DISSERTATION AT NATIONAL HEALTH MISSION, RAJASTHAN

ASSESSING THE IMPACT OF THE KAYAKALP INITIATIVE ON NQAS CERTIFICATION IN URBAN PRIMARY HEALTH CENTERS, RAJASTHAN

(18TH MARCH 2024 ------ 18 JUNE 2024)

BY

MUSKAN

UNDER THE GUIDANCE

OF

Dr MAHESH SACHDEVA (Project Director AAM, NHM Rajasthan)

AND

Dr KHUSHBOO JAIN (Additional State Program Officer, Quality Assurance, NHM Rajasthan)

AND

Dr Goutam Sadhu (Professor)

PREFACE

Any knowledge is incomplete without first-hand experience about it."

In the health sector especially getting into to rub of things is extremely essential as its problems are complex and deep-rooted. To manage the problems in the health sector 'An MBA student of health and hospital management' needs to know the functioning of the different organizations be they private or public, for this purpose dissertation of 3 months is scheduled for 2nd year. For the, I am thankful that I got the opportunity to work under NHM Rajasthan as I thought I would get to know the functioning of various government schemes in the state of Rajasthan". In the NHM Rajasthan complete discretion was given to us for opting for programmes of our choice to study and I opted for the Quality in Health Care Rajasthan.

ABBREVIATIONS

Abbreviations	Full from
ANC	Antenatal care
ANM	Auxillary nurse midwife
ASHA	Accredited social health activist
CHC	Community health centre
FHW	Female health worker
HDI	Human developmental index
IPHS	Indian public health standard
JSY	Janani suraksha yojana
JSSK	Janani shishu suraksha Karyakram
MDG	Millenium developmental goals
SDG	Sustainable developmental goals
CHC	Community health centres
PHC	Public health centres
SC	Sub centres
MC	Medical college
DH	District hospital
MMR	Maternal mortality ratio
NFHS	National Family Health Survey
PMMVY	Pradhan Mantri matritva Vandana Yojana
PMSMA	Pradhan Mantri surakshit matritva Abhiyan
RCH	Reproductive and child health
SRS	Sample registration survey
UNICEF	United Nation Childrens fund
WHO	World health organization
CSSM	Child survival and safe motherhood
AWW	Anganwadi worker
RMNCH+A	Reproductive, maternal, neonatal, child and adolescent health
IMR	Infant mortality rate
TFR	Total fertility rate
PPH	Post-partum haemorrhage

Table Of Content

INTRODUCTION 5
RESEARCH QUESTION 7
RESEARCH OBJECTIVE 7
ORGANIZATIONAL PROFILE.....8
ORGANIZATIONAL LEARNING.....10
KEY ACTIVITIES.....16
KEY LEARNINGS 16

INTRODUCTION

I had the opportunity to intern under the National Health Mission (NHM), where I worked on the Kayakalp and NQAS program. This program focuses on improving the quality in facilities cleanliness, infection control, environmental suitability. In India, the healthcare system faces challenges in maintaining cleanliness and quality standards. To address this Kayakalp initiative was launched by the government of India, and embodies a concerted effort to improve cleanliness, hygiene and overall quality of healthcare facilities across the nation launched in 2015 under the aegis of the "Swachh Bharat Abhiyan"(4). Public healthcare facilities are a major mechanism of social to meet the healthcare needs of large segments of the population.

The primary goal of Kayakalp is to ensure that healthcare facilities are clean and infection control. To promote cleanliness, hygiene and infection control practices in public healthcare facilities, by incentivizing and recognising such public healthcare facilities that show exemplary performance in adhering to standards protocols of cleanliness and infection control.

In 2019, the award distribution criteria were based on the performance of facilities in seven thematic areas: (5)

A. Hospital/Healthcare Facility Upkeep

B. Sanitation & Hygiene

C. Waste Management

D. Infection Control

E. Support Service

F. Hygiene Promotion

G. Beyond Hospital Boundary

Kayakalp expanded its thematic area in 2021

H. Eco-friendly Facility

This addition highlights a broader commitment to sustainability and environmental awareness within healthcare facilities. Urban Primary Centers (UPHCs) play a crucial role as frontline healthcare providers catering to the diverse needs of urban populations. Their significance in ensuring the delivery of accessible and high-quality healthcare services is paramount, given the concentration of health risks and challenges in urban areas.

This study aims to assess the impact of kaykalp certification on the NQAS initiative in urban primary health centres (UPHCs), which are primary healthcare units even in remote areas. These centres frequently serve as the first stop for people seeking healthcare services. The kaykalp initiative promotes the best practices and protocols, encouraging service improvement.

This study bridges the gap by exploring the Kayakalp impacts on NQAS certification in UPHCs to understand the quality of health care delivery. The necessity for quality assurance in UPHCs is underscored by the unique health challenges faced by urban populations including higher rates for non-communicable diseases and environmental health risk. UPHCs must be well-equipped to effectively address these challenges and ensure that urban residents especially the most vulnerable have access to essential healthcare services.

Thus, the objective of this research study is to examine the impact that Kayakalp has made on the NQAS certification targets of UPHCs. These centres often act as the point of entry to the health system for many communities. The Kayakalp's mainly contribute in improving the healthcare services. This includes evaluating them on measures they undertake on cleanliness ad hygiene, waste disposal and infection control and their environmental sustainability measures. Moreover, myself and the facilities under my supervision will analyze and also scrutinize the assessment rating of these firms in order to comprehend the performance of practices under question and their areas of weakness or strength.

RESEARCH QUESTION

How does the implementation of the Kayakalp initiative the attainment of NQAS certification in Urban Primary Health Centers (UPHCs) in Rajasthan

RESEARCH OBJECTIVE

- To study the overall framework of Kayakalp and the National Quality Assurance Standards (NQAS) programme
- To explore the relationship between Kaykalp and National Quality Assurance Standards (NQAS)
- To analyse the impact of Kayakalp on National Quality Assurance Standards (NQAS) certification

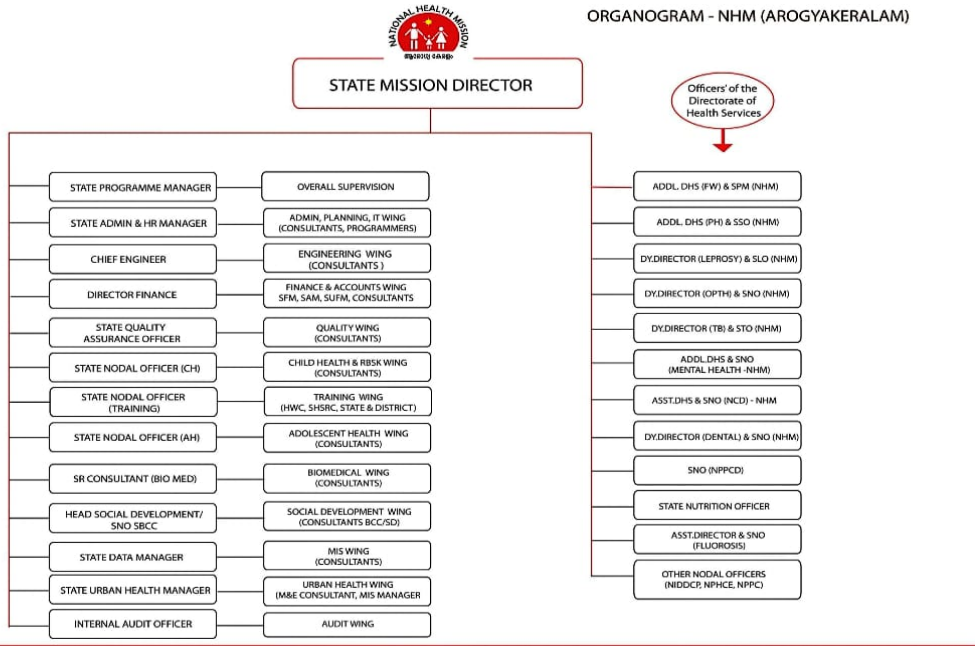
ORGANIZATIONAL PROFILE

NATIONAL HEALTH MISSION – JAIPUR, RAJASTHAN

VISION

"Attainment of Universal Access to Equitable Affordable and Quality Health Care accountable and responsive to people's needs with effective inter-sectoral convergent action to address the wider social determinants of health"

The **National Health Mission** (**NHM**) was launched by the government of India in 2005 subsuming the National Rural Health Mission and National Urban Health Mission. It was further extended in March 2018, to continue until March 2020.



GOALS OF NHM-

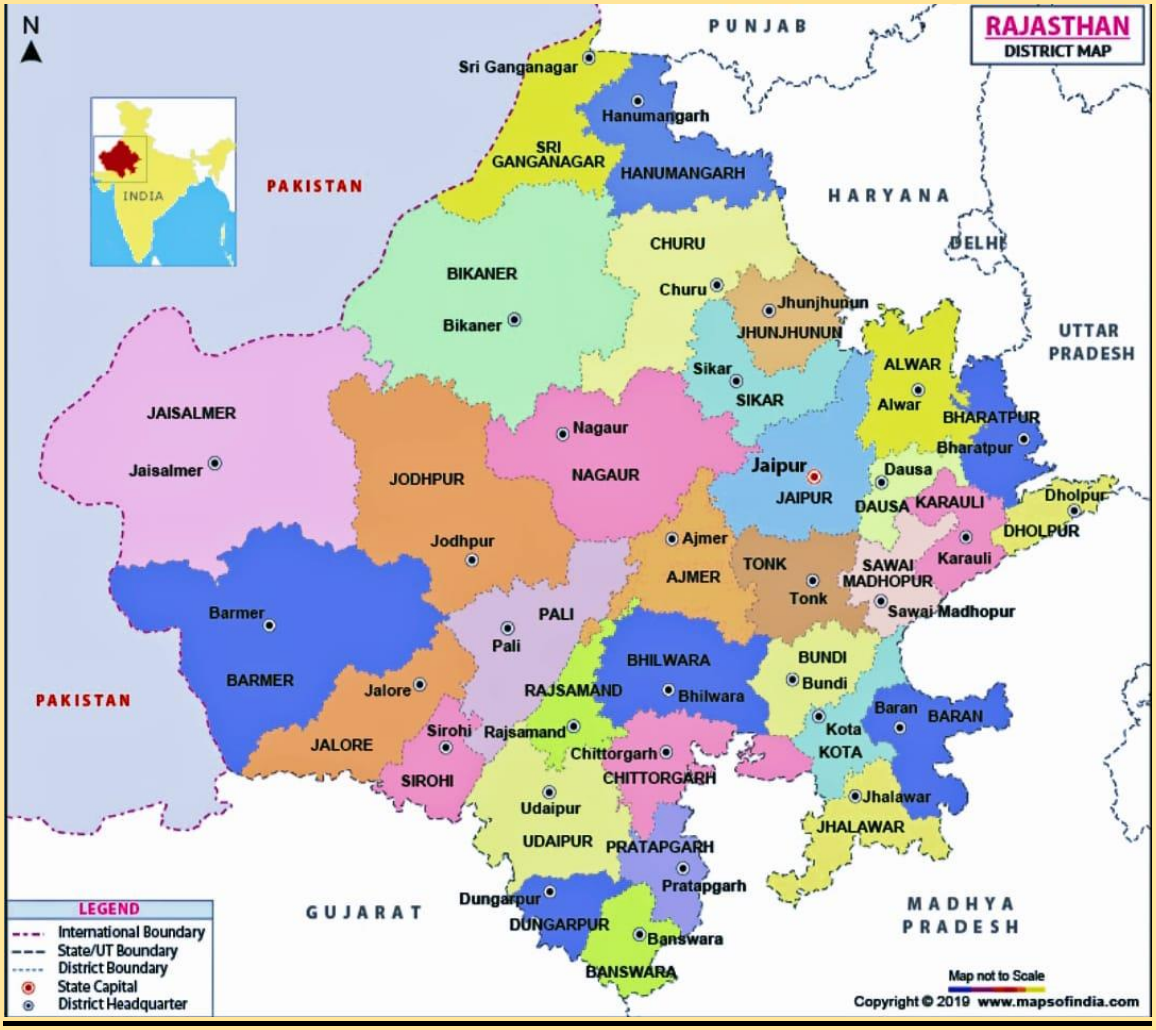
1. Reduce MMR
2. Reduce IMR
3. Reduce TFR
4. Prevention and reduction of anaemia in women aged 15- 49 years
5. Prevent and reduce Communicable and non-communicable, injuries and emerging diseases.
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce the annual incidence and mortality from Tuberculosis by half
8. Kala-azar Elimination by 2015< case per10000 population in all blocks.
9. Maintain Quality in Healthcare NQAS and Kayakalp
10. Less than 1 per cent microfilaria prevalence in all districts

COMPONENTS OF NATIONAL HEALTH MISSION-

1. RMNCH+A
2. HEALTH SYSTEM STRENGTHENING
3. NON- COMMUNICABLE DISEASE CONTROL PROGRAMS
4. COMMUNICABLE DISEASE CONTROL PROGRAM INFRASTRUCTURE MAINTENANC

ORGANIZATIONAL LEARNING

GEOGRAPHY OF RAJASTHAN



Rajasthan also known as LAND OF KINGS is a state in northern India. It covers 3.42 lakh kilometres area 10.4 per cent of India's total geographical area.

- ✓ It is the largest Indian state by area and the seventh largest by population.
- ✓ Its capital and largest city is Jaipur.
- ✓ Other cities ar (Jodhpur, Kota, Bikaner, Ajmer, Bharatpur and Udaipur.
- ✓ In all the cities Jaipur has the highest population with 4,067,826.
- ✓ Rajasthan comprises some 10 divisions 49 districts and 250 blocks-

Divisions	Districts

1. Ajmer	• Ajmer • Beawar • Deedwana-Kuchaman • Keki • Nagaur • Shahpura • Tonk District
2. Bharatpur	• Bharatpur • Deeg • Dholpur • Gangapur • Karauli • Sawai Madhopur
3. Bikaner	• Anupgarh • Bikaner • Hanumangarh • Sri Ganganagar
4. Banswara	• Banswara • Dungarpur • Pratapgarh
5. Jaipur	• Alwar • Dausa • Jaipur • Jaipur Rural • Khairtal • Kotputli- Behror
6. Jodhpur	• Balotra • Barmer

	• Jaisalmer • Jodhpur Urban • Jodhpur Rural • Phalodi
7. Kota	• Baran • Bundi • Jhalawar • Kota
8. Pali	• Pali • Jalore • Sanchore • Sirohi
9. Sikar	• Jhunjhunu • Neem ka Thana • Sikar • Churu
10.Udaipur	• Bhilwara • Chittorgarh • Rajsamand • Salumbar • Udaipur

RURAL HEALTHCARE SYSTEM –

The health care infrastructure in rural areas has been developed as a three-tier system (see Chart 1) and is based on the following population norms: Centre Population Norms Plain Area Hilly/Tribal/Difficult Area Sub-Centre 5000 3000 Primary Health Centre 30,000 20,000 Community Health Centre 1,20,000, 80,000

CENTRE	POPULATION NORMS	
	PLAIN AREA	HILLY/TRIBAL AREA
1. SUB-CENTRES	5,000	3,000
2. PRIMARY HEALTH CENTRE	30,000	20,000
3. COMMUNITY HEALTH CENTRE	1,20,000	80,000

SUB CENTRES-

- ✓ The Sub Centre is the most peripheral and first contact point between the primary health care system and the community.
- ✓ Each sub-centre is required to be manned by at least one auxiliary nurse midwife (ANM) / female health worker and one male health worker.
- ✓ There are 7821 SCs which are upgraded as Health and Wellness Centre-Sub Centres (HWC-SCs) out of total 157541 SCs functioning in rural areas of the country as on 31st March.

PRIMARY HEALTH CENTRES –

- ✓ PHC is the first contact point between village community and the Medical Officer.
- ✓ Under NRHM, there is a provision for two additional Staff Nurses at PHCs on contract basis.
- ✓ It acts as a referral unit for 6 sub-centres and has 4 - 6 beds for patients.

COMMUNITY HEALTH CENTRES-

- ✓ CHC is required to be manned by four Medical Specialists i.e., Surgeon, Physician, Gynaecologist and Paediatrician supported by 21 paramedical and other staff.

SERVICES PROVIDED BY THE ORGANIZATION

The National Health Mission (NHM) in Rajasthan offer a wider range of healthcare service aimed at improving the overall health and well-being of the population. The key service provided by NHM Rajasthan include:

1. **Maternal Health Services:**
    - Antenatal care
    - Safe delivery services
    - Postnatal Care
    - Janani Shishu Suraksha Karyakram (JSSK) provides free and cashless services to pregnant women and sick neonates.

2. **Child Health Services:**
    - Immunization programs
    - Management of malnutrition

- Newborn Programs
- Management of malnutrition
- Newborn care services
- Integrated Management of Neonatal and childhood illness (IMNCI)

3. **Family Planning Services:**
    - Distribution of contraceptive
    - Sterilization services
    - Counseling and education on family planning.

4. **Adolescent Health Services**:
    - Rashtriya Kishor Swasthya Karyakram (RKSK) focuses on the health needs of adolescents
    - Weekly Iron and Folic Acid Supplementation (WIFS)
    - Adolescent Friendly Health Clinics (AFHCs)

5. **Communicable Disease Control Programs:**
    - National Tuberculosis Elimination Program (NTEP)
    - National Vector Borne Disease Control Program (NVBDCP) for malaria, dengue, and chikungunya
    - Integrated Disease Surveillance Program (IDSP)

6. **Non-Communicable Disease Programs:**
    - Screening and management of diabetes, hypertension, and cancer
    - National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS)

7. **Reproductive and Child Health (RCH) Services:**
    - Ensuring universal access to maternal, newborn, and child health services
    - Promoting institutional deliveries
    - Reducing maternal and infant mortality rates.

8. **Urban Health Services:**
    - Establishment of Urban Primary Health Centers (UPHCs)
    - Special outreach services for urban slum populations.
9. **Tribal Health Services:**
    - Tailored health services for tribal populations
    - Strengthening health infrastructure in tribal areas

10. **National Health Programs Implementation:**

- Implementation of various national health programs such as the National AIDS Control Program (NACP), National Leprosy Eradication Program (NLEP), and National Mental Health Program (NMHP).

11. Emergency and Referral Services:

- Ambulance services through 108 and 104 helplines
- Referral transport services for emergencies.

12. Health and Wellness Centers (HWCs):

- Upgrading existing sub-centres and primary health centres into HWC
- Providing comprehensive primary healthcare services

13. Training and Capacity Building:

- Training healthcare providers and staff on various health programs and initiatives
- Capacity building for improved healthcare deliver

KEY ACTIVITIES

- Conducting Field visits to healthcare facilities to monitor the implementation of quality standards
- Interacting with healthcare staff and patients to gather feedback and identify area for improvement.
- Engaging with the community to raise awareness about healthcare quality issues.
- Collecting, Compiling and analyzing data from various health programs.
- Coordinating with various departments, Government agencies, and NGOs involved in health initiatives.
- Conducting research to identify areas for improvement in order to enhance healthcare practices.

KEY LEARNINGS

1. **Healthcare Systems Understanding**:

- Learned about various health programs and initiatives under NHM and their impact on the community.
- Gained in-depth knowledge of NQAS and Kayakalp standards and their criteria for assessing healthcare facilities.

2. **Practical Insights:**

- Conducted field visits to various healthcare facilities to observe and assess quality practices firsthand

3. **Evaluation Skills:**
    - Developed skills in conducting comprehensive assessments of healthcare facilities based on NQAS and Kayakalp guidelines

4. **Quality Improvement**:
    - Learned to identify areas for improvement in healthcare practices through research and data analysis

5. **Cultural Competence:**
    - Developed an understanding of the importance of cultural competence in healthcare