



A study on non implementation of Mission Kayakalp at various levels of Public Healthcare Facility in Indore District

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Abstract

Background: Government of India has launched a National Initiative i.e. Kayakalp on 15th May 2015, to give awards to public health facilities. A study was done to evaluate the reasons behind non implementation Mission Kayakalp at various levels of Public Healthcare Facility in Indore District.

Objectives: 1. To assess the implementation of Mission Kayakalp at Public Health Facilities

2. To find out the Hospital services lacking in implementation of Mission Kayakalp

3. To find out the reasons for non implementation of Mission Kayakalp in Hospital Services

Methodology: The present study is a cross sectional study, this study was conducted in 120 doctors at all levels of Public Health Facility in Indore district, for 1year. Sampling technique of study was Simple Random Sampling Technique. The study tool of the study is Pre-designed semi structured questionnaire for medical officer. Data was entered in excel sheet and analyzed.

Results: In this study, one of the main reasons for non implementation of Mission Kayakalp in hospitals was lack of follow through (80% at DH Indore, 79.9% at MYH) followed by fund flow (66.6% at MYH and Manpur).

Conclusion: Simrol having full implementation of Mission Kayakalp guidelines whereas Depalpur was lacking behind all the other healthcare facilities in implementation of Mission Kayakalp.

Keywords: Mission Kayakalp, Primary Health Care Facility.

Introduction

“Swachh Bharat Abhiyan” was launched by the Prime Minister on 2nd October 2014. To complement this effort, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative i.e. Kayakalp on 15th May 2015, to give awards to those public

health facilities that demonstrate high levels of cleanliness, hygiene and infection control.⁽¹⁾ The Swachh Bharat Movement gets rolling, public health facilities could lead the way in demonstrating themselves as pillars/road maps of achieving cleanliness by the efforts of teamwork.⁽²⁾

Aims & Objectives

- 1) To assess the implementation of Mission Kayakalp at Public Health Facilities
- 2) To find out the Hospital services lacking in implementation of Mission Kayakalp
- 3) To find out the reasons for non implementation of Mission Kayakalp in Hospital Services

Methodology

The present study is a cross sectional study, this study was conducted in 120 doctors were selected for interviews at various levels of Public

Healthcare Facility in Indore district, for 1year. Sampling technique of study was simple randomized selection criteria as per availability. In our study all the doctors at Primary, secondary and tertiary level of Public Healthcare Facility in Indore district, who give consent are included, and who have not given consent and other staff of healthcare centre are excluded. The study tool of the study is Pre designed semi structured Questionnaire. Data was entered in excel sheet and analyzed using SPSS Software, appropriate statistical test was applied wherever necessary.

Results

Table No. 1: Assessment of Implementation of Mission Kayakalp in Hospital Facility

S. No		Tertiary level	Secondary level(urban)		Total (urban)	Secondary level(rural)			Total (rural)	Primary level		Total	P value
		MYH Indore (n=60) (%)	DH Indore (n=10) (%)	BSBH Mhow (n=20) (%)	n=30 (%)	Manpur (n=6) (%)	Depalpur (n=10) (%)	Sanwer (n=8) (%)	n= 24 (%)	Simrol (n=2) (%)	Hatod (n=4) (%)	n= 6 (%)	
	Fully implemented	36(60)	6(60)	16(80)	22(73)	4(80)	2(20)	6(75)	12(50)	2(100)	3(75)	5(83)	0.22 (Non Significant)

The above table shows that there is fully implementation of Mission Kayakalp at Simrol i.e. 100% followed by BSBH Mhow 80%.

Table No. 2: Assessment of Hospital services lacking in implementation of Mission Kayakalp

S. No		Tertiary level	Secondary level(urban)		Secondary level(rural)			Primary level		P value
		MYH Indore (n=60) (%)	DH Indore (n=10) (%)	BSBH Mhow (n=20) (%)	Manpur (n=6) (%)	Depalpur (n=10) (%)	Sanwer (n=8) (%)	Simrol (n=2) (%)	Hatod (n=4) (%)	
1	Cleanliness	4(6)	1(10)	1(20)	1(16.6)	2(20)	0(0)	0(0)	0(0)	0.754 (Non Significant)
2	Sanitation & Hygiene	6(1)	3(30)	1(20)	1(16.6)	3(30)	1(12.5)	0(0)	0(0)	0.474 (Non Significant)
3	Infection control	8(13.3)	0(0)	2(40)	0(0)	3(30)	1(12.5)	0(0)	1(25)	
4	Any other	6(1)	2(20)	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)	

Any other: training, NGO, Intersectorial Coordination with PWD, Pollution Control Board, Water & Sanitation department etc.

According to the above table hospital services at Simrol is appropriate whereas Depalpur is lacking

behind all the other healthcare facilities in implementation of Mission Kayakalp i.e. 20% in cleanliness & 30% in Sanitation & Hygiene, and 30% in Infection control.

Table No. 3: Assessment of Reason for non implementation of Mission Kayakalp in Hospital Services

S. No		Tertiary level	Secondary level (urban)		Secondary level(rural)			Primary level	
		MYH Indore (n=60) (%)	DH Indore (n=10) (%)	BSBH Mhow (n=20) (%)	Manpur (n=6) (%)	Depalpur (n=10) (%)	Sanwer (n=8) (%)	Simrol (n=2) (%)	Hatod (n=4) (%)
1	Lack of understanding	4(6)	0(0)	2(10)	1(16.6)	1(10)	0(0)	0(0)	0(0)
2	Lack of resources	0(0)	2(20)	4(20)	1(16.6)	2(20)	1(12.5)	0(0)	1(25)
3	Lack of follow through	48(79.9)	8(80)	14(70)	4(66.6)	6(60)	6(75)	1(50)	2(50)
4	Fund flow	40(66.6)	6(60)	12(60)	4(66.6)	6(60)	4(50)	1(50)	2(50)

The above table depicts that main difficulty in implementation of Mission Kayakalp in hospitals is lack of follow through i.e. 80% at DH Indore & 79.9% at MYH.

Discussion

In present study found that there was full implementation of Mission Kayakalp only at Simrol i.e. 100% followed by Baba Saheb Bhimrao Ambedkar Civil Hospital Mhow (BSBH) and Manpur with 80% implementation. Implementation was found to be 75% at Sanwer & Hatod. Maharaja Yashwantrao Hospital Indore (MYH) and G. B. Pant District Hospital Indore (DH) had 60% of implementation of Mission Kayakalp. Depalpur facility was at the lowest with only 20% of implementation of Mission Kayakalp.

Hospital services at Simrol were appropriate according to Mission Kayakalp guidelines whereas Depalpur was lacking behind all the other healthcare facilities in implementation of Mission Kayakalp i.e. 20% in cleanliness & 30% in Sanitation & Hygiene, and 30% in Infection control. MYH Indore and BSBH Mhow was lacking in infection control services with 13.3% & 40%, respectively.

DH Indore had the maintenance of Sanitation & Hygiene at the rate of 30%. In Manpur, both Cleanliness and Sanitation & Hygiene were 16.6%.

In Sanwer, Sanitation & Hygiene and Infection control was 12.5% and Hatod had Infection control at the rate of 25%.

In present study, one of the main reason for non implementation of Mission Kayakalp in hospitals was lack of follow through - 80% at DH Indore, 79.9% at MYH, 75% at Sanwer, 70% at BSBH Mhow, 66.6% at Manpur, 60% at Depalpur and 50% Simrol & Hatod. Also fund flow with 66.6% at MYH and Manpur followed by 60% at DH Indore, BSBH Mhow, & Depalpur. At Sanwer, Simrol, & Hatod it was 50%.

In the study of Parvathi T. Somaiah et al District Hospital Southern India, 2016⁽³⁾ there are a lot of shortcomings in a government hospital with respect to adequacy of funds, provision of equipments and supplies and disposing of waste. Knowledge, attitude and practices among all healthcare professionals are also important.

Conclusion

This study was conducted to assess non implementation of Mission Kayakalp at various levels of Public Healthcare Facility of Indore District. Implementation of Mission Kayakalp is seen in most of the health facilities. The highlighting feature is the fact that almost all the health facilities faced challenges in implementation of the Kayakalp project by authorities but, the Depalpur facility, in particular, has the lowest implementation. The main reason for non implementation of Mission Kayakalp is lack of follow through and shortage or non availability of funds on time. There should be regular monitoring and measurement of beneficiaries' satisfaction. Strategies should also be made in order to provide sufficient funds to the health care facilities on time.

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Conflict of interest: None declared

Ethical approval: the study was approved by the Institutional Ethics Committee

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