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Baramulla	Hospital Upkeep	0.076	0.53	0.91	t = - 4.64 p =0.001
	BMW Handling	0.25	0.50	0.87	
	Toilet inspection	0.14	0.42	0.85	
	Patient Satisfaction	0.062	0.56	0.86	
	Staff Nurses	0.04	0.68	0.92	
	Ward attendants	0.125	0.62	0.87	
	Laundry Staff	0.066	0.47	0.85	
	Safaiwalas	0.047	0.42	0.94	
	<b>Mean Score</b>		<b>4.2/8 = 0.52</b>	<b>7.07/8 = 0.88</b>	

#### **PHC Kandi and PHC Chogal of District Kupwara:**

The results (mean score = 0.77) shows that Kayakalp qualified PHC has sustained and maintained the Kayakalp standards up to the satisfactory level in most of the indicators like hospital upkeeping, sanitation, support services and hygiene promotion. The PHC has developed various innovative methods like section wise trend analysis to focus on the targeted disease, section swabbing, section-wise mobbing methods, ownership rights to section incharges and signages for the maintenance of Kayakalp standards. The results show the knowledge; attitude and practice among the staff are significant as patients have been seen highly satisfied with the services and behaviour of staff especially the medical officers and staff nurses which clearly indicate the service delivery of PHC has improved in terms of patient care, hygiene and infection control after the Kayakalp award (table 9). During our interaction, the patients were found satisfied with their visits this facility due to the availability of various facilities including: USG machine, x-ray plant, free medicine and the behaviour of staff nurses as well as the posted medical officers. Although, the PHC is not 24x7 designated but at times during any emergency like delivery or accidents, the PHC arrange and manages there time for the same which clearly indicates that the PHC has strength to manage any eventuality. Keeping this thing in mind, the

patients seemed to be happy with the services delivery of this health facility and accordingly had good impact on the service delivery after the Kayakalp award.

The non Kayakalp qualified PHC has not achieved the satisfactory score (score = 0.38) in any aspect due to the limited knowledge, reluctance of staff, structure of the hospital building, faulty drainage system and awareness about the Kayakalp programme (table 9). The PHC has good infrastructure in terms of labour room and immunization section but due to the nearby nursing home, the PHC is not conducting even a single normal delivery though the PHC has a dedicated female medical officer at this PHC with a functional labour room and other support staff. The staff nurses have good knowledge and awareness about their own activities as well as knowledge about the Kayakalp accreditation and its related components but due to the renovation of the drainage system and hospital building, the PHC does not able to maintain the Kayakalp standards like hospital upkeeping, sanitation, support services, patient load and hygiene promotion. During our interaction, patients as well as the society do not have good faith on this PHC due to poor sanitation, hygiene promotion and support services.

The t-value supports our results that there is a significant difference in two scores ( $H_0$ : Mean of Q > Mean of NQ) which clearly indicates that the Kayakalp qualified PHC has been able to maintain the Kayakalp standards above the satisfactory level in hospital upkeeping, management of biomedical waste, toilet inspection, patient satisfaction, ward attendants and Safaiwalas and accordingly have a good impact on the service delivery especially ANC patients while as the non Kayakalp qualified PHC do not have good impression on the service delivery due to their existing services like diagnostics, USG facility and x-ray facility.

**Table 9: Mean Score of PHC Kandi and PHC Chogal of District Kupwara:**

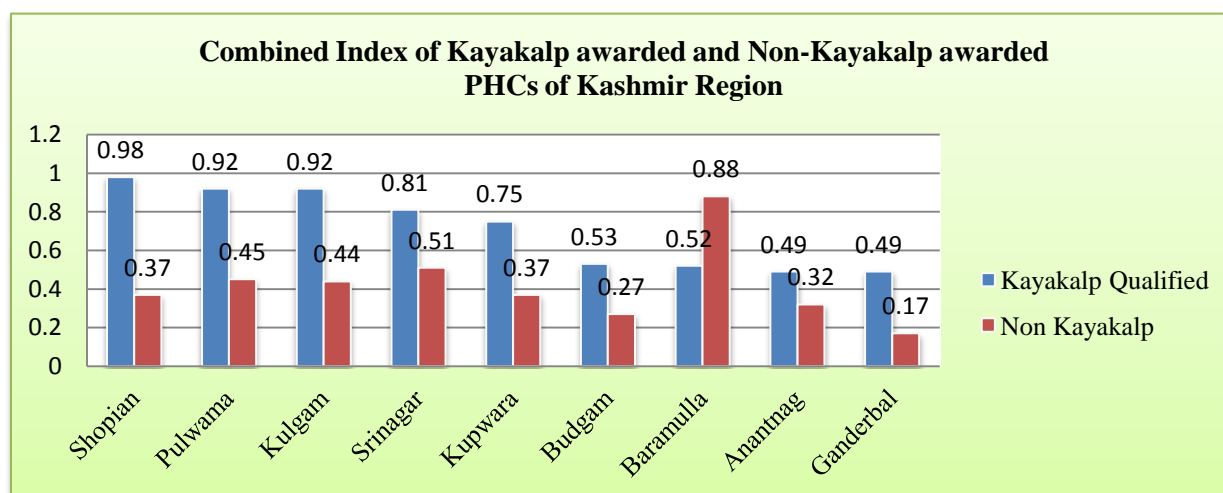
District	Parameters	Rating	Score of PHC		Sig.
			Kayakalp	Non Kayakalp	
Kupwara	Hospital Upkeep	0.076	<b>0.84</b>	0.38	<b>t = 5.41</b> <b>p = 0.000</b>
	BMW Handling	0.25	1.00	0.37	
	Toilet inspection	0.14	0.85	0.35	
	Patient Satisfaction	0.062	0.93	0.58	
	Staff Nurses	0.04	0.64	0.26	
	Ward attendants	0.125	0.75	0.37	
	Laundry Staff	0.066	0.54	0.36	
	Safaiwalas	0.047	0.61	0.42	
	<b>Mean Score</b>			<b>6.16/8 = 0.77</b>	



Thus, from the above analysis it has been concluded that those PHCs which are Kayakalp qualified have different scenario then those which have not been accredited for the same and that clearly indicates that ‘Kayakalp programme’ has a positive impression on the service delivery, attitudes, knowledge and practices of staff as well as patients though some of the PHCs have not sustained the Kayakalp standards in terms of hospital upkeeping, sanitation and hygiene, infection control, support services and hygiene promotion. The overall results (means score = 0.80) shows that around 80 percent of Kayakalp awarded Primary Health Centres are maintaining the Kayakalp standards while as around 47 percent of non Kayakalp Primary Health Centres are also maintaining for the same in which PHC Boniyar is leading one. However, we have developed a combined index of all the selected Primary Health Centres on the basis of performances with regard to their sustenance and maintenances of Kayakalp standards (table 10).

**Table 10: Combined Mean Score of Kayakalp and Non-Kayakalp Primary Health Centres.**

Districts	Kayakalp Awarded	Non Kayakalp Awarded	Ranks	Sig.
Shopian	0.98	0.37	R1	t = 3.15 p = 0.006
Pulwama	0.92	0.45	R2	
Kulgam	0.92	0.44		
Srinagar	0.81	0.51	R3	
Kupwara	0.75	0.37	R4	
Budgam	0.53	0.27	R5	
Baramulla	0.52	<b>0.88</b>	R6	
Anantnag	0.49	0.32	R7	
Ganderbal	0.49	0.17		
<b>Mean Score</b>	<b>6.41/8 = 0.80</b>	<b>3.78/8 = 0.47</b>	-	



PHC Sedow has topped the list and obtained the highest score of around 0.98 points on the basis of performance with rank one (R1) followed by PHC Wuyan and PHC Bugam with 0.92 points of rank two (R2) followed by PHC Hazratbal with 0.81 points of rank three (R3) followed by PHC Kandi with 0.75 points of rank four (R4) while as some of the PHCs have not achieved the threshold score due to their own inefficiency are PHC Ichagam which have acquired around 0.53 points with rank five (R5) followed by PHC Kunzer with 0.52 points of rank six (R6) followed by PHC Mattan and PHC Ganderbal with 0.49 points of rank seven (R7). The PHCs which have not achieved the threshold score clearly indicates these PHCs have neglected the programme once it was awarded or the external assessment team might have shown some leniencies in assigning the marks in order to encourage them.

Although, non Kayakalp PHCs have not shown any remarkable performance either in maintaining the sanitation, hospital upkeeping, and hygiene promotion but some of the non Kayakalp PHC have shown better performance on the basis of their service delivery, patient load, sustaining and maintaining of Kayakalp standards in terms of hospital upkeeping, sanitation and hygiene, waste management, infection control, support services and hygiene promotion. Of these PHCs, PHC Bonyiar has shown an excellent and outstanding job in maintaining the hospital upkeeping, sanitation, waste management, infection control, support services and hygiene promotion (table 10). This PHC has gained the interest and faith of patients through innovative methods like air ambulances services for accidental patients, special nursing ward for ANC patients, free ambulance services for general patients, advanced facilities like USG, x-ray facility and many more. During our interaction, paramedical staff as well as the administrative staff seemed to have enough knowledge about the Kayakalp standards and they found eager to start conducting c-section deliveries though they do not have availability of designated OT.

The second objective of the present study is to assess as to what extent the Kayakalp awarded PHCs are efficient in service delivery compared to those which have not qualified for the same. The idea to include this objective in the study is to know whether all the Kayakalp qualified PHCs are efficient in service delivery throughout the year or neglect the programme once they have been awarded. We have identified some of the measurable indicators to assess the impact of the programme and these indicators include; change in the annual patient load, annual delivery load, annual ANC registration, family planning services, immunization, diagnostics services, and improvement in the health staffs, trainings of the staff, safety measures such as staff received injection against tetanus and hepatitis-B, NCD screening, patient satisfaction and community involvement etc. The information on these variables has been taken from health management information system (HMIS) and the required information has been collected for two points of time i.e., for 2021-22 and 2022-23.

#### **Impact of Kayakalp on service delivery:**

The patient load and delivery services would increase if the hospital is hygienic and clean, staff is competent and friendly and services are ensured. There has been an increase in the annual patient workload of the visited Kayakalp qualified health facilities and the highest load of patients was recorded in PHC Kunzer followed by PHC Hazratbal, Bugam, Mattan and PHC Kachen. There has been an improvement with respect to the annual delivery load and the highest load has been recorded in PHC Hazratbal followed by PHC Kunzer though these PHCs have space constraint as well as shortage of manpower while as the least deliveries load was noticed in PHC Bugam followed by PHC Sedow and PHC Mattan.

However, some of the non Kayakalp qualified PHCs are conducting normal deliveries on 24X7 basis in which PHC Boniyar is leading followed by PHC Saller. The performance of in-patient load including normal deliveries has shown an increasing trend (around 13 percent) during 2020-23 in most of the Kayakalp Qualified PHCs of Kashmir region. However, some PHCs have shown low performance on these indicators due to the fact that the semi-urban high risk/precious delivery mothers preferred to deliver in territory care hospitals or would like to visit the private nursing homes for their deliveries. In this case, PHC Mattan, PHC Bugam, PHC Sedow, PHC

Ichagam, PHC Kandi and PHC Kachen are located nearby higher level health facilities. Therefore, patient load and delivery loads are distributed among nearby located higher level health facilities.

There has been an increase in the annual patient workload with respect to ANC registration among the visited Kayakalp qualified health facilities and the highest load of ANC patients (around 17 percent over the period of time) was recorded in PHC Hazratbal followed by PHC Kunzer, Bugam, Sedow, PHC Mattan and PHC Kachen. During our interaction, ANC patients were found satisfied with the services during their visit to PHC Hazratbal, PHC Bugam, PHC Wuyan and PHC Sedow due to the available facilities like USG, free medicine, behaviour of gynecologist, behaviour of nursing staff and arrangements like waiting area etc. There has also been an improvement with respect to the family planning service and the highest load (around 56 percent over the period of time) has been recorded in PHC Hazratbal followed by PHC Mattan followed by PHC Bugam and PHC Kunzer which clearly indicates that these PHCs have put the choice of basket available at various places of PHC while as the least family planning services load have been noticed in PHC Sedow followed by PHC Ichagam and PHC Kandi. However, the family planning services are also available at the selected non Kayakalp qualified PHCs and the highest load (around 7 percent over the period of time) was seen in PHC Boniyar followed by PHC Saller and PHC Vehil while as no other PHC have kept the choice of basket available in any area of their premises which clearly indicates that these PHCs have not shown any increasing trend over the period of time in providing planning services available.

In case of immunization, the selected Kayakalp awarded PHCs have shown an increasing trend in immunization process and it has also be seen that immunization section incharges have good knowledge about the various components of immunization compared to non Kayakalp awarded PHCs. There has been around 23 percent increase in immunization process in case of Kayakalp awarded PHCs while as only 3 percent increase has been seen in case of non Kayakalp awarded PHCs. The highest increase in percentage has been observed in PHC Hazratbal followed by PHC Kunzer and PHC Mattan. However, some non Kayakalp awarded PHCs have also shown a remarkable progress and the highest increase in percentage has been shown in PHC Boniyar followed by PHC Saller and PHC Vehil.

The non-communicable diseases programme has been followed by all the selected Kayakalp awarded PHCs and have shown a remarkable progress in the screening process of NCDs. The highest target has been achieved by PHC Hazratbal followed by PHC Kandi and PHC Sedow while as the non Kayakalp awarded PHCs have not shown any progress due to the laxity and reluctance of the concerned staff. However, PHC Boniyar has completed the target well in time which clearly indicates that the PHC Boniyar has a dedicated staff while as all other non Kayakalp awarded PHCs have not shown any interest in this regard.

### **Impact of Kayakalp on Staff:**

Most of the staff members have received trainings on various components of Kayakalp due to which their knowledge, attitude and practices have improved on hygiene, infection control and patient care and this has led to the improvement in their health promotion practices after the Kayakalp award. During our interactions, most of the paramedical staff said that there has been a significant improvement in their quality of service, attitude, knowledge and practices about the hygiene promotion practices. The highest increase in hygiene promotion was observed in PHC Bugam followed by PHC Wuyan, Sedow, Hazratbal, PHC Kandi, Ichagam, Kunzer and followed PHC Kachen. However, PHC Boniyar staff seemed to have excellent knowledge about the Kayakalp programme although the PHC has not qualified Kayakalp due to some unknown reasons. During an interaction, most of the staff viewed that before launching the Kayakalp, staff of the PHC had inadequate knowledge on hygiene and following faulty hygiene practices, nobody was monitoring the cleaning work, and also no health checkup and regular vaccinations programme for the health staff. After the implementation of Kayakalp programme, the staff got trained and their knowledge has improved on hygiene promotion, hospital upkeeping, sanitation and hygiene, infection control, support services and biomedical waste etc. Moreover, regular health checkup and vaccination are being done for PHC staff and the staff is providing better services to the patients.

### **Views of Staff on Kayakalp Program:**

The opinion of staff was captured on different components to assess the improvement before and after the Kayakalp award on branding, infrastructure maintenance, biomedical waste management, pest control, infection control, maintenance of open area and signage. The staff viewed that before the implementation of Kayakalp there was no pest control mechanism – no

mosquito nets, no pesticides, no rat traps, no messed window, stray animals used to graze in and around the PHC area. Pests are under control now as rat traps, and pesticides, messed windows and mosquito nets are available in the PHC. In practicing the pest control, PHC Wuyan is the leading one followed by PHC Bugam, PHC Sedow, PHC Hazratbal and PHC Ichagam.

The staff members reported that the infrastructure maintenance was poor before the implementation of Kayakalp – chipped and blemished walls, damaged rooftops, no decent sitting arrangement for the patients as well as to the staff, no immediate repair of broken furniture like tables, chair, selves and instruments, no drainage facility, no cleaned washrooms etc., however, after the accreditation condition of PHCs changed drastically. Well plastered and painted walls, modern furniture and fixture, immediate repairing facility, electricity backup facility, proper drainage etc are available now. By doing so, PHC Wuyan is leading one followed by Bugam, Sedow, PHC Hazratbal, PHC Kandi, PHC Ichagam and PHC Kachen.

During our interaction with the staff at various PHCs, they reported that the regular disposal of biomedical waste and treatment of the same before Kayakalp implementation was not in practice, no segregation of waste was done and no colour coded bins and liners were available. Further, they reported that the staff had low knowledge on biomedical waste management and the segregation of biomedical waste was being done at waste generation point only but after the implementation of Kayakalp, colour coded bins, liners and PPE are available at each health facility to manage the biomedical waste and other related protocols. The staff has been trained in biomedical medical waste management and infection control at all levels. Now all the Kayakalp accredited PHCs are adhering to BMW protocols and among these, PHC Hazratbal is leading one followed by PHC Sedow and other accredited PHCs. However, it was found that some non Kayakalp PHCs are also adhering the BMW protocols especially PHC Boniyar, Nishat, Saller and PHC Chogal.

The staff viewed that before the Kayakalp implementation, no unidirectional mopping system was in practice, three bucket system didn't exist, only one mop was being used to clean the entire hospital area, preparation of disinfectant solution was not scientific, only one time mopping used to take place, nobody was monitoring the cleaning work, cleaning work was not being documented, there was no spill management kit, low knowledge on spill management and infection control among the staff, use of gloves was hardly done and single gloves was being

used to conduct procedure for multiple patients. At present, staff members are practicing unidirectional wet mopping, using three bucket system for mopping, using different mops for high risk area and low risk area, disinfection solution are being prepared as per the protocol, adequate cleaning materials and disinfectants are ensured, standard quality disinfectants are available, mopping the floors is being done two-three times a day, spill management kit is available, medical staff is using disposable gloves for conducting the procedures.

The staff also reported that there were lot of weeds and untrimmed trees and plants in the PHC area and no herbal garden used to have in earlier days. The families which were staying near to the PHC used to dump the household waste in open area and also used it for defecation as compound wall for health facilities were non-existent. At present, regular weeding and trimming of branches of trees and plants is being done. Utilization of hospital area for private use has been stopped as compound walls have been built. Front area is looking good as herbal garden has been developed. The parking palace is made available now. The staff further reported that in earlier days only few boards or direction marks or IEC material was displayed on the walls of the health facility but after the Kayakalp implementation uniform signage is available in each Kayakalp accredited health facility in which PHC Wuyan is leading one followed by PHC Bugam, PHC Sedow, PHC Hazratbal, Kandi, Ichagam and PHC Kachen.

During the exit interviews with the service seekers of the visited health facilities, it was found that around 79 percent of patients have excellent opinion on the behavior of hospital staff particularly the posted Medical Officers, staff nurse and other section incharges while as around 89 percent of patients viewed that the conditions of PHC building, cleanliness of in-patient waiting area, control of stray animals inside the hospital boundary, general waste management and lighting arrangement in PHC area as maintained well. Overall, majority of interviewed patients expressed excellent opinions on almost all the services and arrangements available at the PHCs. They did not express their opinions on the services which they have never utilized such as ambulance services, beds, washrooms, etc.

### **Impact of Kayakalp on Community:**

The posted staff of various Primary Health Centres viewed that the participation of community members in attending the health programmes were limited before the implementation of Kayakalp programme and they used to avoid their participation in various activities which were

being carried out by these Primary Health Centres. The PHCs staff, however, said that their frequency of visit to primary Health Centres have increased after the implementation of the programme, they are now voluntarily visiting the health facilities and monitoring the activities particularly the cleanliness and they are extending their necessary help too in terms of money. The staffs opined that community member's impression about Primary Health Centres have changed positively after the implementation of Kayakalp programme. PHC Bugam received around rupees five lakh from the Panchayat while as PHC Wuyan received around rupees one lakh from the community for the development of the PHC. On the basis of above analysis, the selected PHCs have been categorized on the basis of their performance with regard to the service delivery, knowledge, attitude, practice, sustenance and maintenance of Kayakalp standards. The categories are as:

The first group of PHCs which have maintained most of the Kayakalp themes as per the protocol and took the Kayakalp a serious component of quality assurance that lead to the increase in patient load, knowledge, attitude and practice among the paramedical staff including the supporting staff and the posted medical officers (table 11). The second category of PHCs which have not maintained the themes of Kayakalp as per the protocol and took the Kayakalp a non serious activity with regard to the quality assurance and lead to the decrease in knowledge, attitude and practice among the paramedical including the supporting staff and posted medical officers (table 11).

**Table – 11: First and Second Category of Kayakalp awarded Primary Health Centres:**

Name of PHC	Rank	Kayakalp Status	Status of Service Delivery	Category
Hazratbal	R1	✓	✓	Category–I
Bugam	R2	✓	✓	
Sedow	R3	✓	✓	
Wuyan	R4	✓	✓	
Kandi	R5	✓	✓	
Kunzer	R1	Not satisfactory	✓	Category–II
Mattan	R2	Not satisfactory	Satisfactory	
Ichagam	R3	Average	Average	
Kachen	R4	Below Average	Not satisfactory	

Note: ✓ = Highly satisfied

The third category of PHCs which have potential to maintain the themes of Kayakalp as per the protocol but could not qualify for the same due to their own limitations and took the Kayakalp a



serious activity of quality assurance and lead to the increase in patient load, knowledge, attitude and practice among the paramedical staff including the supporting staff and posted medical officers (table 12). The fourth groups of PHCs have neither sustained their standard with regard to the quality assurance nor have maintained their patient load due to the lack of coordination and reluctance of the staff or simply this group is not interested in quality assurance programmes. This lead to the decrease in knowledge, attitude and practice among the paramedical including the supporting staff and posted medical officers and accordingly their work load automatically decreased (table 12).

**Table – 12: Third & Fourth Category of non Kayakalp awarded Primary Health Centres.**

Name of PHC	Rank	Sanitation/Hygiene	Status of Service Delivery	Category
<b>Boniyar</b>	R1	✓	✓	<b>Category–III</b>
<b>Saller</b>	R2	Below average	✓	
<b>Vehil</b>	R3	Below Average	Average	
<b>Tuhab</b>	R4	Average	✓	
<b>Nishat</b>	R5	Satisfactory	Average	
<b>Batwina</b>	R1	Below Average	Below average	<b>Category–IV</b>
<b>Dad-Ompora</b>	R2	Average	Below average	
<b>Katrasoo</b>	R3	Average	Average	

Note: ✓ = Highly satisfied

Overall, it is concluded that all the selected Kayakalp awarded PHCs have shown a remarkable increasing trend in most of the service delivery indicators while as the non Kayakalp awarded PHCs have not shown any progress in various service delivery indicators. However, some of the non Kayakalp awarded PHCs are conducting normal deliveries on 24X7 basis which shows their strength and therefore these PHCs may be provided some guidance and awareness about Kayakalp programme so that they may be able to qualify for the same.

It can also be concluded that there has been an improvement in most of the supporting services like hospital upkeeping, hygiene, supporting services, infection control, patient care etc., which clearly indicates that the implementation of Kayakalp programme has improved the overall working conditions of selected PHCs of Kashmir region though some of the PHCs were found unable to maintain the Kayakalp standards due to their own limitations like limited human resource and heavy load of patients.

One of the objectives of this study is to assess the innovative and good practices adopted by the Kayakalp accredited PHCs in compliance with the Kayakalp as compared to those PHCs who have not qualified for the same. The idea to include this objective in the study is to know whether the qualified PHCs have developed the sense for innovation and good practices in compliance with the Kayakalp throughout the year or neglected the programme once they have been awarded. The innovations and good practices developed by the Kayakalp accredited primary health centres were observed during the field study. Some of the good practices of these primary health centers are discussed below:

Some good practices that were found to be in vogue due to Kayakalp included the linen management, innovative water treatment plant, local body engagement, recycling of waste products, managing unusable things, Innovative patient centric services, makeshift fencing using inexpensive products and eco friendly utilization of natural resources . it was found that Kayakalp implementation has generated a culture of healthy competition among the healthcare facilities like getting an award under Kayakalp maintenance health standards and standing out on the top among other similar health facilities.

The adequate IEC material was found exhibited at appropriate locations in the healthcare facilities. Besides IEC material regarding the health programmes, enough material was also found regarding water conservation, Swatch Bharat Abhiyaan, infection control protocols and bio-medical waste management. The informative posters signaling the possibilities of health hazards and constructive habits have added a good dimension to the health facility.

The PHC Bugam has installed an LED screen to display the awareness about non communicable diseases (NCDs) which gives an informative message to the common people regarding the care in a local language which is easily understandable to illiterate population also.

The environment of PHCs has become more patient-friendly due to directional signage. Following the programme implementation, directional signage in the public healthcare facility has remarkably improved and consequently improving the health outcomes and overall service quality. For instance directional signages help users to make sense of where they are and how to

get to the place they are looking for. Therefore, improved hospital design can reduce stress of both patients and staff, increase efficacy of care and improve patient convenience. PHC Bugam, PHC Wuyan and PHC Sedow were found unique in signage and IEC material.

The Kayakalp programme has led to cleanliness as well as safety i.e., animal control and abandoned building modification into good buildings. PHC Bugam, PHC Wuyan, PHC Kandi and PHC Hazratbal have established a fire prevention system and all the staff members of these health facilities were properly trained about the safety measures.

The concept of herbal garden came with Kayakalp as observed in all the visited health facilities. PHC Wuyan, PHC Sedow, PHC Kandi and PHC Hazratbal are unique for their extensive greenery in the entire facility. The PHC Wuyan used to install green plant pots in corridors which gives beautification of interiors of the hospital building and also gives a good feeling to all the patients while visiting.

The employees are fully utilizing natural resources such as land in an efficient eco-friendly manner, for instance there has been around 56 percent utilization of open space into plantation of various kinds (medicinal and flowering plants) including well developed kitchen garden. This has helped to imbibe among patients a good feel.

The PHC staff forms the backbone for proper implementation of any programme. In this connection training of the staff members is crucial for swift delivery of services. The Kayakalp programme has served as a boon for essential training particularly with respect to cleanliness, Infection control, waste management and hygiene promotion. Reorientation of staff has led to better understanding of newer practices. Staff members were found better equipped with knowledge of proper hand washing, BMW segregation, use of PPE, use of ETP in lab, spill management and implementation of 5s (sort, straighten, standardize, shine, & sustain). Dress code, use of ID card and co-operation among staff members was observed as an additional good practice due to the said programme.

The documentation and record maintenance has improved considerably following the launch of the programme. Registers of the different sections were properly maintained and screened by the respective personnel on a daily basis.

In the earlier times, there was less awareness regarding waste segregation especially at the lower level healthcare facilities and they used to club all the waste into one bin with little provision for management of bio-degradable products. Following the programme implementation waste management has improved tremendously and all the Kayakalp awarded facilities have now color coded (suited for different categories of wastes) bins at multiple locations.

The PHCs have attained a higher standard of cleanliness as well as services after Kayakalp implementation. With the launch of the programme most of the facilities were found to be using three bucket system (unidirectional floor mopping) for cleanliness. Regular and appropriate training for cleaning and mopping have led to more awareness and knowledge generation among the staff members thereby ensuring a clean environment.

Measurable improvement in infection control in the form of hand hygiene, PPE, spill management, implementation of SoPs, infection control audit, SWAB culture (Surveillance), BMW Shed, proper disposal of waste, cent percent bacteria free ETO Sterilization installation have been achieved due to Kayakalp implementation. Besides, regular monitoring of the above mechanism has further strengthened infection control and hygiene promotion in the health facilities. *PHC Bugam has developed a color coded signage in order to guide the illiterate clients. The patients are being told to follow a particular color to reach a particular section of the health facility and in this regard, patients who visit the health facility were found satisfied with this innovative idea.*

*Thus, from the analysis, it is concluded that the Kayakalp Programme has been implemented in a very systemic way in the union territory and accordingly this programme has given a new sense to health facilities with regard to the patient care, sanitation and hygiene and other related activities like herbal garden, signage, support services etc.*

### **Innovative and Good Practices:**

PHC Hazratbal and PHC Wuyan designed their own water treatment plants in order to facilitate effective drainage as well as water harvesting system. To prevent blockage of the solid residue from the waste water, finer iron mesh has been fitted for the purpose which is removable and cleaned when necessary. In addition, as a preventive measure of water coming out from back pipe of ACs, PVC pipe fitting has been done so that the outgoing water directly gets inside the

drainage system. In order to efficiently utilize waste management, the PHCs have converted waste water tanks into planters. Further, PHC Hazratbal has maintained changing of bed sheet of varied colors on day to day basis in accordance to the standard procedure which helps in boosting the psychological health of the patients, thereby ensuring their speedy recovery. The PHC has installed a breast feeding corner with cradle and Yoga corner with required facilities at a specific place though the PHC has space constraint.

PHC Bugam has taken an innovative initiative by collaborating with the PRI members as well as with local body members to improve outer as well as inner safety of the health facility. The PHC Bugam has established a baby breast feeding corner with required facilities in the immunization section though the PHC has a space constraint. The breast feeding corner is decorated with different baby toys and a cradle. PHC Sedow is unique for its extensive greenery throughout the entire facility. It was also observed that, employees are fully utilizing natural resources such as land in an efficient eco-friendly manner.

The landscaping and beautification of Chinar trees, gives a unique identity to PHC Mattan in terms of sense of relief to the patients who visit this health facility. Further, PHC Kandi has a good practice with respect to monitor the sanitation, hygiene and support services as they use social media to attract the patient about the sanitization and services available by uploading pictures of these facilities.

Therefore, it is concluded that the Kayakalp programme has developed an innovative concept with regard to n number of activities like rain water harvesting, herbal garden, local body involvement, and signage with regard to the illiterate patients, mobbing and moping exercise, three bucket system and condemnation of junk material.

**K**ayakalp is extremely a good initiative to improve the hygiene and reduce the infection chances among the public health facilities. As it was proved during our survey that the programme has succeeded in bringing out large number of positive changes in health institutions and it was also noticed that few health institutions are not showing interest to compete for commendation awards due to the limited human resource, knowledge, awareness, and other related issues. However, it can prove beneficial if all the health institutions would come forward to participate and show interest in developing their health facilities on the line of Kayakalp.

Most of the Kayakalp awarded PHCs have shown an excellent performance in sustenance and maintenance of Kayakalp standards and have increased their services deliveries in most of the health indicators while as some of the Kayakalp awarded PHCs were not able to sustain the Kayakalp standards due to their own limitations like limited human resources, administrative setup and late release of funds. However, by and large, almost all the selected Kayakalp awarded PHCs were found better than ever before and their overall shape was found to be totally different in service delivery compared to the non Kayakalp awarded PHCs in the UT.

The staff members viewed that before the implementation of Kayakalp, most of the health facilities were not adhering the standard procedures with respect to hygiene, infection control, hospital upkeeping, support services, biomedical waste management, signage and other related activities but after the implementation of Kayakalp, everything has under gone a positive change in terms of changed hygiene, infection control, patient care, service delivery etc. This has lead to increase in patient load and simultaneously community participation in most of the health programmes has increased manifold. Even at times, community provides the financial support to the health facilities for upgrading the things.

Although, most of the selected Kayakalp awarded PHCs have shown a remarkable increasing trend in most of the service delivery indicators while as the non Kayakalp awarded PHCs have not shown any progress in various service delivery indicators. However, some of the non

Kayakalp awarded PHCs are conducting normal deliveries on 24X7 basis which shows their strength and therefore these PHCs need to be provided with some guidance and awareness about Kayakalp programme so that in future they may be able to qualify for the same.

Implementation of Kayakalp programme has brought a remarkable change with regard to knowledge, attitude and practice among the staff nurses, ward attendants, safaiwalas, kitchen staff, laundry staff and posted medical officers. There has been an improvement in most of the supporting services like hygiene, infection control etc., which clearly indicates that the Kayakalp programme has been implemented well in the selected PHCs though some of the PHCs were unable to sustain the Kayakalp standards due to their own limitations.

Although, non Kayakalp PHCs have not shown any remarkable performance either in maintaining the sanitation, hospital upkeep, and hygiene promotion but some of them have shown good performance with respect to their service delivery, patient load, and other service delivery indicators. Of these, PHC Bonyiar has shown good performance in maintaining the hospital upkeep, sanitation, waste management, infection control, support services, patient care and hygiene promotion. This PHC has earned the faith of community through innovative methods like air ambulances services for accidental patients, special nursing ward for ANC patients, free ambulance services for general patients, facilities like USG, x-ray facility etc.

### **Suggestions:**

In compliance with the above mentioned analysis, some of the suggestions have been deduced in line with the maintenance and sustenance of Kayakalp standards. These suggestions may be helpful in further improving and upgrading the Kayakalp standards.

In order to maintain and sustain the Kayakalp standards, a sanitary inspector need to be posted in each medical block to regularly monitor and could train the concerned staff about the various components of Kayakalp programme.

In order to sustain the Kayakalp standards, it is suggested that a senior staff member of each section in the health facility needs to be made responsible for maintaining the standards in their respective sections and should be made answerable to the head of the health facility.

Lack of coordination between the NHM staff and regular staff was clearly observed at various places with respect to the implementation of Kayakalp and in this regard, it is suggested that the

incharges of PHCs need to create strong environment of working together among the staff members so that process for Kayakalp accreditation can be smoothly done.

Some non Kayakalp awarded PHCs have strength to qualify the Kayakalp but due to lack of awareness, knowledge, and laxity of few staff members, they could not qualify. In this regard, it is suggested that an expert team may be constituted so that they can train and aware the concerned staff about the Kayakalp programme and motivate them for accreditation.

It is also suggested that some minimum yearly maintenance amount may be provided to the awarded PHCs so that it will be possible for them to sustain the system in a better way.

There is a need for regular orientation and trainings of health care providers for qualification in final assessment as Peer assessment is an integral component of internal validation of scores along with shared experiences, identified gaps and innovations for further improvement at all institutions.



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## IMPACT ASSESSMENT OF KAYAKALP ON THE SERVICE DELIVERY: A CASE STUDY OF PRIMARY HEALTH CENTRES (PHCS) IN JAMMU & KASHMIR

### (Observation Checklist/Schedule)

The present study is being conducted by Population Research Centre (PRC), University of Kashmir and is being sponsored by the Ministry of Health & Family Welfare (MoHFW), Govt., of India. The checklist has been prepared under the consideration to **observe the sustenance and maintenance of hospital upkeep, sanitization and hygiene, waste management, infection control, support services and hygiene promotion among the selected Kayakalp Qualified Primary Health Centres (PHCs) of Kashmir province in comparison to Primary Health Centres (PHCs) which have not qualified for the same.**

**Note:** - Each question should be rated as 0, 1, 2 pattern:

**Rating:** 0 = No answer; 1 = Partial answer; and 2 = Complete answer.

S. No	Demographic Indicators of PHC	Responses
1.	<b>Date of visit</b>	
2.	Name and contact number of the Incharge:	Name: ..... Contact No.: .....
3	Name and contact number of BMEO:	Name: Contact No.
4.	Name of PHC visited:	
5.	Number of villages covering:	
6.	Number of SCs under this PHC:	
7.	No. of ASHA workers under this PHC:	
8	Population of catchment area of this PHC:	
9.	Kayakalp Accredited PHC:	

#### A. Rating of Housekeeping: (Total max score = 12):

S. No.	Areas of the PHC	Excellent (2)	Good (1)	Poor (0)
1	Circulating area like Floors; Corridors, Lobby Stairs/ramp, waiting area, OPD area.			
2				
3	Walls; Furniture; Doors; and Windows.			
4				
5				
6				
7	Landscaping and open area;			
8	Appearance and infrastructure;			
9.	Procedure areas like Dressing room;			

	injection room;			
10	Labour room and immunization			
11.	Lab and Pharmacy			
12.	Office, meeting room, staff room and record room.			
13.	IEC and Dress code of staff			
<b>Total</b>				
	<b>Weightage =</b>			

**B. Rating of BMW Handling: (Total max score = 8):**

S. No.	Areas	Excellent (2)	Good (1)	Poor (0)
1	Segregation; and			
2	Collection.			
3	Labeling; and			
4	Transport.			
<b>Total</b>				
	<b>Weightage =</b>			

**C. Rating of Toilet Inspection (Total max score = 14):**

S. No.	Areas	Excellent (2)	Good (1)	Poor (0)
1	Cleaning;			
2	Lighting;			
3	Availability of water;			
4	Conditions of doors;			
5	Floors of the toilet;			
6	Wash basins;			
7	Toilet pains; and etc.			
<b>Total</b>				
	<b>Weightage =</b>			

**D. Checklist for Patient's satisfaction: (Total max score = 30)**

S. No	Patient's rate on	Excellent (2)	Good (1)	Poor(0)
1	Cleanliness around PHC;			
2	Signage in PHC;			
3	Conditions of building;			
4	Painting;			
5	Parking Facility;			

6	Cleanliness in waiting area;			
7	Presence of stray animals in PHC area;			
8	Pest control;			
9	Elimination in PHC;			
10	Clean bedding;			
11	Cleanliness in toilets;			
12	Availability of waste bins at waiting area;			
13	Cleanliness maintained by fellow patients;			
14	Behaviour of doctors;			
15	Behaviour of staff nurses;			
16	Behaviour of other staff.			
<b>Total</b>				
<b>Weightage =</b>				

### E. Checklist for Staff Nurses: (Total max score = 52):

S. No	Statements	Rating		
		0	1	2
1	Is the staff aware about cleaning schedule and activities?	0	1	2
2	Is the cleaning staff aware about frequency of cleaning in a day? Are cleaning records verified with Housekeeping records?	0	1	2
3	Is staff aware of how to manage small spills and what is the availability of spill management Kit?	0	1	2
4	Is staff aware of management of large spills?	0	1	2
5	Does staff know how to make Chlorine solution?	0	1	2
6	Does staff know when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid?	0	1	2
7	Do they check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes?	0	1	2
8	Do they check adequate Contact Time for decontamination?	0	1	2
9	Are Floors, walls, furniture and fixture are thoroughly cleaned once in	0	1	2

	a week?			
10	Are furniture & fixtures are without grease and dust and cleaned daily?	0	1	2
11	Are auxiliary areas cleaned at least twice in the day with wet-mop?	0	1	2
12	Is staff aware of use of gloves, when to use (occasion) and its type?	0	1	2
13	Does staff know correct method of wearing and removing gloves?	0	1	2
14	Does staff know correct Method of wearing mask and cap?	0	1	2
15	Is the Staff aware of Standard Precautions?	0	1	2
16	Does facility staff know to demonstrate 6 steps of normal hand wash?	0	1	2
17	Does staff know about the situations, when hand wash is mandatory? (5 steps of hand washing).	0	1	2
18	Does the staff use gloves during examination, and while conducting procedures?	0	1	2
19	Does cleaning staff use correct concentration of cleaning solution?	0	1	2
20	Does staff use Three bucket system for cleaning?	0	1	2
21	Is the Staff aware of Mercury Spill management?	0	1	2
22	Do they know the need of solid waste segregation?	0	1	2
23	Do they know the use of blue/green colour dustbin?	0	1	2
24	Do they know the correct procedures for biomedical waste segregation, collection, labeling, transport and disposal?	0	1	2
25	Are they aware of restraining protocol?	0	1	2
<b>Total</b>				
	<b>Weightage =</b>			
<b>F.</b>	<b>Checklist for ward attendants: (Total max score = 16):</b>	<b>Rating</b>		
1	Do they know the need of solid waste segregation?	0	1	2
2	Do they know the use of blue/green colour dustbin?	0	1	2
3	Do they know the correct procedures for biomedical waste segregation, collection, labeling, transport and disposal?	0	1	2
4	Is the staff aware about cleaning schedule and activities?	0	1	2
5	Is the cleaning staff aware about frequency of cleaning in a day?	0	1	2
6	Are they aware of restraining protocol?	0	1	2
7	Does facility staff know to demonstrate 6 steps of normal hand wash? Ask them to demonstrate.	0	1	2
8	Do they know the correct procedures for biomedical waste segregation, collection, labeling, transport and disposal?	0	1	2
<b>Total</b>				
	<b>Weightage =</b>			

G.	Checklist for Laundry staff: (total max score = 30):	Rating		
		0	1	2
	Whether the laundry staff:			
1	knows about the details of the stock;	0	1	2
2	wears their personal protective equipment;	0	1	2
3	Knows about correct procedure of collection, transport and storage of used linen;	0	1	2
4	collect dirty and infected/soiled separately;	0	1	2
5	maintain daily records for collection of linen;	0	1	2
6	treat the infected soiled linen with 5% bleaching powder for 30 min before the general washing process;	0	1	2
7	knows about the machinery and their use;	0	1	2
8	knows to repair linen if damaged;	0	1	2
9	knows what is to be done with irreparable clothes;	0	1	2
10	correct procedure of delivery to the wards;	0	1	2
11	knows hand washing techniques;	0	1	2
12	knows the segregation and disposal of waste materials;	0	1	2
13	Maintain records of linen collected, damaged, delivered and disposed;	0	1	2
14	Knows that the mattresses and pillows with plastic covers should be wiped over with a neutral detergent;	0	1	2
15	Knows that the hospital should have fixed schedule for the collection of linen from different areas of the hospital.	0	1	2
<b>Total</b>				
	<b>Weightage =</b>			
H.	Checklist for Safaiwala: (Total max score = 42):	Rating		
		0	1	2
1	Is the staff aware about cleaning schedule and activities?	0	1	2
2	Is the cleaning staff aware about frequency of cleaning in a day?	0	1	2
3	Is staff aware of how to manage small spills?	0	1	2
4	Is staff aware of management of large spills?	0	1	2
5	Does staff know how to make Chlorine solution? Ask them to demonstrate?	0	1	2
6	Does staff know when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid?	0	1	2
7	Do they check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes?	0	1	2
8	Do they check adequate Contact Time for decontamination?	0	1	2

9	Are Floors, walls, furniture and fixture are thoroughly cleaned once in a week?	0	1	2
10	Are Furniture & Fixtures are without grease and dust and cleaned daily?	0	1	2
11	Are Auxiliary Areas cleaned at least twice in the day with wet-mop?	0	1	2
12	Do they know about PPE kit and its use?	0	1	2
13	Are staffs aware of the use of gloves, when to use (occasion) and its type?	0	1	2
14	Does staff know correct method of wearing and removing gloves?	0	1	2
15	Does staff know correct Method of wearing mask and cap? Ask them to demonstrate.	0	1	2
16	Is the Staff aware of Standard Precautions?	0	1	2
17	Does facility staff know to demonstrate 6 steps of normal hand wash? Ask them to demonstrate.	0	1	2
18	Does staff know about the situations, when hand wash is mandatory? (5 steps of hand washing).	0	1	2
19	Does the staff use gloves during examination, and while conducting procedures? Ask them to demonstrate.	0	1	2
20	Does staff know the use of Three bucket system for cleaning? Ask them to demonstrate.	0	1	2
21	Do they know the correct procedures for biomedical waste segregation, collection, labeling, transport and disposal?	0	1	2
<b>Total</b>				
	<b>Weightage =</b>			
<b>I.</b>	<b>Checklist for kitchen staff: (Total max score = 30)</b>	<b>Rating</b>		
	Do they know?			
1	The standard precaution;	0	1	2
2	Maintain appropriate self hygiene;	0	1	2
3	Their vaccination status;	0	1	2
4	About their three monthly medical examination?	0	1	2
5	Do they wear apron, mask, cap, gloves etc., before cooking?	0	1	2
6	To store all the food properly and at appropriate temperature?	0	1	2
7	To maintain records for waste material generated and disposed?	0	1	2
8	To maintain records of cleaning of the drains?	0	1	2
9	To clean the area before and after cleaning?	0	1	2
10	To maintain records of cleaning of the equipment.	0	1	2



11	To clean the table for preparation of food.	0	1	2
12	To clean all the cooking equipment after use?	0	1	2
13	To clean the kitchen drains before and after cooking?	0	1	2
14	Do they know the need of solid waste segregation?	0	1	2
15	Do they know the use of blue/green colour dustbin?	0	1	2
<b>Total</b>				
	<b>Weightage =</b>			

### Rating Scale for Award Categories:

- Inter-ward Swachhta award Scoring:** Staff nurse score + Safaiwala score + Ward attendant score + Housekeeping rating score + BMW Handling score + toilet Rating score = **Total score.**
- Best Safaiwala:** Scoring from the questionnaire (Individual scoring);
- Best Kitchen staff:** Scoring from the questionnaire (Individual scoring);
- Best Laundry staff:** Scoring from the questionnaire (Individual scoring); and
- Award for supporting staff:** for office use.

### SCORING SHEET FOR INTER-WARD SWACHHTA COMPETITION:

(Scoring for inter ward Swachhta ward: A + B + C + D + E)

Max Score = 144

S. No	Name of the Ward	Ward Incharge Name	Scores Obtained
1			
2			
3			
4			
5			
6			
7			

### SCORING SHEET FOR SAFAIWALA (SCORE OF CHECKLIST = D):

S. No	Name of the Ward	Ward Incharge Name	Scores Obtained
-------	------------------	--------------------	-----------------

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**SCORING SHEET FOR KITCHEN STAFF (SCORE OF CHECKLIST = F):**

S. No	Name of the Kitchen Staff	Scores Obtained
1		
2		
3		
4		
5		
6		
7		

**SCORING SHEET FOR LAUNDRY STAFF (SCORE OF CHECKLIST = G):**

S. No	Name of the Laundry Staff	Scores Obtained
1		
2		
3		
4		
5		
6		
7		

**Mohammad Ibrahim Wani**  
(Incharge of the study)

## IMPACT ASSESSMENT OF KAYAKALP ON THE SERVICE DELIVERY: A CASE STUDY OF PRIMARY HEALTH CENTRES (PHCS) IN JAMMU & KASHMIR

### (CHECKLIST/QUESTIONNAIRE)

The present study is being conducted by Population Research Centre (PRC), University of Kashmir and is being sponsored by the Ministry of Health & Family Welfare (**MoHFW**), Govt., of India. The aim of this study is to examine the 'Quality and Impact of Service delivery' of **Kayakalp Qualified** Primary Health Centres (PHCs) in comparison to Primary Health Centres (PHCs) which have not qualified for the same. You are requested to take part in the survey and provide valuable response. The finding of this study/research will have to submit the 'Ministry of Health & Family Welfare (**MoHFW**), Govt., of India.

### **SECTION – I**

This section captures the information about the demographic characteristics of the PHC. Please fill in the required details carefully.

S. No	Demographic Indicators of the PHC area	Responses
1.	<b>Date of visit</b>	
2.	Name and contact number of Incharge/Medical Officer(MO):	Name..... Contact No.....
3.	Name and contact no of the visiting Fellow(s):	<b>Dr. Mohammad Ibrahim Wani/9797293033</b>
4.	Name of the PHC visited:	
5.	Population under Catchment area of this PHC:	
6.	Number of villages covering:	
7.	Number of SCs under this PHC:	
8.	Kayakalp Accredited PHC (status):	Yes/No
9.	No. of ASHA workers under this PHC:	
10.	Distance from District Hospital(DH)/CHC:	
11.	Distance from CHC/Block:	
12.	Next Referral Point:	Name of the Facility:..... Distance from the Facility.....

### **SECTION – II**

In this section statements related to Infrastructure, Human Resources and others facilities like lab, drug supply, referral transport, data management, JAS/RKS and etc., are mentioned below. Please read all the statements carefully and tick the option stating your degree of agreement or disagreement with the same.

S. No	Name of input services of the PHC	Responses
1.	The functional beds of this PHC is/are:	.....

2.	The Status of running water facility.		Not available	24x7 available	Timing water	
3.	The status of safe drinking water facility.		Not available	Purifier/RO	Unprotected	
4.	The Status of electricity facility.		Registered		Unregistered	
			Yes	No	Yes	No
5.	The status of power backup.		None	Generator	Inverter	Solar
6.	Type of toilets available	None	Common for M/F	Separate for M/F	Only for Male	Only for Female
7.	Does this PHC have OPD waiting area?			Yes, available	Not available	Space constraint
a)	If yes, is there a good sitting arrangement like chairs or benches?				Yes/No.	
b)	Is this sitting arrangement sufficient?				Yes/No.	
8.	The PHC has the availability of ASHAs rest room.				Yes/No.	
9.	Does this PHC have a <b>drug store</b> room?				Yes/No.	
b)	If yes, does this store room have racks?				Yes/No.	
c)	Does this store room have good ventilation?				Yes/No.	
d)	Is there any mechanism for temperature management?				Yes/No.	
10.	Whether the PHC needed any renovation.				Yes/No.	
a)	If yes, was it done and in which year the renovation has been done.				Year:.....	
b)	The PHC has facility of geriatric and disability friendly like ramps etc.				Yes/No	
11.	The services available at this PHC are:				Yes/No.	
	i).	vi).	xi).	xvi).		
	ii).	vii).	xii).	xvii).		
	iii).	viii).	xiii).	xviii).		
	iv).	ix).	xiv).	xix).		
	v).	x).	xv).	xx).		
12.	If some essential services are not available at this PHC as per the IPHS than please mention the reasons for non availability. ..... ..... .....				..... ..... .....	
13.	Do you have the dental services available here at this PHC?				Yes/No	
14.	<b>Do you have the functional:</b>					
	<b>Name of services</b>	<b>Available</b>	<b>Functional</b>	<b>Non functional</b>	<b>Mention Reason</b>	
a)	Labour room					
b)	x-ray machine;					
c)	USG machine;					
d)	Dental Chair;					
e)	Baby Corner;					
f)	Wheel Chair;					
g)	Delivery Table;					

h)	Ambulance;				
i)	Biochemistry Analyzer;				
j)	Operation Table;				
k)	Stretcher;				
l)	Trolley.				
m)	Others				
<b>15.</b>	<b>Do you have shortage of any instrument/equipment in:</b>				
	<b>Name of section</b>	<b>If yes, please mention the name of the instruments</b>		<b>Root Cause</b>	
a)	Lab;				
b)	Minor OT/Dressing Room				
c)	Labour room;				
d)	OPD;				
e)	Immunization section;				
f)	TB Investigation;				
	Other sections.				
<b>16.</b>	The PHC has the availability of testing kits/rapid diagnostic kits.	<b>Yes/No</b>	<b>Sufficient</b>	<b>Shortage</b>	
<b>17.</b>	Is the Essential Drug List (EDL) displayed at a place in the drug store which is visible to everyone?				Yes:..... Yes, but not updated; Yes, but not visible; No, due to.....
<b>18</b>	Is the 'Citizen Charter' displayed' at the entrance of the gate which is visible to everyone?				<b>Yes</b> , but not updated; <b>Yes</b> , but not visible; <b>No</b> , due to.....
<b>19</b>	The PHC has the availability of Internet facility.				Lane internet; Mobile internet; Any other; No due to.....
<b>20</b>	The PHC has implemented the Drug and Vaccine Distribution Management System (DVDMS).				Yes, fully; Yes, partially; No due to.....
<b>21</b>	Do you have any shortage of essential drugs?				Yes/No.
<b>22</b>	If yes, please mention the name of drugs which remains short in shortage. ..... .....				
<b>23.</b>	Do you have fixed days for NCD screening.				Yes/No.
<b>24.</b>	Are NCD drugs available at this PHC?				Yes/No
<b>25.</b>	If yes, then which NCD drugs are available at this PHC? Please mention.				

	1.	3.	5.	7.	9.
	2.	4.	6.	8.	10
26.	Whether this PHC is Designated Microscopy Centre (DMC).				Yes/No.
27.	If yes, then which TB drugs are available at this PHC? Please mention the name of the drugs. ..... ..... .....				..... ..... .....
28.	The PHC has good road connectivity?				Yes/No
29.	The PHC has colour coded dust bins for the management of biomedical waste.				Yes/No.
30.	The PHC has maintained and beautified the surrounding area with herbal garden and etc.				Yes/No.
31.	The PHC has good boundary fencing.				Yes/No.
32.	The PHC has good entrance or gate.				Yes/No.
33.	The PHC has good drainage system.				Yes/No.
34.	The PHC has separate wash basin for hand washing.				
35.	The PHC is following the protocol of <b>hygiene, infection control and hospital upkeep.</b>				Yes/No.
36.	Do you have constituted the RKS/JAS Committee?				Yes/No
37.	If yes, then what is the frequency of RKS/JAS meeting of this PHC?				Weekly/Monthly/Annually
38.	<b>Status of Human Resource/Manpower</b>				
	<b>Name of Posts</b>	<b>Regular</b>		<b>NHM</b>	
		<b>San.</b>	<b>IP.</b>	<b>San.</b>	<b>IP.</b>
a)	Medical Officers (MBBS)				
b)	Medical Officers (AYUSH)				
c)	Staff Nurses/GNMs				
e)	ANM/FMPHW				
f)	MMPHW				
g)	Lab technicians				
h)	X-ray technicians				
i)	Dental technicians				
j)	Allopathic Pharmacist				
k)	AYUSH Pharmacist				
l)	LHV/PHN				
m)	ASHA workers				
n)	Sweepers				
o)	Drivers				
p)	Others				

**SECTION – III**

In this section statements related to **KAYAKALP** and budget for maintenance are mentioned below. Please read all the statements carefully and tick the option stating your degree of agreement or disagreement with the same.

S. No	Statements related to Kayakalp	Responses
1.	Have you heard about the Quality Assurance Programs like Kayakalp, LaQshya and NQAS?	Yes/No. Name:.....
2.	Have you initiated for any Quality Assurance Program. If yes, please mention the program that you have initiated.	<b>Yes/No</b> <b>Name:</b> .....
3.	Have you done the <b>internal assessment</b> in case of Kayakalp? If yes, please mention the score and year.	Yes/No: Score:..... Year:.....
a)	If the <b>internal assessment</b> score was low, then what was the shortcoming? Please mention the shortcomings which have been identified by the internal assessment team.	..... ..... .....
b)	Due to which reasons, the PHC has obtained the lowest internal assessment score. ..... .....	..... ..... .....
c)	What are the steps that you have taken to overcome these short comings? ..... .....	..... ..... .....
5.	Have you done the <b>peer assessment</b> of Kayakalp? If yes, please mention the score and year.	Yes/No: Score:..... Year:.....
a)	If the <b>peer assessment</b> score was low, then what was the shortcoming? Please mention the short coming which have been identified by the peer assessment team. ..... .....	..... ..... .....
b)	Due to which reasons, the PHC has obtained the lowest peer assessment score. ..... .....	..... ..... .....
c)	What are the steps that you have taken to overcome these short comings? ..... .....	..... ..... .....
6.	Have you done the external assessment of Kayakalp? If yes, please mention the score and year.	Yes/No: Score:..... Year:.....



a)	If the <b>external assessment</b> score was low, then what was the shortcoming identified by the team? Please mention the shortcomings which have been identified by the external assessment team. ..... ..... .....	..... ..... ..... .....
b)	Due to which reasons, the PHC has obtained the lowest external assessment score. ..... .....	..... ..... .....
c)	What are the steps that you have taken to overcome these shortcomings? ..... .....	..... ..... .....
7.	Have this PHC qualified the external assessment of Kayakalp. If yes, how much score achieved.	Yes/No: Score.....
8.	If the Kayakalp award has been provided on conditional basis than what are these conditions? Please mention these conditions. ..... .....	..... ..... .....
9.	Whether this PHC received the commendation prize and how much amount received/released.	Yes/No: Rs.....
10.	Whether this PHC received the <b>State</b> winning Prize/award and how much amount received/released.	Yes/No: Rs.....
11.	Whether this PHC received the <b>Centre</b> winning Prize/award and how much amount received/released.	Yes/No: Rs.....
12.	Whether Centre or State is providing money for maintaining and sustaining of Kayakalp. If yes, than how much amount on monthly/annually basis. Please mention.	Centre/State: Rs:.....
13.	Any suggestions regarding the Kayakalp qualifying, sustaining and scoring.	

**SECTION – IV**

This section covers the secondary data related to various service deliveries of the following broad headings from 2020-2023.

S. No	Indicators	2020	2021	2022	2023	Remarks
1	The total number of pregnant women registered for ANC.					
2	The number of <b>PW</b> provided full course of 180 Iron Folic Acid (IFA) tablets.					
3	The number of <b>PW</b> provided full course of 360 Calcium tablets.					

4	The number of <b>PW</b> has given one Albendazole tablet after 1 <sup>st</sup> trimester.					
5	The number of <b>PW</b> received 4 or more ANC checkups.					
6	The number of <b>PW</b> tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs.					
7	The number of <b>PW</b> having Hb level < 11(7.1 to 10.9) (Out of total tested cases).					
8	The number of <b>PW</b> having Hb level < 7 (Out of total tested cases).					
9	The number of <b>PW</b> treated for severe anemia (Hb < 7) (Out of total tested cases).					
10	The number of <b>Pregnant women</b> screened for TB.					
11	The number of <b>Pregnant women</b> identified with Presumptive TB symptoms.					
12	The number of <b>pregnant women</b> referred out of those identified with Presumptive TB symptoms.					
13	The total no of ANC or PNC cases referred to Higher facility.					
14	The total no of ANC or PNC cases referred in to the facility.					
15	The number of <b>Institutional Deliveries</b> conducted (Including C-Sections).					
16	Out of total institutional deliveries (excluding C-section), number of women stayed for 48 hours or more after delivery.					
17	The number of newborns received 6 HBNC visits after Institutional Delivery.					
18	The total number of <b>Children received</b> all scheduled 05 Home visits under HBYC.					
19	The number of <b>newborns</b> weighed at birth.					
20	The number of newborns having weight less than <b>2.5</b> kg.					
21	Out of the above, number of newborns having weight less than 1.8 kg.					
22	The number of <b>newborns</b> breast fed within 1 hour <i>of birth</i> .					
23	The number of newborns discharged from the facility who was exclusively breastfed till discharge.					
24	The number of <b>women</b> receiving 1 <sup>st</sup> post partum checkup between 48 hours and 14 days after the Institutional delivery.					
25	The number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD).					
26	The number of <b>Postpartum</b> (within 48 hours of delivery) IUCD insertions.					
27	The number of Combined Oral Pill cycles distributed to the client.					
28	The number of Condom pieces distributed to the client.					
29	The number of Centchroman (weekly) pill strips distributed to					

	the client.					
30	The number of Emergency Contraceptive Pills (ECP) given to the client.					
31	The number of <b>Pregnancy</b> Test Kits (PTK) utilized.					
32	The no of Children immunization – Vitamin K (Birth Dose).					
33	The no of Children immunization – BCG.					
34	The no of Children immunization – Pentavalent 1.					
35	The no of Children immunization – Pentavalent 2.					
36	The no of Children immunization – Pentavalent 3.					
37	The no of Children immunization – OPV 0 (Birth Dose).					
38	The no of Children immunization – OPV1.					
39	The no of Children immunization – OPV2.					
40	The no of Children immunization – OPV3.					
41	The number of children aged between 9 and < 12 months fully immunized {BCG0 + OPV123 + Pentavalent123 + MR/Measles Containing Vaccine (MCV) -1 <sup>st</sup> Dose}.					
42	The number of cases of AEFI –Minor (e.g., fever, rash, pain etc).					
43	The number of Adolescents (10 – 19 years) registered in Adolescent Friendly Health Clinic (AFHC).					
44	The number of adolescent girls provided sanitary napkin packs by ASHA.					
45	The number of notified <b>TB</b> patients who are on Anti Tuberculosis Therapy.					
46	The number of <b>Presumptive TB</b> (i.e., with 4 Symptom complex of TB) identified and sent for any TB testing within the facility.					
47	The number of Presumptive TB (i.e., with 4 Symptom complex of TB) identified and sent for any TB testing <b>outside</b> the facility.					
48	Of the number sent for testing, number who were tested (by any test) for TB within the facility.					
49	Of the number sent for testing, number who were tested (by any test) for TB outside the facility.					
50	Of the number tested, number of persons diagnosed as TB patients.					
51	The number of <b>TB</b> patients availing treatment through a Treatment supporter for the reporting month.					
52	The number of Directly Observed Treatment, Short-course (DOTS) cases completed successfully.					
53	The allopathic – Outpatient attendance.					
54	The Ayush – Outpatient attendance.					
<b>55</b>	<b>IPD Admission:</b>					

a)	The IPD Admission Male – Children < 18yrs.					
b)	The IPD Admission Male – Adults.					
c)	The IPD Admission Female – Children < 18yrs.					
d)	The IPD Admission Female – Adults.					
<b>56</b>	<b>IPD Referred:</b>					
a)	The IPD Referred Male – Children < 18yrs.					
b)	The IPD Referred Male – Adults.					
c)	The IPD Referred Female – Children < 18yrs.					
d)	The IPD Referred Female – Adults.					
<b>57</b>	<b>Total No. of cases Referred out (OPD + IPD + Emergency).</b>					
58	The Minor Operations (No or local anaesthesia).					
59	The total number of Lab Tests done – In-house.					
60	The total number of Lab Tests done – Outsourced					
<b>61</b>	<b>Hb Tests Conducted:</b>					
62	The number of Hb tests conducted.					
63	Out of the total number of Hb tests done, Number of patients having Hb < 7 mg.					
67	How many percent of OPD patients were tested for TB through microscopy during 2023-24?					
68	How many percent of patients have been tested through CBNAAT or TruNat for Drug resistance in 2023-24?					
69	How many patients are currently taking anti-TB drugs from this PHC?					
70	How many cases were referred from different Sub-centres (SCs) to this PHC during 2023-24?					
71	How many cases were referred from this PHC to CHC or DH/GMC during 2023-24?					
72	<b>Status of NCD Screening</b>	<b>Screened</b>	<b>Diagnosed</b>	<b>Treated</b>	<b>Referred</b>	<b>Remarks</b>
a)	<b>Hypertension</b>	<b>2020</b>				
		<b>2021</b>				
		<b>2022</b>				
		<b>2023</b>				
b)	<b>Diabetes</b>	<b>2020</b>				
		<b>2021</b>				
		<b>2022</b>				
		<b>2023</b>				
c)	<b>Both (a) &amp; (b)</b>	<b>2020</b>				
		<b>2021</b>				
		<b>2022</b>				

		2023					
d)	Oral Cancer	2020					
		2021					
		2022					
		2023					
e)	Breast Cancer	2020					
		2021					
		2022					
		2023					
f)	Cervical Cancer	2020					
		2021					
		2022					
		2023					

NCD PROGRAMME 2022-23

Screened					
	Hypertension	Diabetes	Oral Cancer	Breast Cancer	Cervical Cancer

**SECTION – V**

This section will cover the overall observations/comments about the service delivery, behaviour, work culture, infection control, hospital upkeep and other related services. Further this section will also involve the local public’s opinions about the PHC to understand the service delivery mechanism.

Indicator	Comments
Which type of health facility for primary, secondary and tertiary healthcare services, you preferred most like <b>public or private</b> ? If private, give reasons for not preferring the public health facilities:	..... ..... ..... .....
Have you access of primary health services like <b>drugs; diagnostics and referral transport</b> ;	.....
If yes, than which type of services are available there at this PHC. Please mention some. Does this PHC has the availability of services like Immunization, ANC, PNC, AH	..... .....

Indicator	Comments
counselling, Contraceptive services, Nutrition counselling and preferred facilities for each:	..... .....
How much amount of money you have to pay for the purchase of medicines or drugs <b>Out of Pocket Expenditure(OPE)</b> in public health facilities:	..... .....
What type of behaviour and work culture of health service providers at this PHC? Please comment.	.....
Are you agree with the coverage, knowledge and skills of ASHA workers whom are working under this PHC as perceived by the community?	..... .....
Are you agree with the support, supervision, training and payment of incentives of ASHA workers (as per discussion with ASHA workers):	..... .....
Which type of health facilities you preferred most for the screening of NCDs and preferred facilities for seeking treatment:	..... .....
Which type of health facility you preferred for the screening of TB or Leprosy and preferred health facilities for seeking treatment.	..... .....
Which type of health services are facility are available for the treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	..... .....
Which type of <b>health services</b> you preferred in the emergency cases like burn, accidents, high risk delivery mothers & etc.	.....
Which type of health facility you preferred facilities for the ailments Eye (e.g. Cataract) and Dental ailments (e.g., for toothache, denture, RCT etc.)	..... .....
Have you observed any health service providers to screen the 4Ds (by RBSK Team) at schools and Anganwadi centres	.....

Indicator	Comments
Where are you getting medicine during your ailments like hypertension, diabetes, injuries, bad cold, fever, body pain, chest pain or any other disease?	From SC-HWC:
	From Linked PHC:
	From private Chemist shop:
	From other government facilities. If yes, please specify.
	The average <b>Out of Pocket Expenditure</b> : ...../per month.

#### KEY CHALLENGES OBSERVED AND THEIR ROOT CAUSES:

CHALLENGE	ROOT CAUSES

**Mohammad Ibrahim Wani**  
(Incharge of the study)