Internship Training

At

National Health Systems Resource Centre (NHSRC)

A study to find out the "The role of funding received through National Health Mission (NHM) under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award"

By

Dr. Aman Sharma

PG/20/117

Under the guidance of

Ms. Divya Aggarwal

PGDM (Hospital & Health Management)

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Completion of Dissertation from NHSRC

The certificate is awarded to

Dr. Aman Sharma

in recognition of having successfully completed his/herInternship in the department of

Quality & Patient Safety

and has successfully completed his Project on

The role of funding received through National Health Mission (NHM) under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award

From February 2022 to June 2022

At

National Health Systems Resource Centre

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him all the best for future endeavors.

Training & Development **Zonal Head-Human Resources**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Aman Sharma,** a student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone his internship training at **National Health Systems Resource Centre** from **February 2022** to **June 2022.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.I wish him all success in all his future endeavors.

Dr. Sumesh Kumar	Ms. Divya Aggarwal
Associate Dean	Associate Dean
Academic and Student Affairs	Admissions, Accreditations & Marketing
IIHMR, New Delhi	IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "**The role of funding received through National Health Mission (NHM) under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award**" **at** "**National Health Systems Resource Centre**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood thatby this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Aman Sharma,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He is submitting this dissertation titled "**The role of funding received through National Health Mission (NHM) under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award**" at "**National Health Systems Resource Centre**" in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Ms. Divya Agarwal	Ms. Vinny Arora
Associate Dean	Senior Consultant
(Admissions, Accreditations & Marketing)	CU - QPS
IIHMR, Delhi	NHSRC, New Delhi

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **The role of funding received through National Health Mission (NHM) under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award** and submitted by **Dr. Aman Sharma,** Enrollment No. **PG/20/117** under the supervision of **Ms. Divya Agarwal** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **February 2022** to **June 2022** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr. Aman Sharma

PG/20/117

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List of abbreviations:

S. No.	Abbreviations	Full Form
1.	AB-HWC	Ayushman Bharat - Health and Wellness Centres
2.	ASHA	Accredited Social Health Activist
3.	BMMP	Biomedical Equipment Management and Maintenance Program
4.	CHC	Community Health Centre
5.	DH	District Hospital
6.	FDI	Free Diagnostics Service Initiative
7.	GoI	Government of India
8.	GP	Gram Panchayat
9.	HCF	Health Care Facility
10.	HWC	Health & Wellness Centre
11.	IPHS	Indian Public Health Standards
12.	JAS	Jan Arogya Samitis
13.	MAS	Mahila Arogya Samitis
14.	MDWS	Ministry of Drinking Water & Sanitation
15.	MoHFW	Ministry of Health & Family Welfare
16.	NFHS	National Family Health Survey
17.	NHA	National Health Accounts
18.	NHM	National Health Mission
19.	NHP	National Health Policy
20.	NHSRC	National Health Systems Resource Centre
21.	NGO	Non- Government Organisations

22.	NRHM	National Rural Health Mission
23.	NSS	National Sample Survey
24.	NQAS	National Quality Assurance Standards
25.	ODF	Open Defecation Free
26.	PRI	Panchayati Raj Institutions
27.	PMNDP	Pradhan Mantri National Dialysis Program
28.	PIP	Programme Implementation Plan
29.	PHF	Public Healthcare Facility
30.	PHMC	Public Health Management Cadre
31.	RRC-NE	Regional Resource Centre – North East
32.	RKS	Rogi Kalyan Samitis
33.	SDH	Sub-District Hospital
34.	SSS	Swachh Swasth Sarvatra
35.	UT	Union Territory
36.	VHSNC	Village Health Sanitation and Nutrition Committees
37.	WASH	Water Sanitation & Hygiene
38.	WHO	World Health Organisation

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National Health Systems Resource Centre (NHSRC)

National Health Systems Resource Centre (NHSRC) was set up in 2006 under the National Rural Health Mission (NRHM), now under National Health Mission (NHM), of Government of India, to serve as an apex body for technical assistance. NHSRC's mandate is to assist in policy and strategy development in the provision and mobilisation of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stakeholders at the national, state, district and sub-district levels through specific capacity development and convergence models.

It has a 23-member Governing Body, chaired by the Secretary, MoHFW, with the Mission Director, NRHM as the Vice Chairperson of the GB and the Chairperson of its Executive Committee. Of the 23 members, 14 are ex-officio senior health administrators, including four from the states and nine are public health experts from academics and civil society. The Executive Director, NHSRC, is the Member Secretary of both the Governing Body and the Executive Committee. NHSRC's annual governing board meet sanctions its work agenda and its budget.

NHSRC, Delhi, is manned by eight technical divisions namely Community Processes-Comprehensive Primary Health Care, Public Health Administration, Quality Improvement, Human Resources for Health, Health Care Financing, Health Care Technology, Knowledge Management Division, and the eighth division is the Administration which is supported by

four subsections such as General Administration, Human Resources, Accounts, and Information Technology.

The NHSRC has a regional office in Guwahati, Assam, for the northeast region of India, known as Regional Resource Centre for North Eastern States (RRC-NE). RRC-NE was established in 2005 to augment the technical and managerial capacities of the eight northeastern states, including Sikkim, at all levels as a technical support unit. Subsequently, it was subsumed under NHSRC in 2007. RRC-NE has functional autonomy and implements a similar range of activities in the NE region.

NHSRC actively seeks collaboration with organisations and individuals with a mandate to provide technical leadership for universal access to health care.

Vision - Universal access to equitable, affordable, acceptable and quality health care that is accountable and responsive to the needs of people of India.

Mission - Enable technical support and capacity building to strengthen public health systems, generate evidence from field to formulate and evaluate policies and strategies; with a focus on decentralization, equity and quality to meet the goals of the National Health Policy 2017.

Statement - The National Health Systems Resource Centre works closely with policy makers, practitioners and researchers to provide technical and implementation support based on experiential learning, build sustainable partnerships to develop knowledge networks; strengthen technical strategies and management approaches to enable people centered, strengthened health systems.

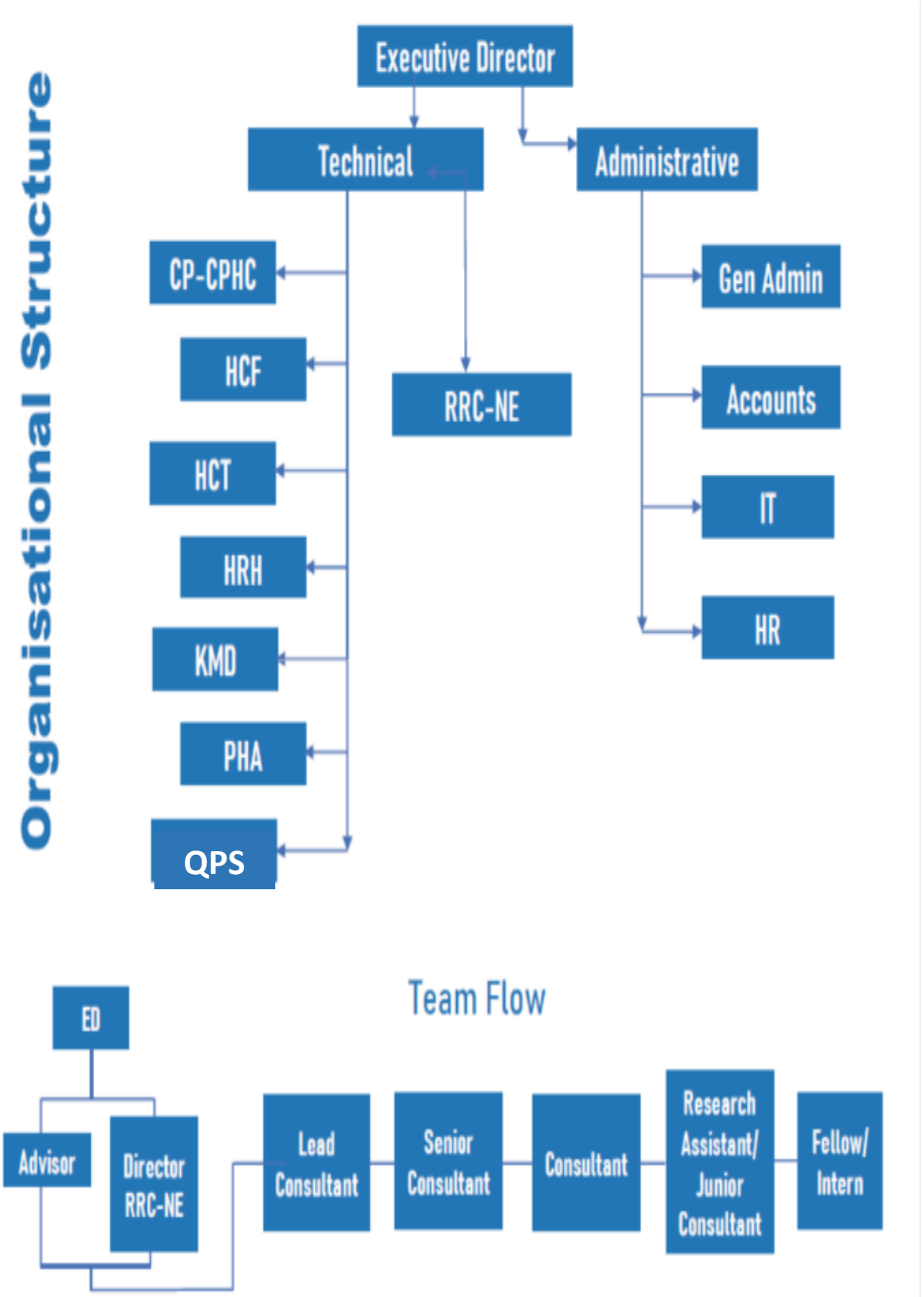

Fig 1: Organisational Structure

Community Processes – Comprehensive Primary Health Care (CP-CHC)

The CP-CPHC division supports the realisation of – one of the core values of the NHM is to 'build an environment of trust between people and providers of health services and empower the community to become active participants in the process of attainment of highest possible level of health.' It also works towards achieving Universal Health Coverage as envisaged in the National Health Policy (NHP) 2017.

Broad areas of work-

- Supporting ASHA programme by building skills, incentives, career opportunities, grievance redressal, and support structures.
- Rolling out of Comprehensive Primary Health Care through Ayushman Bharat - Health and Wellness Centres (AB-HWC).
- Public participation in District Health Societies & District Health Action Plan ASHA Facilitators in 5.54 Lakh Village Health 38,481.
- Community-based platforms like Village Health Sanitation and Nutrition Committees (VHSNC), Mahila Arogya Samitis (MAS), Jan Arogya Samitis (JAS) and Rogi Kalyan Samitis (RKS)
- Community Monitoring of Health Programme.
- Programmes for involving NGOs in NHM.

Key Actions –

- Policy support & guidelines development
- Technical assistance to states and UTs
- Developing training modules/handbooks
- Capacity building of AB-HWC team & community platforms

- Research/studies/evaluation/programmatic Assessments
- Organising workshops, consultations & writing reports
- Documentation of Good and Replicable Best Practices
- Network & Partnerships – Civil Society, Innovation, Learning Centre
- IT support – Design of Portals/Mobile applications
- ASHA Certification

Health Care Financing (HCF)

Globally, health care financing has become increasingly acknowledged as an area of major policy relevance to achieve Universal Health Coverage. Understanding a country's health care financing system allows to recognise current situation, raise more funds, allocate funds to ensure equity and quality health care for everyone, and reduce out-of-pocket expenditures. NHSRC's HCF division supports evidence-based policymaking and implementation of support to the union and state governments in these areas. The National Health Policy 2017 also gives impetus to increasing funds for health care, better utilisation of existing resources, improving financial protection, and establishment of a robust Health Accounts system to guide the policymakers in the allocation of funds.

Focus Areas -

Health Accounts: Annual production of National Health Accounts for India.

Health Financing indicators: Analysis and presentation of health financing indicators using budget data, National Sample Survey (NSS), National Family Health Survey (NFHS) data and more.

Policy Engagement: Provide input in different issues related to health financing.

Achievements –

- It is the National Health Account Technical Secretariat for National Health Accounts (NHA) Production in the country.
- Published the National Health Accounts Guidelines for India.
- Produced NHA estimates on an annual basis since 2013-14.
- The NHA estimates feed into the WHO-Global Health Expenditure Database.
- The State level indicator based on NHA estimates is used by NITI Aayog for State Health Index.
- Results from NHA estimates are reported every year in Economic Survey of India and it is used for SDG monitoring.

Health Care Technology (HCT) -

HCT helps the MoHFW on policies, strategies, and action plans for health technologies, specifically for medical devices under the NHM. The division also provides technical expertise for multiple vertical health programmes at the national level, like Pradhan Mantri National Dialysis Program (PMNDP), Biomedical Equipment Management and Maintenance Program (BMMP), Free Diagnostics Service Initiative (FDI).

Work Area –

- Recognised as WHO's Collaborating Centre for Priority Medical Devices and Health Technology Policy.
- Provides consultation to Department of Pharmaceutical, Indian Pharmacopeia Commission, Central Drugs Standard Control Organization, and Bureau of Indian Standards on medical devices.
- Ensuring Atomic Energy Regulatory Board Compliance for Public Health Facilities
- Regular technical support to states and union territories for implementing the NHM programmes.
- Establishing health department specific Technical Specifications for medical devices
- Health Technology Assessments

Key achievements –

- Developed Technical Specifications for 331 medical devices as per Indian Public Health Standards
- Assessment of product innovations at National Health Innovation Portal
- PMNDP implemented in 35 states & union territories and BMMP in 31 states & UTs
- FDI-Pathological services have been put into effect in 33 states
- FDI-CT Scan services in 23 States
- FDI-Teleradiology service in 12 states

Human Resource for Health (HRH)

Over the years, a lot of effort has been made towards ensuring the availability of skilled human resource in the country in a bid to achieve Sustainable Development Goals. The NHM, with focus on strengthening health systems and providing quality services, has added around 4.5 lakh personnel in the public health facilities across the country. The HRH division supports the MoHFW, the states and UTs in strengthening human resource practices and implementation of the Health Systems Approach. The team also works on the framework for staffing decisions based on the NHM goals and objectives. It suggests evidence-based interventions for the current workforce, identifies future needs, possible gaps and surpluses, works towards capacity building of the workforce, and attraction and retention of health workers in rural and underserved areas. The team also looks after the guidelines for the annual Program Implementation Plans of NHM, leads the processing of Emergency COVID response package, and result-based financing, conditionalities under the NHM.

Areas of Work –

- Improving HRH planning and availability
- Strengthening HRH Management
- Generate evidence and building repository related to HRH
- Capacity Building on planning and HRH management
- Program Implementation Plans
- Conditionalities

Knowledge Management Division (KMD)

Knowledge management may be defined as a process of capturing, developing, sharing and effectively using knowledge. The division facilitates health systems and policy research, nurtures collaboration between decision-makers and programme managers in the health sector as well as the health policy, health systems, and public health research community. In action, KMD envisions the co-production of knowledge for action in health systems for stronger, more evidence-informed health systems, and a more engaged and supported research community, including building skills for research among practitioners.

Work Areas-

- Research and partnerships
- Supporting SHSRC and Tribal Health and working in Collaboration with the Ministry of Tribal Affairs for Tribal Health Cell.
- NHM Implementation Support
- Information management
- Reflections & evidence from field
- Inter departmental coordination

Objectives of the Department –

- Integration
- Improved performance
- Competitive Advantage
- Innovation
- Sharing of good practices & lessons learnt
- Continuous improvement

Public Health Administration (PHA) -

Strengthening systems to support health programme initiatives is one of the core mandates of NHSRC under NHM. PHA division works towards that by supporting the MoHFW in framing national public health policies and programmes, assisting states in implementation of the same by engaging with stakeholders through advocacy and capacity development. It also brings in accountability through a robust mechanism of governance with a continuum and prospective thinking in approach.

Work Areas –

- Indian Public Health Standards (IPHS)
- Public Health Management Cadre (PHMC)
- Secondary Care
- Governance
- Urban Health
- Prime Minister Atmanirbhar Swasth Bharat Yojana and XV Finance Commission

Quality & Patient Safety (QPS) –

In alignment with NHM and NHP, the division is committed for building quality health systems by developing policies and strategies, cost-effective standards, designing a framework for their implementation, and providing certification and incentives. QPS also acts as a liaison between various stakeholders, provides support in training and capacity building, and in creating a pool of highly-skilled professionals and assessors. QPS also collaborates with academic institutions for TISS-PG Diploma in Health Quality Management, and PHFI Certificate Course in Health Care Quality Management, aids

Immunization Division in implementation of AEFI (adverse effects following immunization) surveillance certification and supports the MoHFW in development of Standard Treatment Guidelines.

Achievements –

- ISQua and IRDA Accredited Standards of Care
- 912 health facilities nationally and 2,734 are state NQAS certified
- 391 labour rooms & 321 maternity operation theatres LaQshya certified
- Kayakalp facilities: 101 in 2015-16 to 7,189 in 2019-20
- Development of a pool of Health Quality professionals in the country – 4,569 state level assessors and 511 National assessors (ISQua accredited program)
- Gunak - A quality assessment app for Apple and Android users to assess public

Key Initiatives –

- **National Quality Assurance Standards** (NQAS): Developed keeping in mind the requirements for public health facilities and global best practices. Available for district hospitals, community health centres (CHCs), primary health centres (PHCs), urban PHCs, HWC and AEFI surveillance.
- **Kayakalp**: In alignment with Swachh Bharat Abhiyan, Kayakalp Award Scheme promotes swachchata in public health facilities. The winners are given cash awards and felicitated at the state and national level.
- **Swachh Swasth Sarvatra**: The integrated scheme by the MoHFW and the Ministry of Jal Shakti/MoHUA works for supporting CHCs in attaining Kayakalp status and improvement of swachchata in rural and urban communities.

- **LaQshya**: This initiative focuses on improving quality of care during the delivery and immediate post-partum.
- **Mera Aspataal**: The GoI initiative is an IT platform to capture 'Voice of Patient' by a simple multilingual app which works through SMS, outbound dialling, mobile application, and web portal.
- **National Patient Safety Implementation Framework** 2018-25: An initiative to reduce unnecessary harm associated with health care to an acceptable minimum.
- **MusQan**: This programme ensures delivery of quality child care services.

Regional Resource Centre – North East (RRC-NE) –

RRC-NE was created as a technical support unit in October 2005 under Sector Investment Program (SIP) supported by European Commission (EC) to provide the technical and managerial capacities to the eight northeastern states of the country. In 2007, RRC-NE was subsumed under NHSRC. For meeting the specific needs of the eight northeastern states, RRC-NE at Guwahati functions as branch office of NHSRC. It has functional autonomy and implements a similar range of activities in the NE region. The team at RRC-NE is headed by the Director with technical teams for each area.

Key Areas of Work –

Work at RRC-NE is organised around six divisions – Community Processes, Health Care Technology, Health Care Financing, Public Health Planning & Evidence including Human Resource for Health, Quality Improvement, all duly supported by an Administrative division.

Public Health Planning & Evidence

- Supporting the states in preparing State and District Program Implementation Plans, appraisals of the plans and follow up of the agreed activities
- Mentoring the aspirational districts in planning and strengthening of the service delivery
- Undertaking any assessment/evaluation of health related projects as required by the MoHFW/NE States/NEC/MoDoNER/MHA, etc.

Quality Improvement

- Facilitating NQAS and LaQshya Certification of Hospitals
- Capacity building of State/District Program Officers and Facility In-charges
- Promotion & Support in implementation of Kayakalp, SSS and Mera Aspataal initiative in NE States

Community Processes & Comprehensive Primary Health Care

- Strengthening the ASHA Support System
- Facilitating Setting up of Health & Wellness Centres with provision of all 12 packages of services and rolling out of Comprehensive Primary Health Care services in the northeastern states vis-à-vis continuum of care in true sense.

Health Care Technology-

- Supporting the states in implementation of the new programmes and further expansion of Free Diagnostic Services, Pradhan Mantri National Dialysis Program, Bio-Medical Equipment Maintenance Program, Oxygen Support System.

- Regular updating and analysing the information from the different dash boards and feedback to the states.

General Administration –

The General Administration section supports NHSRC, RRC-NE and the MoHFW in terms of facility management, procurement of goods and services, asset management, tender and contract management. It is also responsible for liaising with the ministry and other government organisations as per need – organising online and offline meetings, events, and ensuring smooth functioning on a day-to-day basis.

The primary mandate of the HR section is to recruit technical and administrative manpower for NHSRC, RRC-NE and the MoHFW. HR is also responsible for contract management, pay-rolling, leave management, and annual performance appraisals. In addition to that, HR activities include inputs for RTIs/appeals/legal queries/parliamentary questions, facilitating accidental insurance, personnel file management, campus recruitment of fellows, induction, training, capacity building, consultants' satisfaction survey, and welfare activities.

The Accounts team takes care of the budgeting and expenditure of NHSRC, RRC-NE and the MoHFW (of consultants working with the ministry on the NHSRC contract). A typical day in the section involves vetting of various MoUs and contracts, audit management, payments, budgeting and costing, controlling wasteful expenditure, ensuring the expenditure is incurred as per General Financial Rules, preparing annual budgets, monthly-quarterly financial statements, drafting audit replies, and supporting admin in empanelment of CA firms.

Our IT section has been instrumental in adapting to the online mode of working by ensuring swift and smooth transition. The section is responsible for procurement of IT infrastructure (goods and services) for all divisions, troubleshooting and resolving IT issues, installing various software, coordinating with external agencies and vendors, and providing support for online events, meetings, and interviews, along with managing office infrastructure.

Chapter 1: Introduction -

Diarrhoea is the 5th most common etiology of death across India among all the age groups.[1] Unsafe water, inadequate sanitation and improper hand washing practices impact the economically weaker section of the society disproportionately and contribute to around 5% of Disability Adjusted Life Years which greatly reduce the economic productivity. The interrelatedness and the impact that the unclean water, inadequate sanitation makes on the human economic productivity and health & well-being needs some inter-sectoral actions.

Swachh Bharat Mission is the most significant flagship programme set in motion by the honorable Prime Minister Shri Narendra Damodardas Modi on October 2nd, 2014 with the dream of clean and hygienic India by 2019. This programme had twin objectives of making the toilets and incorporating behavioural modification in order to make India Open Defecation Free Zone. Thus, to accompain this effort and enhance the outcomes of health, the MoHFW (Ministry of Health & Family Welfare) set in place the Kayakalp Award Scheme in 2015 to motivate and fund the PHFs (Public Health Facilities) of the country to acquire a set of standards relating to cleanliness, infection control and hygiene practices. The health care facilities which are high performing are awarded with monetary awards and a certificate of Commendation depending on the regular assessments with the help of the Kayakalp assessment criteria and tools[2].

To augment the Kayakalp Scheme, the Ministry of Health & Family Welfare and the Ministry of Drinking Water & Sanitation (now, Ministry of Jal Shakti), have launched a joint initiative – Swachh Swasth Sarvatra (SSS) on 29th December 2016. The objective of the programme is to increase the benefits gained through convergence and collaboration, financing support and capacity building for strengthening the Community Health Centres (CHCs) in Open

Defecation Free (ODF) blocks in order to reach a higher level of cleanliness to reach to the Kayakalp standards with a financial aid of Rs. 10 Lakhs under the National Health Mission.

1.1 Objectives of SSS scheme-

The Swachh Swasth Sarvatra has the main objectives as-

- To create and anchor the achievements of supporting initiatives under the Swachh Bharat Mission and the Kayakalp scheme implemented by the two concerned ministries i.e. Ministry of Drinking Water and Sanitation and Ministry of Health & Family Welfare respectively.
- To prioritize the converging actions for attaining ODF in the locations where the PHFs have showed the zeal and initiatives to reach the higher levels of hygiene and cleanliness.
- To make the CHCs strengthed in ODF blocks to reach a higher level of cleanliness to match the Kayakalp criteria with the financial aid of Rs. 10 Lakhs through the PIPs under NHM.
- To empower the inter-departmental capacity building and knowledge sharing at the ground level.
- To make health outcomes as positive by improving the sanitation and exhibiting a reduction in water-borne disease.
- To enhance cleanliness & hygiene by increasing involvement of PHFs in community.
- To financially aid the better performing PHFs and the Panchayati Raj Institutions or the Urban Local Bodies.
- Encouraging the gains and advantages of convergent actions made under the Swachh Bharat Mission.

1.1.1 Scope and Strategy of the SSS Scheme-

A great amount of blocks has acquired the Open Defecation Free (ODF) stature by community practicing drives & initiatives of the Ministry of Drinking Water & Sanitation. This has also bestowed in reduced episodes of illness, saving costs and sufferings of the people. As a complementary gesture to these efforts, also, to supplement the efforts of the community, MoHFW supports the states for making sure that, the CHCs which support the community of their respective block areas are strengthened and reinforced to reach the desired higher standards of hygiene, cleanliness and quality.

On priority basis, states undertake the assessments of CHCs of these blocks under the Kayakalp scheme. However, if no CHC is there in a specific block, then the CHC which serves to the maximum number of population in that ODF block is to be selected for conducting the assessment. Using WASH specific criteria, the Ministry may also undertake a gap analysis of the healthcare facility.

To address the gaps identified through internal assessments, all the selected CHCs are provided with a financial aid of Rs. 10,00,000 via the PIPs under NHM. The district and state quality assurance committees, in the NHM, supports the CHCs in traversing and closing the gaps to make them able to achieve a score of 70% or above.

An external assessment is conducted to verify the scores under the Kayakalp scheme. One representative of that particular CHC (facility – In charge) is trained in WASH related activities promoted by the MDWS.

A CHC receiving the Kayakalp awards is designated as **Swachh Ratna CHC.**

This financial support is a one-time grant only. The CHCs which are already a Kayakalp Awardee or have received the commendation awards within Kayakalp programme/scheme, are not eligible for receiving funds under SSS scheme. In this scenario, the adjoining CHC could be taken up.

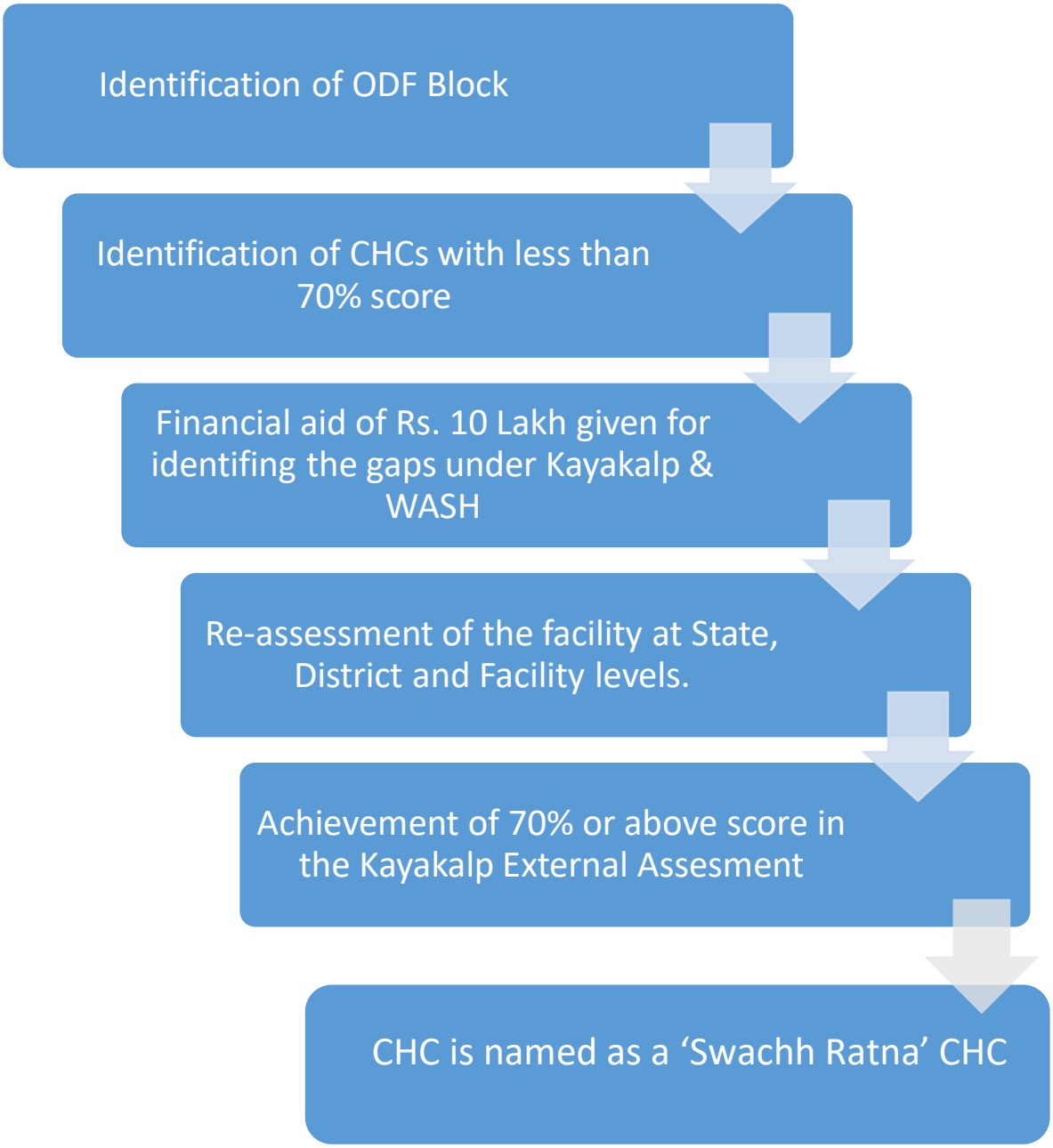

Fig 2: Process flow of SSS Programme

1.1.2 Key Activities at the CHC level-

- To map the CHCs which are located in the ODF blocks or the CHCs which are catering to the maximum population in that block.
- To undertake the internal/peer assessments using Kayakalp criteria.
- To identify the gaps and generation of an action plan as per the assessment.
- The state needs to validate the internal assessments and grant a financial aid of Rs. 10 Lakhs for traversing the gaps to meet the Kayakalp criteria.
- As soon as the facility achieves an average score of 70% or above in the internal assessments, a peer assessment should be performed.
- The District Award Nomination Committee needs to collect and analyse the scores of the peer assessment and make recommendations for the external assessment if the facility achieves an overall score of 70% or above.
- The team nominated by the state level award committee conducts an external assessment of the healthcare facility according to the Kayakalp guidelines.
- When the facility receives a score of 70% or more in the Kayakalp assessment, the facilities are expected to look forward to NQAS certification.

To scale up the activities and to maintain the constant inspiration, the state and district needs to delegate the partnerships among the awarded and felicitated healthcare facilities and ODF blocks and Gram Panchayats for improvement in the performance by using the existing resources. The Swachh Swasth Sarvatra programme will only be considered successful if all the activites in the selected blocks are sustained and scaled up to the adjoining areas.

1.1.3 Activities for fund utilization –

The shortlisted Community Health Centres (CHCs) in the ODF blocks are provided with an incentive of Rs. 10 Lakhs by the MoHFW to make them able to get to the next upper level of Swachhata Parameters. The activities which needs to be prioritized for utilizing the incentive money by the CHCs are –

- Drinking water
    - Regularly maintaining the water tanks, pipe-lines and the water treatment units.
    - Testing the quality of the water at regular intervals.
    - Ensuring the water supply to be 24x7.
- Hand washing
    - Displaying clear hand washing steps and instructions.
    - Ensuring the functionality of the hand washing stations at places like OPDs, IPDs, Labour Room, Maternity OTs etc.
    - Demonstration of good hand washing practices by staff while ensuring the counselling on the key WASH behavior to the patients.
    - Hand washing stations should have soaps, towels/tissues available 24x7.
- Toilets and infrastructure
    - There should be a provision of separate male and female toilets in all the areas of the healthcare facility.
    - Ensuring the appropriate operations, repairs and maintenance of the toilets.
    - To make sure uninterrupted stock of cleaning materials is available.
    - Assuring the display of instructions for the disposal of the sanitary pads at all the points of usages in the facility.

- Waste management
    - The availability of the color coded bags/bins and their liners are ensured at every point of generation of waste.
    - Proper segregation of the Bio-Medical waste and its disinfection is ensured at all points of generation.
- Staff
    - Maintenance of cleanliness, disinfection and infection control practices in the healthcare facility should be ensured by making a systematic approach to it.
    - Trainings on awareness about sanitation and hygiene of the staff as well as attendants to be ensured

Amount of incentive can also be utilized for the following activities but not limited to-

- Painting, external cladding, and minor repair work are all part of improving the hospital's aesthetics.
- Improving the housekeeping activities.
- Procuring of the cleaning equipment and materials.
- Improved toilet conditions and the usage of a house-keeping checklist.
- If required, construction of new toilets/urinals.
- Improving the facility's drainage and sewage system.
- To implement uniform signage systems across facility.
- Printing and displaying the sanitation and hygiene IEC materials.
- Pest and animal control, garbage removal, landscaping, water logging correction, lighting improvement, and maintenance of open areas/corridors are all examples of facility management operations.

- Biomedical and general waste management efforts, as well as the acquisition of more waste management equipment, are necessary.
- Management of infectious liquid waste from equipment and material.
- Services to dispose off the waste.
- To maintain /repair the furniture and fixtures.
- To install the water storage tanks/ water conservation system.
- Purchasing products such as hand rubs, personal protective equipment, and disinfectant materials to improve infection control measures.
- Cleaning, waste management, and infection control methods are all monitored.
- Instilling hospital infection surveillance/control activities.
- The staff to be trained on hygiene, infection control & waste management.
- To improve the support services, relating to the laundry, pantry and security.

However, this incentive amount should not be used for-

- Since, this is a one-time grant, it must not be used to hire new employees or pay existing employees' salaries.
- Construction or purchases of major items like purchasing of drugs etc.
- Purchasing the diagnostic, curative and rehabilitation equipment, among many other things.
- Payment of any pending dues of the contractual agencies under various programmes/schemes.

The records of the expenditures and utilization certificates should be maintained separately.

1.1.4 Plan of Capacity Building for SSS

Most significant aspect of the SSS programme is to increase the capacity of the health cadre workforce and GPs to work towards ODF villages and Gram Panchayats. The following is a brief overview of the plan-

(a) Resource group

- Experts to train the group of Master trainers from the health care facilities.
- Competent bodies have appointed two master trainers from each district, one from the district level and one from each sub divisional level.

(b) Training Material and Methodology

- Lectures – by use of power point presentations
- Case Studies - Participants to discuss example cases to assess and arrive at critical learnings based on their experiences and success stories in other states/districts.
- Group Work - A group of participants collaborates to identify the responsibilities of various stakeholders and to develop a plan of action based on the stated main tasks for achieving and verifying ODF Status.
- A group presentation and discussion is done about the project.

(c) Targeted Audience

Technical and nontechnical group who are responsible to achieve sustainable ODF statuses of the Gram Panchayats.

- Group A – Technical
    - Medical and the Para-medical staff
    - Health managers/ administrative staff
    - PHE/ PWD Assistant Engineers and RKS members

- Group B – Non Technical
    - The Panchayati Raj Institution members
    - Outsourced services for sweepers/scavengers
    - Sanitary inspectors/cleaning supervisors
    - Self Help Groups
    - Milk/Diary Co-operatives

1.1.5 Training Agenda and its Duration

The training lasts half a day and is to be held in conjunction with regular meetings at the PHC. It should be ensured that the Panchayati Raj members are also invited to the training sessions on the same day in order to increase coordination between GPs and health workers.

1.1.6 Expected learning outcomes

SSS programme being a cooperative inter-ministerial initiative, it's one of the key approach is to achieve the Swachh Bharat Mission's goals by incorporating safe sanitation, clean and safe drinking water, safe disposal of human excreta, personal and food hygiene, activities relating to safe management of solid and liquid wastes, and transforming the GPs into ODFs by ensuring the access to and usage of toilets, as well as a consistent change in the behaviour.

Aim is to achieve below mentioned goals –

- Improvements in the competence of PRI members and health-care officials to implement, monitor, and analyze the Gram Panchayat's ODF status.
- Improved health-care professionals' understanding of the actions needed to achieve and maintain ODF status.

- Gap assessment improved, and convergent action plans developed to label the GPs as ODF.
- Improved understanding of available resources under numerous development programmes, as well as the necessity for effective resource mobilization and implementation of ODF action plans.
- Clarity on key stakeholders' roles and duties in reaching ODF status.
- Improved community and institutional understanding of the relevance of toilet operation and maintenance for ODF sustainability.

1.2 Introduction to Kayakalp Scheme

The Swachh Bharat Abhiyan which was kicked off by the honorable PM Shri Narendra Modi on 2nd October 2014, emphasizes on the promotion of cleanliness in public places. Hygiene and Cleanliness of hospitals and other public health facilities are very critical for preventing infections and providing patients and their visitors with a positive feeling and encourages their behavior towards a clean environment. So, to augment and complement this work, the MoHFW, GoI has put forth a national level initiative for awarding the PHFs that exhibit higher levels of cleanliness, hygiene and infection control – The Kayakalp Award.

1.2.1 Objectives of the Scheme

- In public health care facilities, promotion of cleanliness, hygiene, and infection control practices.
- To motivate and identify the PHFs that perform well in terms of sticking to the standards of sanitation and infection control protocols.
- Instilling a habit of continuous assessment and peer review of hygiene, cleanliness, and sanitation performance.
- To develop and disseminate sustainable strategies for enhanced sanitation in public health institutions that are associated to better health outcomes.
- Linking of the performance of 'Mera Aspataal' which represents the client satisfaction under the Kayakalp scheme.

1.2.3 Scope of the Kayakalp Scheme

The awards would be given, as per the scoring used in a particular standard protocol implemented by the team of External Assessors, as follows-

- In Category A state, One Best District Hospital; In Category B state, two Best District Hospitals and in Category C state, three Best District Hospitals in the eligible states (states having more than 10 Districts), according to the Award criteria.
- Two of the best CHCs/SDHs (limiting to only one in small states). The small states and UTs are defined as those which have less than 10 districts.
- One PHC is selected in every single district.
- For category 'A' district, the Best Health & Wellness Centre (functioning in Sub Centre), for category 'B' district, best HWC and first runner-up and for category 'C' district, best HWC and first & second runner-up. The districts which have ten or more HWC are to be considered only.
- Under the Kayakalp concept, there will be a special prize for the best "ecofriendly" hospital starting in FY 2021-22. The top-ranked DH and CHC/SDH in each state and UT earns a 'ecofriendly' award.

Every facility gets a monetary cash award/incentive with a citation.

1.2.4 Award criteria

Based on the weighted average score of the under mentioned two criteria, the Kayakalp awards are finalized:

- Score of the Kayakalp assessment
- Mera Aspataal Score

As of now, only DHs are evaluated on the above mentioned two criteria. For all the remaining type of facilities like SDH, CHC, PHC, HWC, UCHC & UPHC, just the Kayakalp score is used for finalizing the awards.

Criteria I: Kayakalp score is calculated under the mentioned parameters:

- Hospital/Facility upkeep
- Sanitation and Hygiene
- Waste management
- Infection control
- Support services
- Hygiene promotion
- Cleanliness beyond hospital/facility boundary wall
- Eco-friendly facility

Criteria I is assigned a weightage of 85%.

Criteria II: Performance of the healthcare facility under 'Mera Aspataal'.

The indicator in this criteria is the percentage of patients not satisfied with cleanliness.

Criteria II is assigned a weightage of 15%.

1.2.5 Criteria for Application to the Kayakalp award scheme:

Some of the prerequisites to apply for a Kayakalp award are-

- Formation of cleanliness and Infection Control Committee,
- There is an established mechanism for regular internal/peer assessments.
- A score of 70% or above in the internal/peer assessment.

1.2.6 Award Declaration:

The facilities are ranked by the State Award Committee according to the weighted average score earned in the Criteria I & II, and the top-ranked facilities are selected for the award. A formal circular is disseminated and posted on the state health department's official website consisting of the list of selected facilities. The facilities which are eligible for the Commendation Certificate are also announced by the state committee. The state committee also publishes a list of low-performing facilities (that obtained a score of less than 70% in an external assessment) on its website/Swachhata Portal and submits it to the MoHFW, Government of India.

(a) Felicitation: The awards are presented at a ceremony held at the state level. The certificates and the monetary award money is presented to the Facility-in-charge of the award winning health care facilities. The first prize winners from each state's district hospitals are honoured in a national level award ceremony on a date determined by the Ministry.

(b) Cash Awards: Rogi Kalyan Samities receives the 75% of the cash award for speculations in increasing the facilities, up-keep, and services provided, whereas the facility teams receive 25% of the cash award as a team bonus/incentive.

(c) Budget: NHM includes National Level Initiatives as a key component. This is addressed in the states' Programme Implementation Plans (PIP).

The amount of money disseminated as the award money for Kayakalp achievement for various health facilities are attached as Annexure.

Chapter 2: Review of Literature-

Various online databases like Google Scholar, PubMed, JSTOR, ResearchGate etc. were searched to complete the literature review with keywords like Kayakalp, Swachh Swasth Sarvatra, Swachh Bharat Abhiyan, NQAS etc.

A study was conducted in DHs of Chhattisgarh by Dr. Apurva Tiwari and Ankita Tiwari to find out the impact of Swachh Bharat Abhiyan on cleanliness, infection control & hygiene promotion practices under Kayakalp scheme in 2016. It was an analytical study to assess what is the impact of the Kayakalp Scheme on The DHs of Chhattisgarh during the FY 2015-16. The source of data was from the report of census of Kayakalp scheme which is available as open source on the official website of the Department of Health & Family Welfare Chhattisgarh. The performance data of the District Hospitals was analyzed by secondary analysis under the 6 thematic areas in various phases of assessment. Implementation of the Kayakalp Scheme was accompanied by the significant improvement in the DHs of Chhattisgarh, India. 18.27% increase in the scores of the hospitals was found to be as the average improvements. (3)

Several other studies on the same topic in other states are also done with almost similar results.

Another study was done by Dr. Arpita Agrawal, Dr. J.N. Srivastava and Dr. Manish Priyadarshi in 2018 to find out the impact of implementation of Kayakalp initiative on Quality Certification of District Hospitals to National Quality Assurance Standards. It was a retrospective study which involved quantitative methods to collect the data from secondary level health facilities like, district hospitals, which were certified against NQAS with the

score of Kayakalp assessment in that year. There was some sort of correlation between the two programs but of weak strength came out as the results. (4)

In 1994, in Uganda, a study was done which said that the implementation of the NQAP in the country strengthened the primary health care services. It was observed that within 18 months of implementation of NQAP, significant objective and subjective improvements took place in the quality of services. (5)

One more report was published by the Population Research Centre Institute of Economic Growth in 2020 to measure the qualitative assessment of Kayakalp programme for public health care facilities. The data collected was primary and secondary data from three tiers of the healthcare facilities i.e., DH, CHC & PHC within 5 districts of Uttar Pradesh, India (Ghaziabad, Pratapgarh, Ayodhya, Kaushambi & Sultanpur). The results showed that because of the apt trainings and abidance to the standards and protocols, the DHs/CHCs/PHCs achieved a greater standard of cleanliness and services. An increased improvement in the Infection control and BMW management was also seen that helped to reach the minimum standards of quality with further upgradation of the services in a short span of time. (6)

A study was conducted by Priya Bhavsar et al in 2022 to find out how much does it cost to meet the standards for making healthcare facilities water, sanitation & hygiene (WASH) compliant in Assam, India. This was a cross sectional study done in purposively selected 60 PHFs of seven districts of Assam. The state officials from Government of Assam gave their recommendations for selection of these 60 health care facilities in seven districts of Assam. The anticipated cost for enhancement of HCF's WASH status varies with every facility, which depended on the current status of WASH, facility type, services provided and the

number of available departments. The total yearly cost of bringing all of the shortlisted facilities into WASH compliance was USD 13,73,741, with the most of the money going to HCF cleaners. According to the detected gap, it would take a significant amount of money (USD 88,471 per year) for making one DH WASH compliant, followed by the SDHs and FRUs. The lowest cost is required for improving one SD. Most (more than 95 percent) of the overall cost was necessary for recurrent costs. (7)

One more report was published by V. Saravanakumar and S. Ravichandran from Population Research Centre in February 2020 for assessing the reasons for poor performance of Public Health Facilities in Tamil Nadu, in Kayakalp Award. A descriptive cross sectional study was performed and randomly 5 districts were selected based on the performance of the health care facilities in Kayakalp awards during the FY 2018-19. It was inferred that although internal committees have been constituted, it was discovered that the members of the committee lack proper trainings. The committee members misinterpreted the process as a one-time event, and they failed to do a quarterly exercise of monitoring and projecting overall scores. (8)

Chapter 3: Study Methodology-

3.1 Research Question:

What is the role of funding received through National Health Mission (NHM)under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award?

3.2 Objectives of the study:

3.2.1 Primary Objective - To determine the total number of CHCs traversing the gaps and achieving Kayakalp Awards after attaining the grant of Rs. 10 Lakhs under SSS programme through NHM in 9 States/UTs of India till March 2021.

3.2.2 Secondary Objectives –

- To compare the win percentages of CHCs receiving funds under the SSS programme and achieving the Kayakalp Awards with the CHCs not receiving funds under the SSS programme but still achieving the Kayakalp Awards.
- To find out the average number of years it takes for the CHCs funded under the SSS programme to traverse the gaps and achieve the Kayakalp Awards.

3.3 Methodology:

3.3.1 Study Design: An Observational secondary data analysis study.

3.3.2 Study Area: The study covered CHCs of all the states and UTs of India which were funded under the SSS program and awarded under the Kayakalp Scheme during FY2017-18 to FY 20202-21.

3.3.3 Sample size: Data of 10291 CHCs from 9 states of India was collected and analysed.

3.3.4 Sample design: Non probability purposive sampling and further selection of states based on the completeness of the data received from the states.

3.3.5 Inclusion Criteria: The states/UTs with complete data were included i.e. Assam, Bihar, Jammu & Kashmir, Jharkhand, Maharashtra, Meghalaya, Odisha, Tamil Nadu and Uttar Pradesh.

3.3.6 Exclusion Criteria: States/UTs with incomplete data were excluded.

CHCs which were already Awarded before launch of SSS programme or before funding

CHCs which have been Awarded more than once are counted one time only

3.3.7 Sampling Technique: Non probability purposive sampling

3.3.8 Ethical Issues: Required approvals and permission were taken from the NHSRC team for the study of the data provided by the states.

3.3.9 Conflict of Interest: There was no conflict of interest during the study.

3.3.10 Tools Used: Specially designed format was used for data collection and was circulated via Google Spreadsheet to all the states.

Microsoft excel was used for compilation, analysis and interpretation of the data.

Chapter 4: Results and Outcomes-

4.1 The expectations from the SSS programme were to make improvements in the quality of the public health care facilities. The data collected from the 9 States/UTs suggest that because of the implementation of this programme there has been a positive impact in improving and increasing the quality assessment scores of the facilities. The graphical representations show the comparison between the percentage of facilities which were "funded under the SSS programme & have achieved the Kayakalp award" and the facilities which were "not funded under the SSS programme but still got the Kayakalp award". The state wise results in the form of graphical presentation are shown below:

4.1.1 **Assam** – The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	**Kayakalp Awardee**	**Not funded under SSS**	**Kayakalp awardee**	**Funded under SSS**	**Kayakalp Awardee**	**Not funded under SSS**	**Kayakalp awardee**
1	0	157	9	24	0	155	51
2019-20				**2020-21**			
Funded under SSS	**Kayakalp Awardee**	**Not funded under SSS**	**Kayakalp awardee**	**Funded under SSS**	**Kayakalp Awardee**	**Not funded under SSS**	**Kayakalp awardee**
10	7	182	44	30	1	169	59

Table 1 : Statistics of Assam

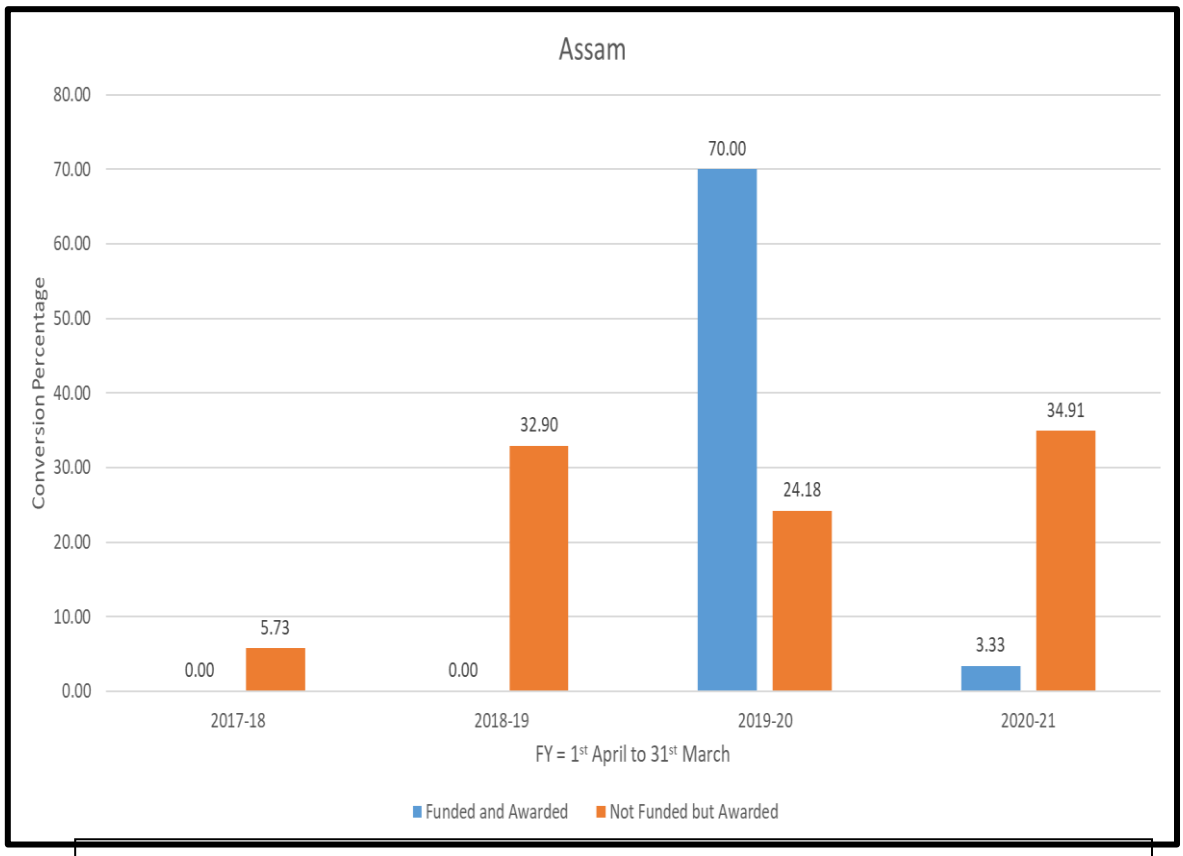

Fig. 3 – Graphical comparison for the state of Assam

It was found out that since the inception and integration of the two programmes. The percentage increase in the number of facilities which were funded under the SSS programme and have achieved Kayakalp award has increased in 3rd year and again fallen in the next year. However, in the initial two years, none of the funded facility got the award. On the other hand, when we look at the facilities which were not funded but awarded, the percentage has increased over a period of time with a slight dip in the third year.

4.1.2 Bihar - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
2	0	148	2	11	1	139	4
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
24	3	40	15	96	10	210	14

Table 2 : Statistics of Bihar

It was observed that the percentage change in the facilities which were funded and Kayakalp awardee as well as the facilities which were not funded and Kayakalp awardee has not been consistent in this state throughout the four years.

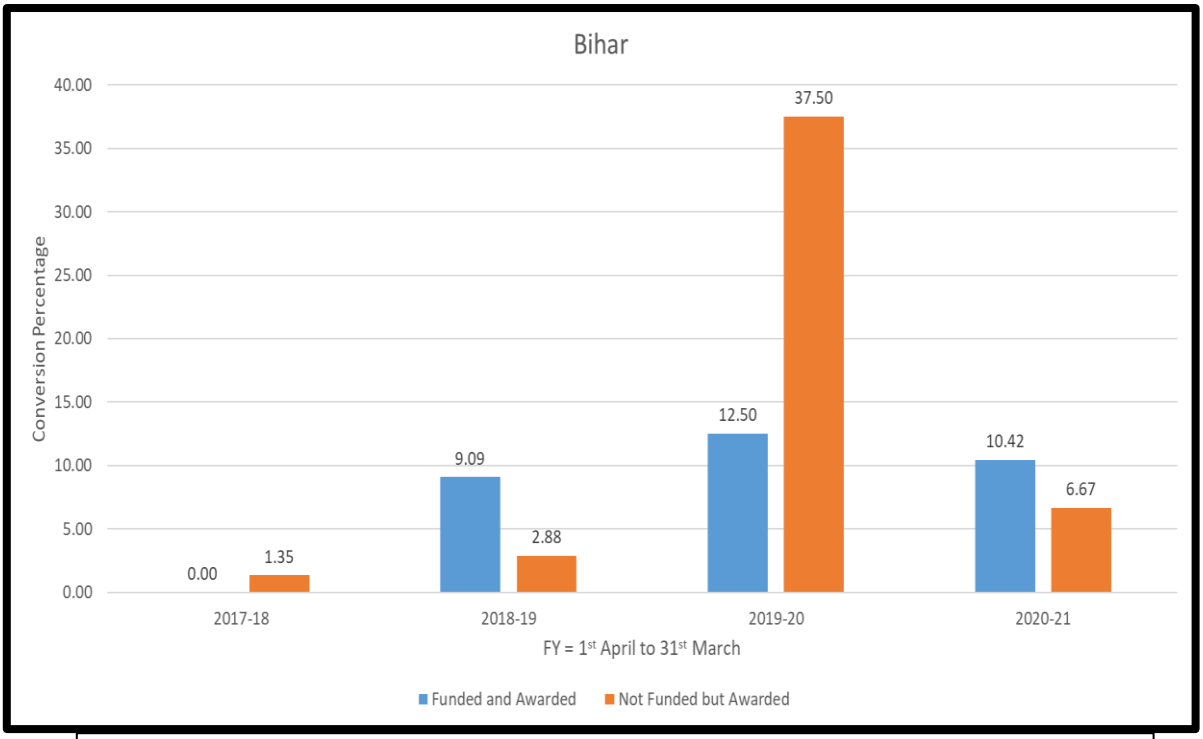

Fig. 4 – Graphical comparison for the state of Bihar

4.1.3 Jammu & Kashmir - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
1	0	83	2	6	3	78	3
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
21	1	56	7	17	7	62	5

Table 3 : Statistics of Jammu & Kashmir

It was observed that the percentage change in the facilities which were funded and Kayakalp awardee as well as the facilities which were not funded and Kayakalp awardee has not been consistent in this state throughout the four years.

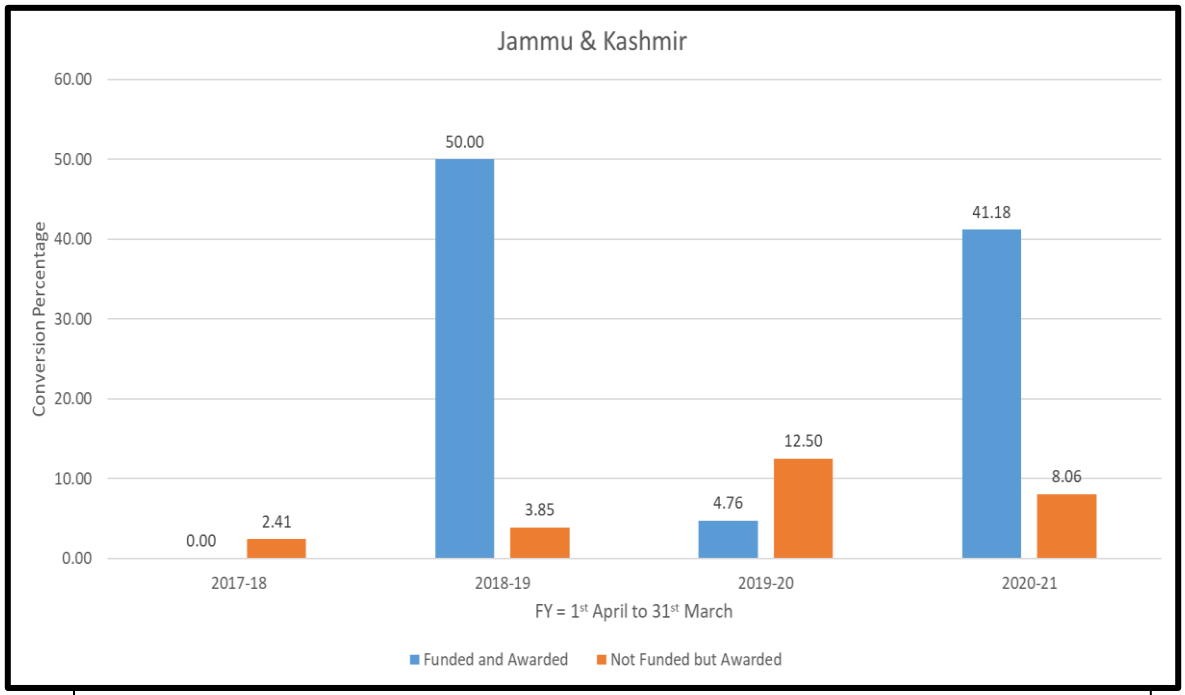

Fig. 5 – Graphical comparison for the state of Jammu & Kashmir

4.1.4 Jharkhand - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
24	1	164	3	22	3	155	3
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
48	12	129	7	24	1	152	27

Table 4 : Statistics of Jharkhand

It was observed that in the facilities which were funded and Kayakalp awarded, percentage of conversion increased in the first three years but eventually fell down in the last year. On the other hand, when we look at the facilities which were not funded but Kayakalp awarded, the percentage has been rising constantly.

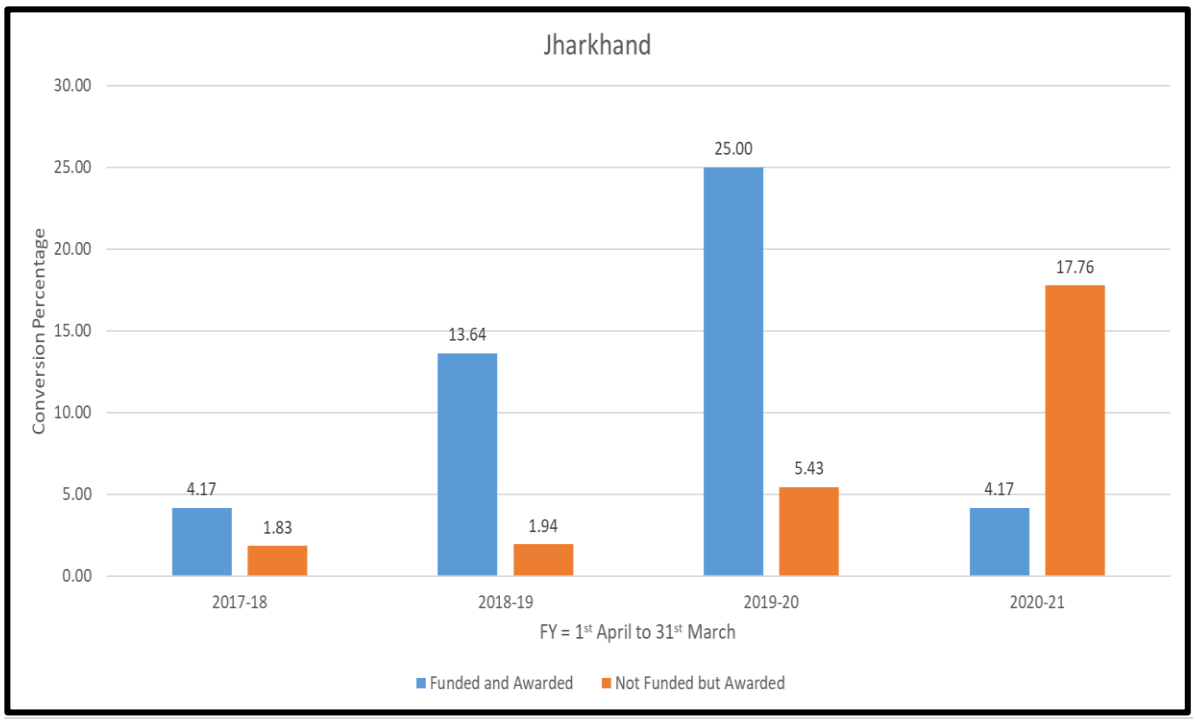

Fig. 6 – Graphical comparison for the state of Jharkhand

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4.1.5 Maharashtra - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
24	1	164	3	22	3	155	3
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
48	12	129	7	24	1	152	27

Table 5 : Statistics of Maharashtra

It was observed that in the facilities which were funded and Kayakalp awarded, percentage of conversion increased gradually and drastically in the last year. On the other hand, when we look at the facilities which were not funded but Kayakalp awarded, the percentage change has been inconsistent with rise and initially and then an eventual fall in the last.

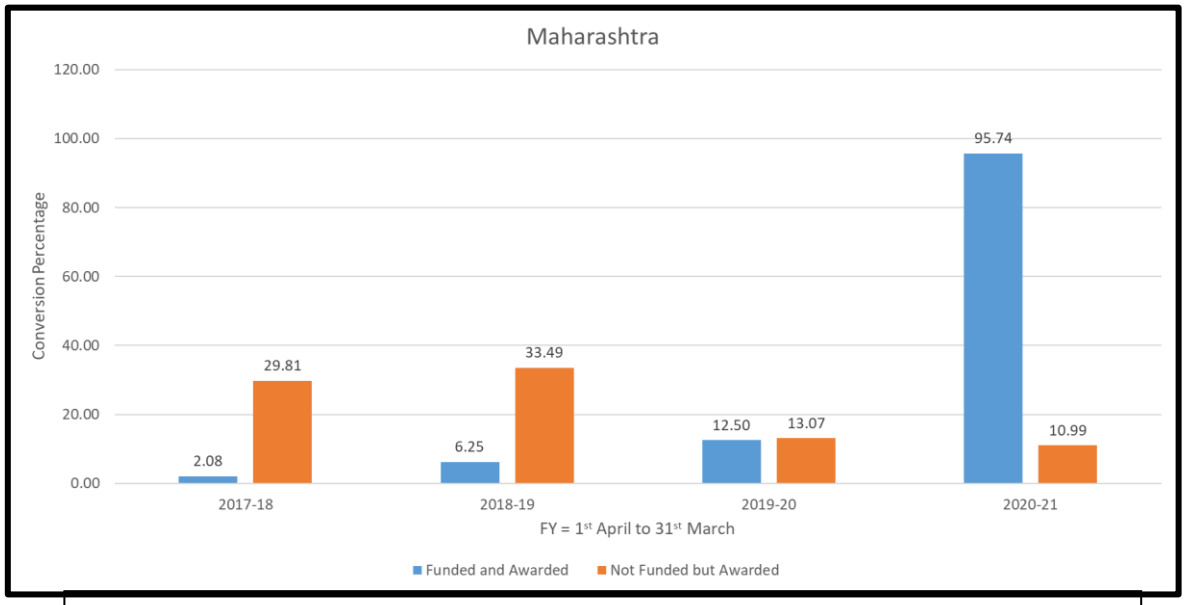

Fig. 7 – Graphical comparison for the state of Maharashtra

4.1.6 Meghalaya - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
4	1	23	4	10	0	18	3
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
1	1	27	3	3	3	25	4

Table 6 : Statistics of Meghalaya

It was observed that in the facilities which were funded and Kayakalp awarded, percentage of conversion increased drastically in the last two years. On the other hand, when we look at the facilities which were not funded but Kayakalp awarded, the percentage change has not been very evident as such.

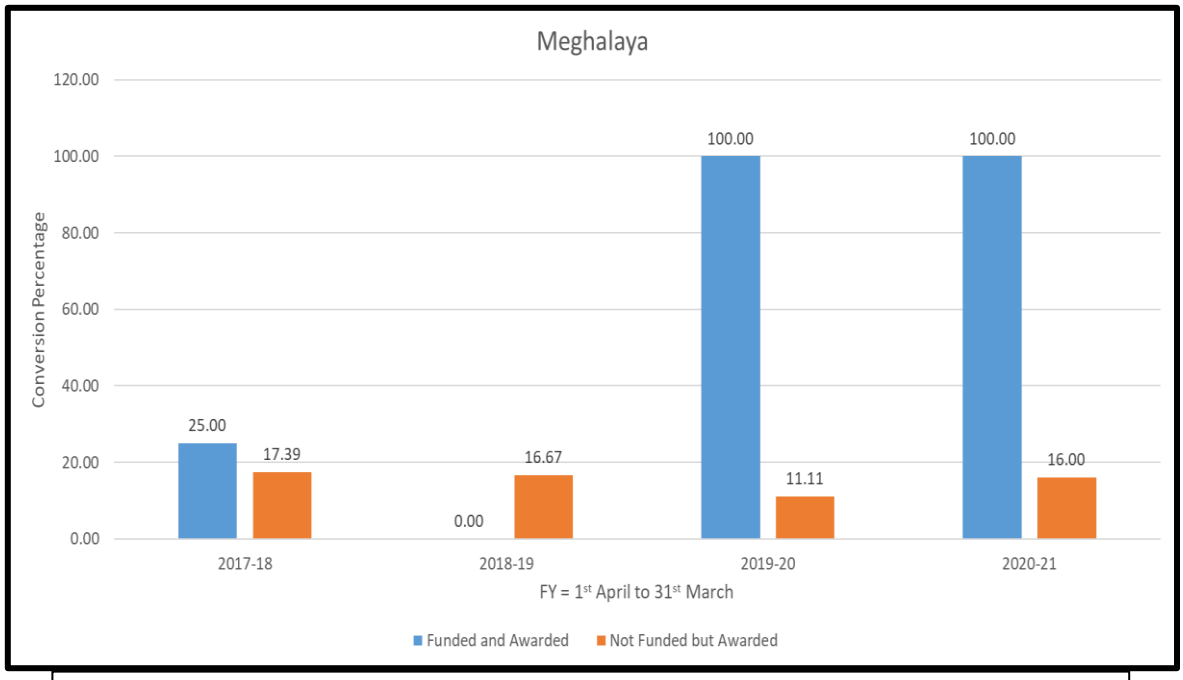

Fig. 8 – Graphical comparison for the state of Meghalaya

4.1.7 Odisha - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
1	0	369	30	4	0	380	43
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
37	9	347	56	222	65	162	63

Table 7 : Statistics of Odisha

It was observed that in both the group of facilities which were funded and Kayakalp awarded, and which were not funded but Kayakalp awarded, the percentage change has been a gradual increase throughout the span of four years.

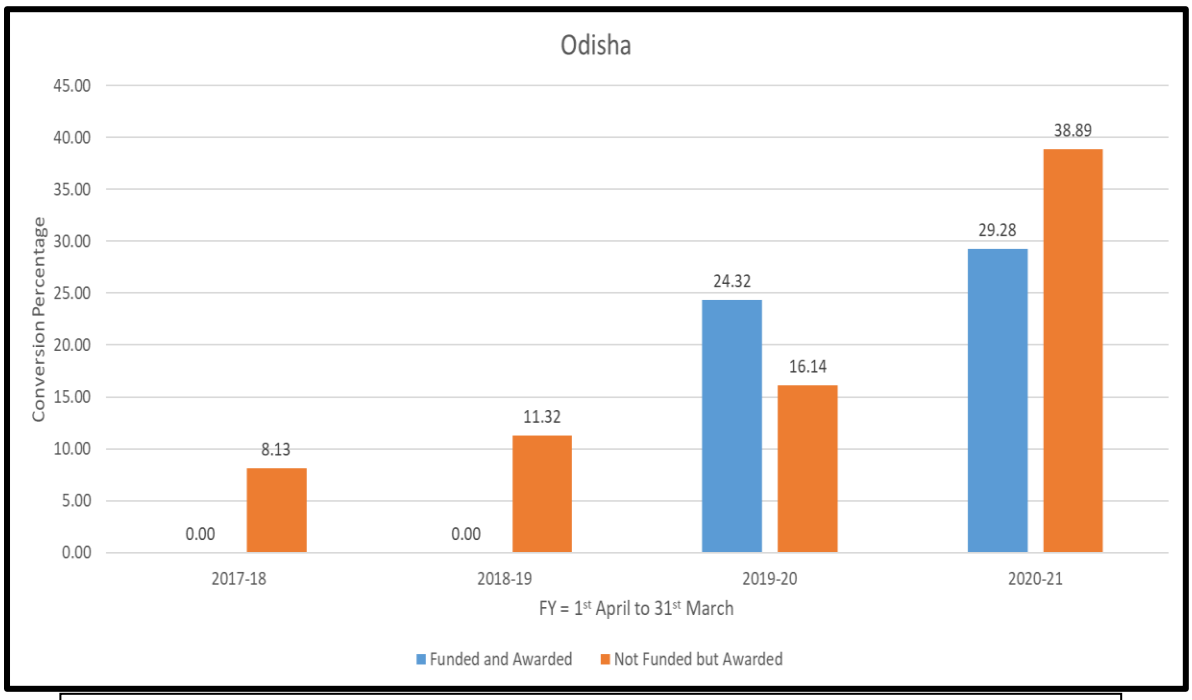

Fig. 9 – Graphical comparison for the state of Odisha

4.1.8 Tamil Nadu - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
13	0	372	112	35	0	365	158
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
10	0	390	226	10	0	390	331

Table 8 : Statistics of Tamil Nadu

It was observed that in the group of facilities which were funded and Kayakalp awarded, none of the facility got the Kayakalp Award and hence the 0% results whereas the facilities which were not funded but Kayakalp awarded, the percentage change has been a gradual increase throughout the span of four years.

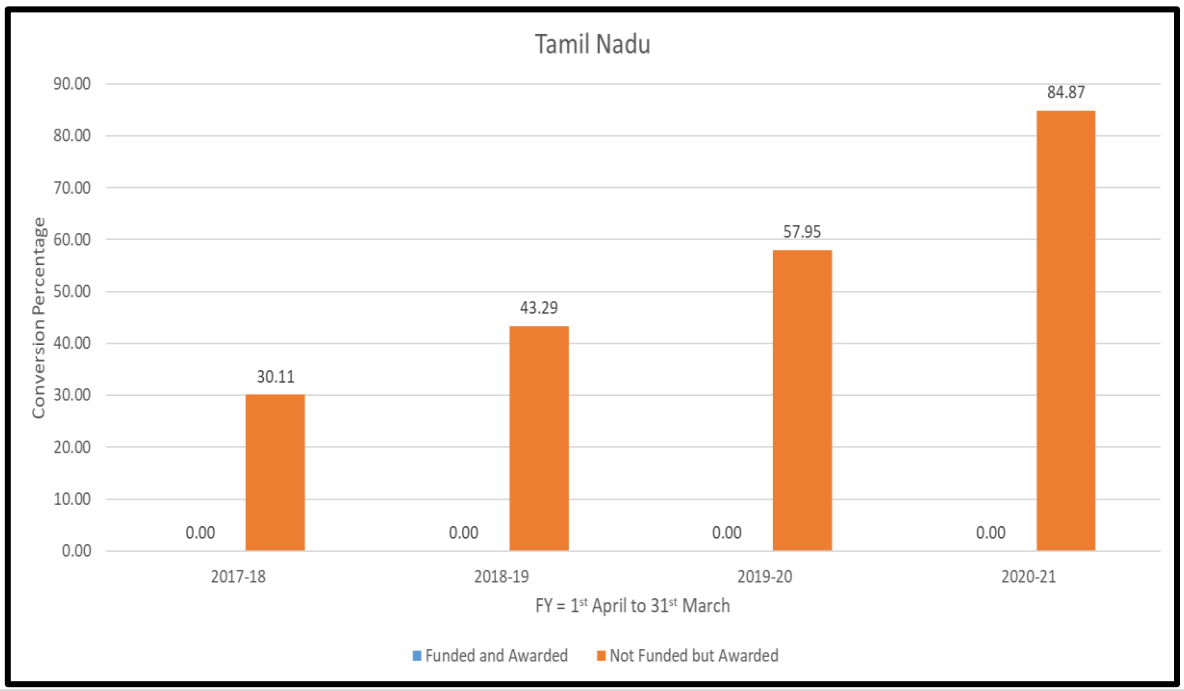

Fig. 10 – Graphical comparison for the state of Tamil Nadu

4.1.9 Uttar Pradesh - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
25	0	797	25	10	0	681	46
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
5	3	718	102	10	6	806	206

Table 9 : Statistics of Uttar Pradesh

It was observed that in the facilities which were funded and Kayakalp awarded, percentage of conversion increased drastically in the last two years. On the other hand, when we look at the facilities which were not funded but Kayakalp awarded, the percentage change has been very evident over the four years of programme.

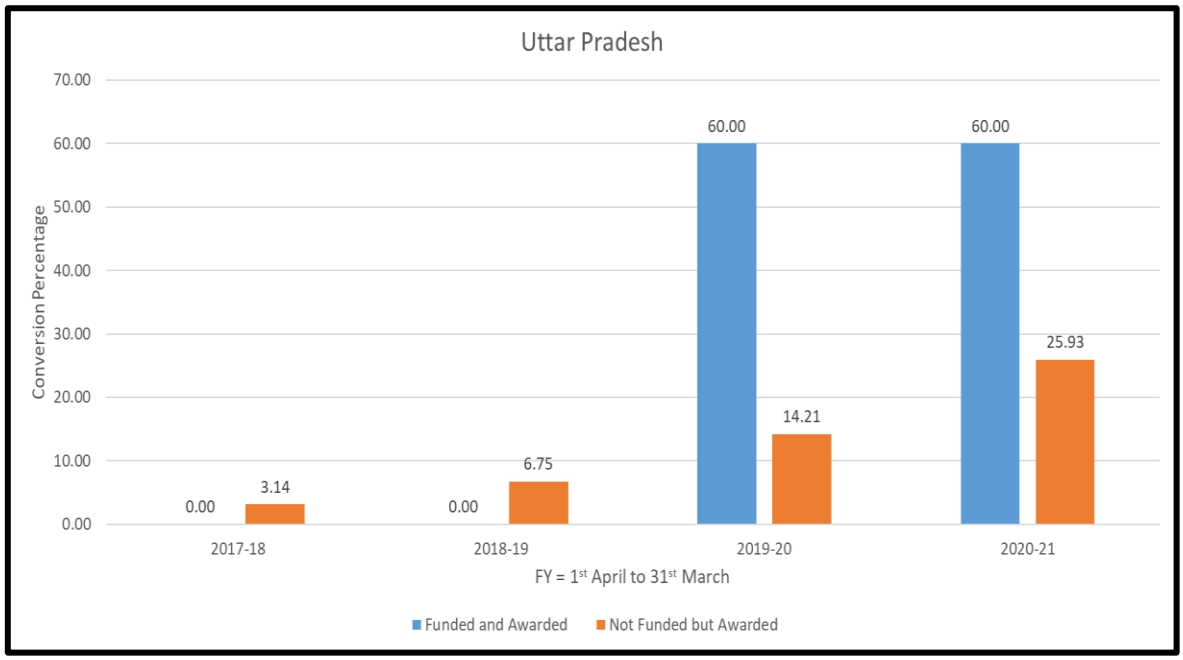

Fig. 11 – Graphical comparison for the state of Uttar Pradesh

4.1.10 Total of 9 states - The observed data to come up to this graphical representation is illustrated in the box below.

2017-18				2018-19			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
119	3	2425	280	314	19	2180	381
2019-20				**2020-21**			
Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee	Funded under SSS	Kayakalp Awardee	Not funded under SSS	Kayakalp awardee
268	50	2195	500	459	138	2331	751

Table 10 : Statistics of total of 9 states

When we look at the overall data of these 9 states, it was observed that in both the group of facilities which were funded and Kayakalp awarded, and which were not funded but Kayakalp awarded, the percentage change has been a gradual increase throughout the span of four years.

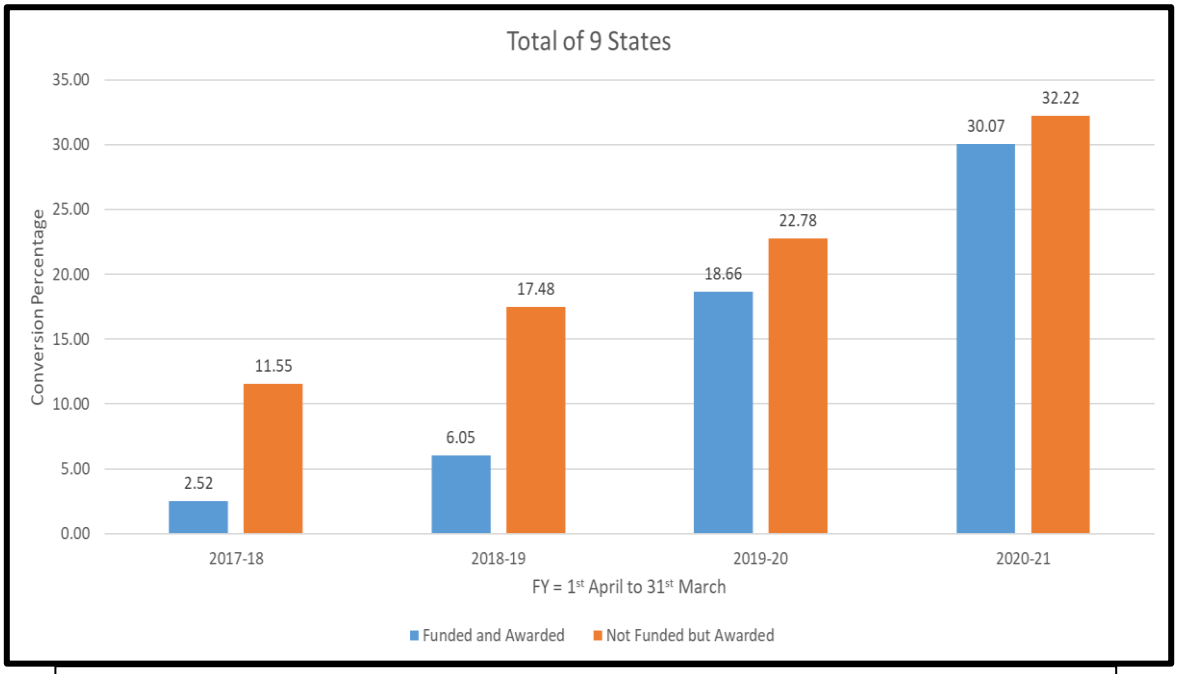

Fig. 12 – Overall graphical comparison for all the states

When we look at the stats of the individual states and the total of the 9 states, the graphical representation is not showing the same results. Therefore, in order to test the scientific significance of the results, we ran a Chi-square test on the stats of the combined data of the 9 states. The results of the Chi-square test showed that there is a positive association between funding and getting the Kayakalp Award in the initial 2 FYs only. However, the Chi-square test on the last 2 FYs shows that there is no such association between the funding and getting the Kayakalp Awards.

Chi – squared test for FY 2017-18

observed values	Funded	Not Funded	total
Awarded	3	280	283
Not Awarded	116	2145	2261
total	119	2425	2544
Expected values	Funded	Not Funded	total
Awarded	13.23781	269.76219	283
Not Awarded	105.7622	2155.2378	2261
total	119	2425	2544
	p value	0.01	

Chi – squared test for FY 2018-19

observed values	Funded	Not Funded	total
Awarded	19	381	400
Not Awarded	295	1799	2094
total	314	2180	2494
Expected values	Funded	Not Funded	total
Awarded	50.36086608	349.63913	400
Not Awarded	263.6391339	1830.3609	2094
total	314	2180	2494
	p value	0.00	

Chi – squared test for FY 2017-18

observed values	Funded	Not Funded	total
Awarded	50	500	550
Not Awarded	218	1695	1913
total	268	2195	2463
Expected values	Funded	Not Funded	total
Awarded	59.84572	490.15428	550
Not Awarded	208.1543	1704.8457	1913
total	268	2195	2463
	p value	0.31	

Chi – squared test for FY 2018-19

observed values	Funded	Not Funded	total
Awarded	138	751	889
Not Awarded	321	1580	1901
total	459	2331	2790
Expected values	Funded	Not Funded	total
Awarded	146.2548	742.7452	889
Not Awarded	312.7452	1588.255	1901
total	459	2331	2790
	p value	0.66	

Table 11 : Chi-Square Test results for all 4 FYs

4.2 The table below depicts the average number of years it takes for the CHCs to traverse the gaps for achieving the Kayakalp Award after receiving the funds under the SSS programme through the NHM. It was observed, that the least time taken to traverse the gaps was by the state of Odisha while the longest time was taken by the state of Uttar Pradesh. However, one astounding finding was that none of the CHCs in the state of Tamil Nadu got the Kayakalp award after getting funded in any of the year.

Name of the States	**Average number of years to traverse the gaps for achieving the Kayakalp Award after receiving funds under SSS programme**
Assam	0.85
Bihar	0.96
Jammu & Kashmir	0.81
Jharkhand	1.32
Maharashtra	0.95
Meghalaya	1.41
Odisha	0.53
Tamil Nadu	NA
UP	1.61

Table 12 : Average number of years to traverse the gaps

Chapter 5: Discussion-

- With the collated and analysed data it is difficult to generalise the role of funding received through National Health Mission (NHM)under Swachh Swasth Sarvatra (SSS) Programme on Community Health Centres (CHCs) for achieving the Kayakalp Award to whole of India.
- None of the state is showing 100% conversion in all the FYs.
- In some states, there are improvements in the initial years and then decline in the subsequent years.
- While in other states, it is vice versa
- However, when we look at the combined data of these states, it can be inferred that there is a consistent improvement in the number of facilities receiving the funds for traversing the gaps to achieve the "Swachh Ratna CHC" status.
- But at the same time, there is an increase in the conversion percentage of the CHCs which were not funded but still achieving the Kayakalp Awards and hence "Swachh Ratna CHCs" status.
- It is also seen that Tamil Nadu being an advanced state in terms of infrastructure, literacy rate, human and other resources, none of the facility could traverse the gaps to achieve the Kayakalp award.
- The minimum average time to traverse the gaps is taken by the State of Odisha while the maximum time was taken by UP (other than Tamil Nadu).

Chapter 6: Way Forward and Recommendations from the study-

- An impact assessment study can be done to check the real progress and impact of the SSS programme.
- Issues and challenges to this study, could be taken up for further studies to check and re-assess the impact of this programme again.

Chapter 7: Limitations of the study-

1. The pre and post intervention internal/peer assessment scores of the facilities were not available within the organization.
2. Due to great variation in the number of CHCs in different states, the result cannot be generalized to the whole country.
3. There are very few literatures published on this topic.
4. Other limitations include communication barriers between the states and the organization.

Chapter 8: Conclusion-

- With the increased communicable diseases, need for cleanliness, sanitation and hygiene has become all the more important.
- The Swachh Bharat Mission, Kayakalp Award scheme and the Swachh Swasth Sarvatra are trying to do the same in terms of increased cleanliness and promoting sanitation and hygiene.
- After the implementation of Kayakalp assessment most of the public health facilities have improved in sanitation and hygiene measures and thus improvement in infrastructure, human resource, hospital cleanliness, infection control etc.
- The confidence level and faith on public health facilities among people has also increased as the sanitation and hygienic condition have improved.
- With the collated and analysed data, it is becoming evident that there is improvement in the cleanliness and hygiene in the public healthcare facilities across the country but the pace and extent is still low.
- The funding through the SSS programme has had a positive association in the first two years but has not been consistent in the last two years.
- This inconsistency of the conversion rate can be due to administrative issues in releasing the funds, delays in the release of funds, or due to differences in the amount asked in the PIPs by states and facilities.

Chapter 9: References-

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