

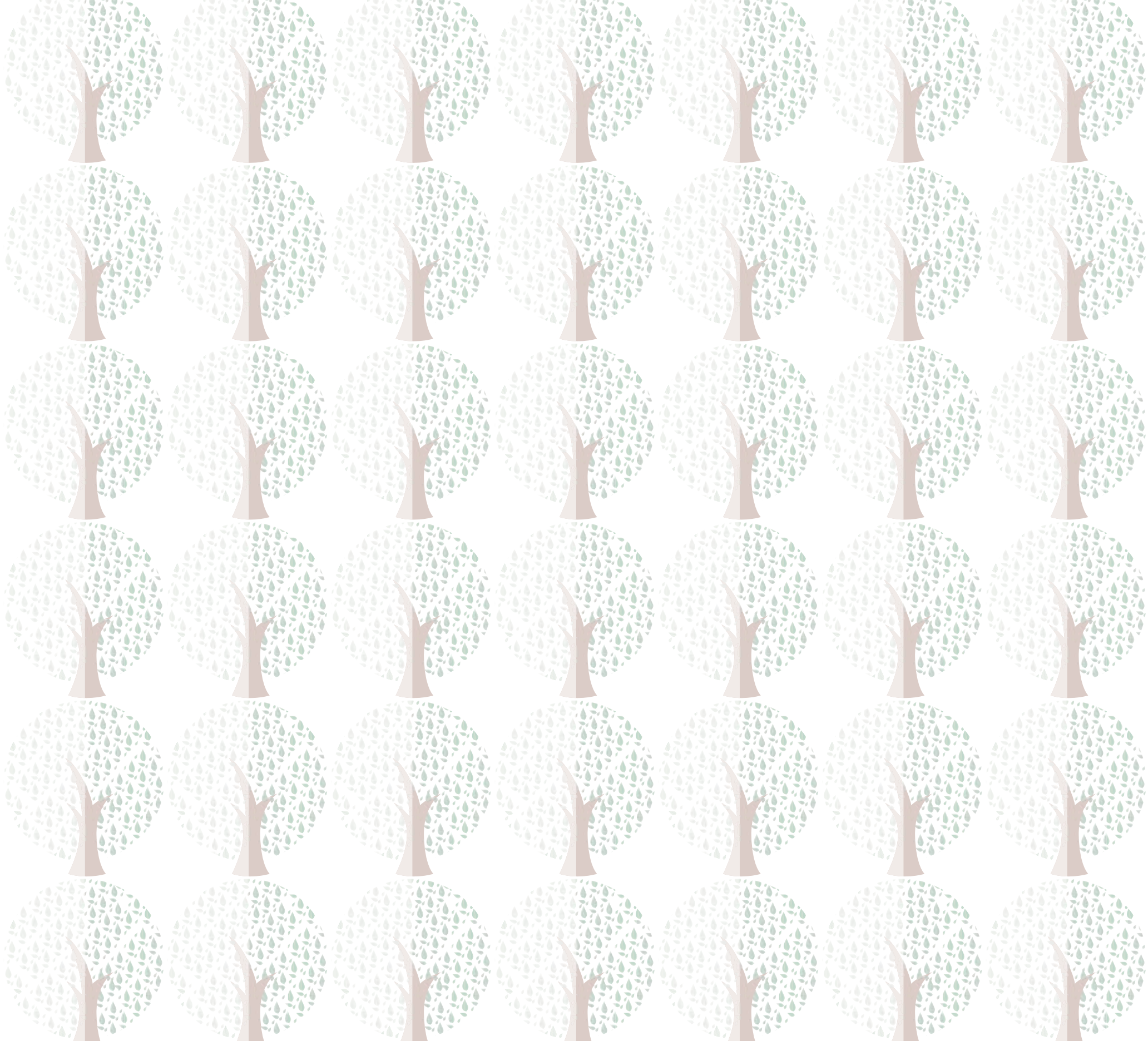


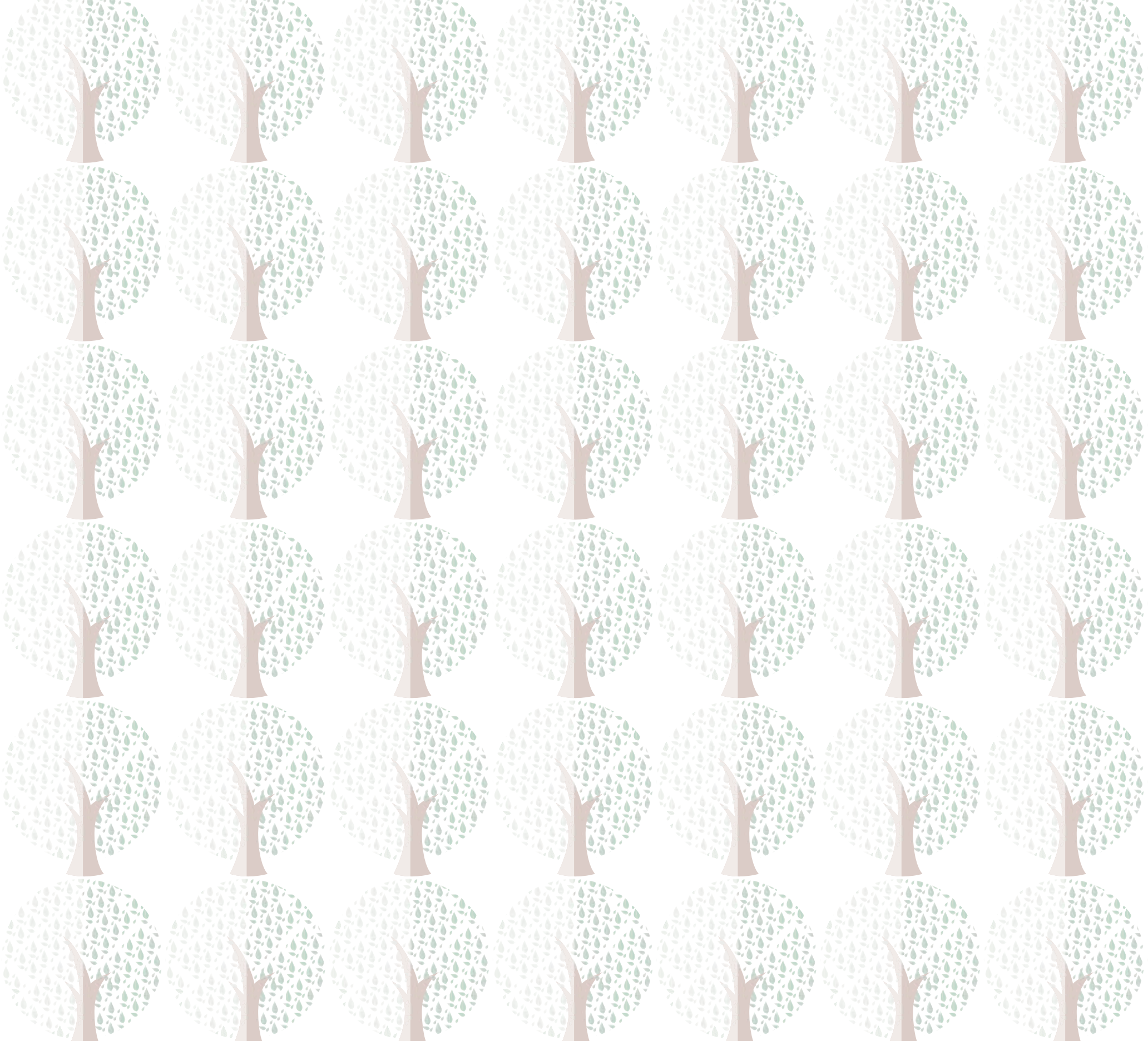
सत्यमेव जयते



KAYAKALP

Rejuvenating Public Healthcare Facilities





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Government of India
Nirman Bhavan, New Delhi

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सत्यमेव जयते



KAYAKALP

Rejuvenating Public Healthcare Facilities

C O N T E N T S

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INTRODU

“ A STEP TOWARD CLEANLINESS
एक कदम स्वच्छता की ओर ”

CTION



Kayakalp is an initiative of Ministry of Health & Family welfare, Govt. of India to improve cleanliness, hygiene & sanitation of public healthcare facilities.

Kayakalp was launched in May 2015 as an adaptation and extension of 'Swachh Bharat Abhiyan'. Kayakalp is a unique initiative comprising of two components:

- (1) Promoting cleanliness, sanitation & hygiene in public Healthcare facilities
- (2) Award to public health facilities that demonstrate high levels of cleanliness, sanitation & hygiene.

Since its inception, the scheme has been embraced with zest and zeal not only by the health facilities but also the community. Within a year it became one of the most popular & appreciated schemes among public healthcare stakeholders as well as people directly or indirectly involved with healthcare sectors. The scheme has created a lot of enthusiasm among

its implementers as it brought out a sense of pride, ownership & healthy competition among Govt. Hospitals.

Under the scheme Hospitals are assessed on 6 parameters viz: Hospital upkeep, Sanitation & hygiene, Waste Management, Infection control, Hospital support services & Hygiene promotion through an explicit measurement system by independent and qualified assessors.

Key Feature of the Scheme

- (1) Unified Organizational framework.
- (2) Explicit Measurement system
- (3) Training & Capacity building
- (4) Assessment & scoring
- (5) Award for Exemplary performers.

Organizational Framework

At National Level, A national Committee is constituted under the chairpersonship of the AS & MD NHM. QI Division of NHSRC acts as secretariat for Kayakalp scheme for implementing and monitoring of the Scheme. National Committee provides directives & enabling orders to states for implementation of scheme, provide measurement tools for assessments, update the tools as per current needs, provide methodology for assessment & criteria for qualification etc.

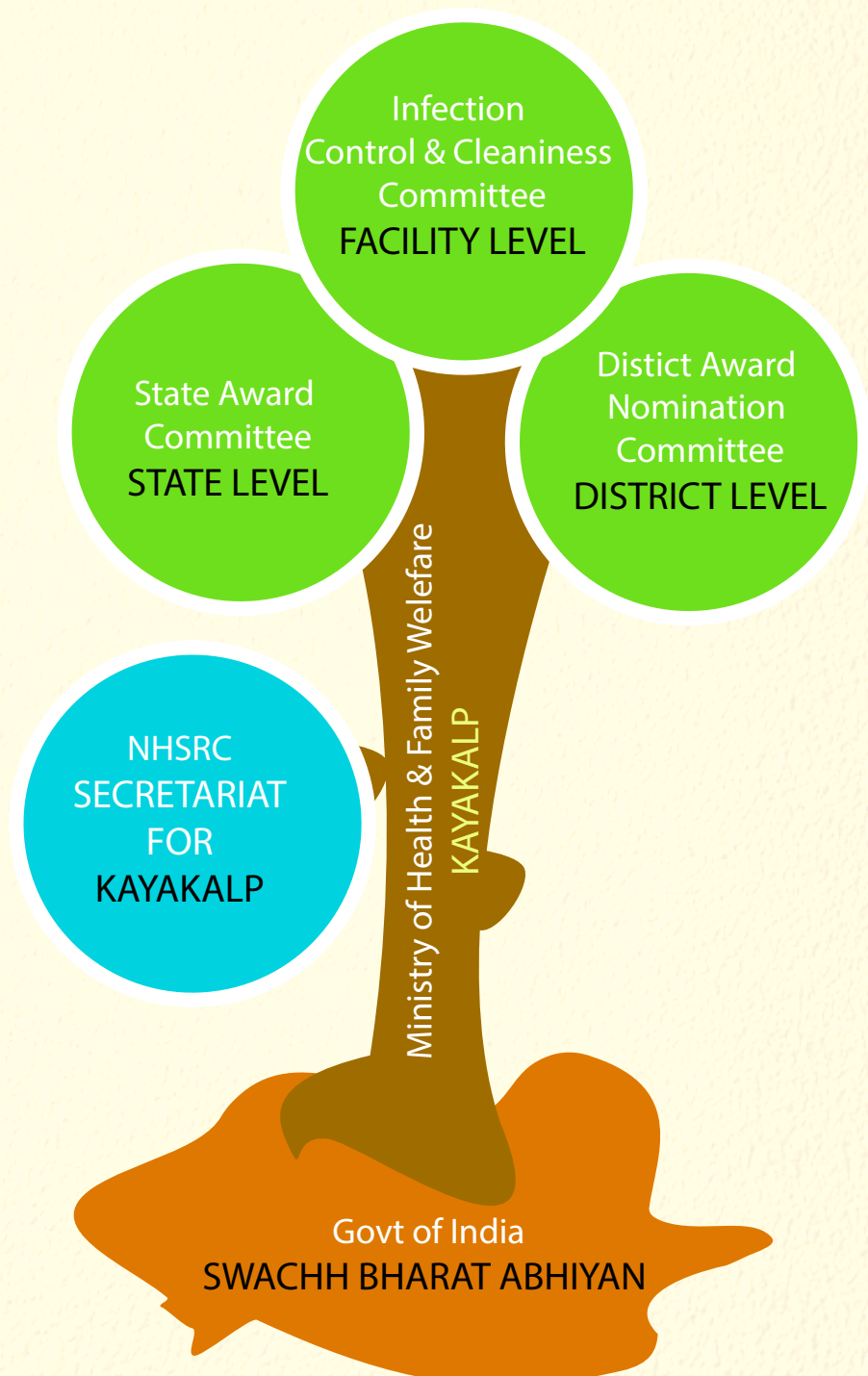
At State Level, State Award Committees are constituted under the chairpersonship of Health Secretary/MD & at district level, district level award nomination committees are constituted under chairpersonship of DM/CMO. At facility level, Infection control & cleanliness committees are constituted.

State award committees ensures dissemination of notifications & tools within state, conduct trainings & identify external assessors on defined criteria of external assessment, coordinate process of assessment, validate scores of internal assessments, finalize list of awardees, felicitate award ceremony at state level & resolve conflict during nomination & assessment processes.

District level award nomination committees ensure internal & peer assessments of all facilities in district, ensure training of staff, allocate teams for peer assessment, monitor assessments, review score of assessment & provide support to facilities to full fill the identified gaps. It also nominates facilities for external assessments & select PHCs in winner & commendation award categories after external assessment.

Explicit Measurement System

As a concept, 'Cleanliness, hygiene & sanitation' of any health facility is quite subjective and different people may have different perception about it depending on their education, social status, experiences and expectation. So, to reduce the bias of evaluator an explicit checklist has



been constituted. Checklist is arranged systematically in three tiers viz. Thematic Area, Criteria & Checkpoints. Each checkpoint carries maximum of 2 marks on full compliance, 1 for partial compliance and 0 for non-compliance. At the end of assessment, Overall and thematic scores can be calculated.

Training & capacity building

Under scheme various type training provided to the states by NHSRC which includes:

Sl. No.	Name of training	Duration	Purpose of training
1	Kayakalp Awareness training	1 Day	To sensitize state level officials for Kayakalp Program.
2	External Assessor Training for Kayakalp	1 Day	To acquaint the identified assessors with theme, criteria & checkpoints & scoring system.
3	Swachh Bharat Abhiyan Training	2 Day	To understand basic concepts of hygiene & sanitation & how to implement them in facilities.

Assessment & Scoring

Under scheme, All healthcare facilities will undergo internal assessment, followed by peer assessment. Facilities scoring 70% or more in peer assessment undergo external assessment by a group of independent and trained external Assessors of state external assessor team.

At the beginning of each year all facilities will undergo internal assessment using Kayakalp checklist & generate their scores. Score will be shared to district award nomination committee & state award committee. Meanwhile, facilities work on their identified gaps & close them. District plans & conducts the peer assessment of all facilities & generates scores. List of Facilities scoring 70% or more is prepared & sent to state committee to plan external assessment.

External assessment of PHC is conducted by district committee & final list of winner & runner up facilities is shared with state committee, while external assessment of SDH/CHC & DH will be done by state nominated external assessors & result is declared by state award committee.

Award for Exemplary performer

State award committee will rank the facilities according to score obtained in external assessment & identify top ranked facilities for award. The state committee would declare eligible facilities for award: Winner, runner & commendation.

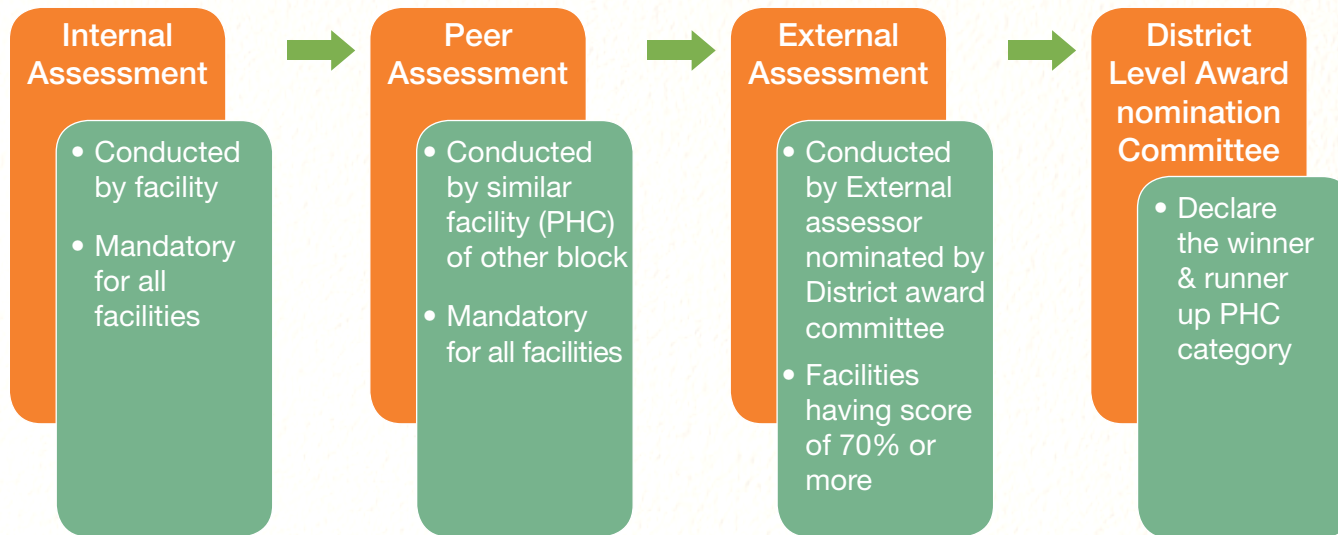
METHODO



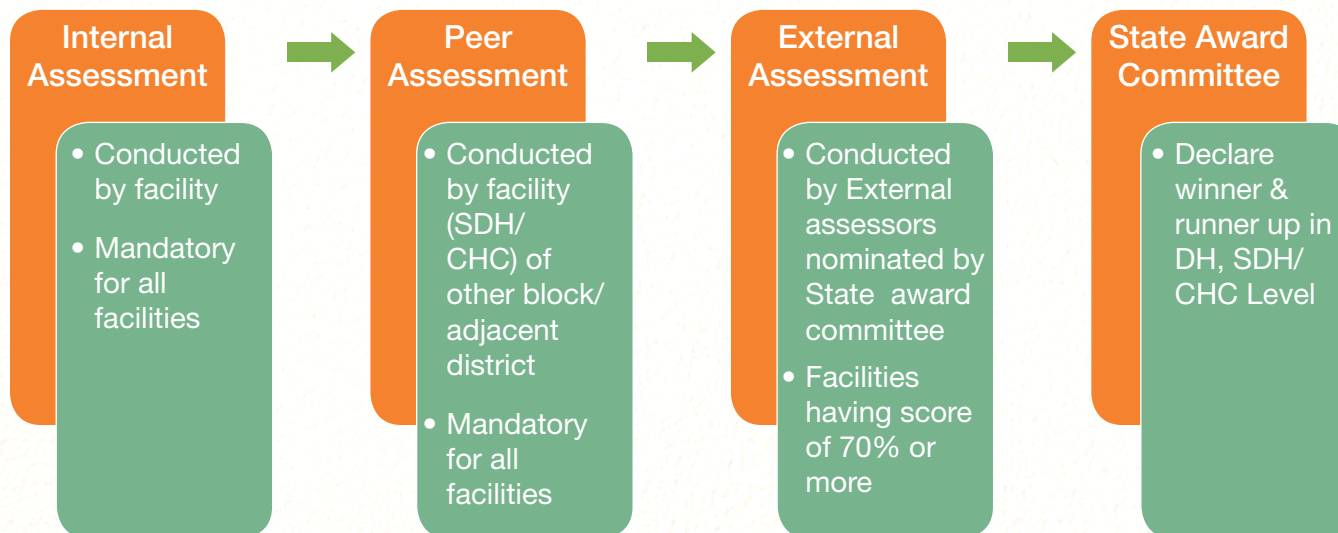
LOGY

“ Assessment of facilities under Kayakalp has different approaches for different level of facilities viz. Primary secondary & tertiary care/ central Govt. Institutions facilities ”

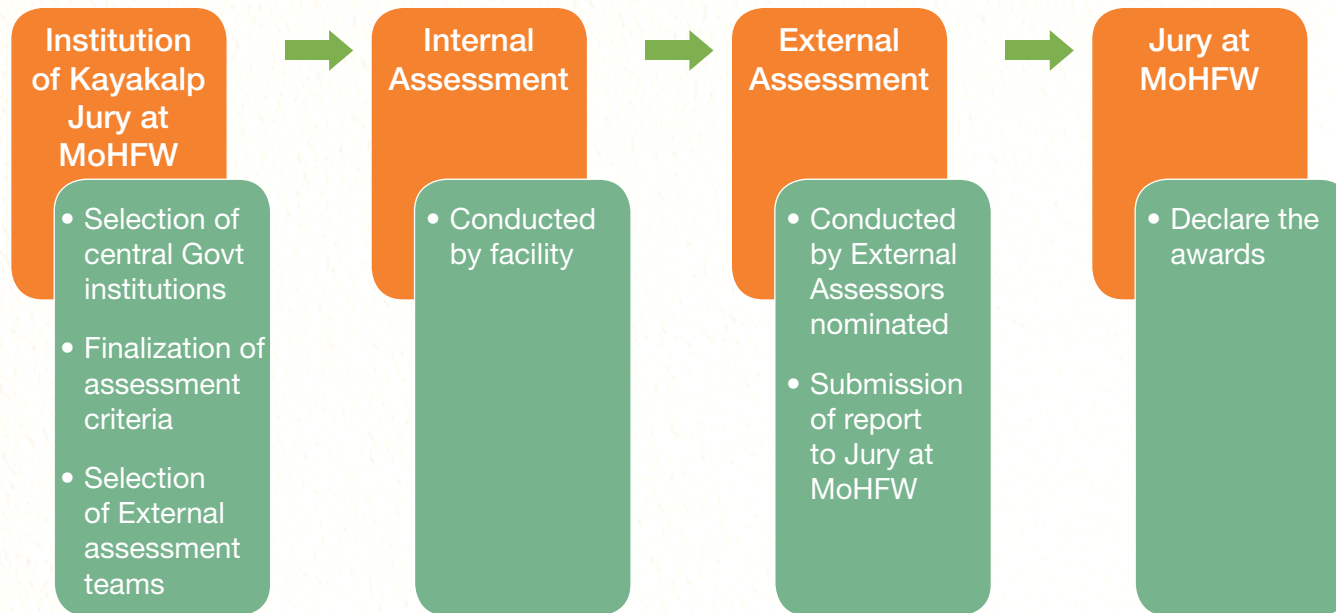
Assessment Process for PHC Level Facilities



Assessment Process for DH,SDH/CHC Level Facilities



Assessment Process for Central Govt Institutions



In FY 2015-16 under Kayakalp program only District Hospitals were taken up for Kayakalp Program. In FY 2016-17 Program has been extended to all DH, CHC & PHCs. Few states have also covered the Urban PHC under program.

In tertiary care hospital category, 10 central Govt. institutes participated in FY 2015-16 while in FY 2016-17, 10 Institute of previous year & 6 New AIIMS included under Kayakalp list.

Name of Hospitals participated in Kayakalp scheme are:

1. Dr. Ram Manohar Lohia Hospital & PGIMER, New Delhi
2. Safdarjung Hospital & VMMC, New Delhi
3. Lady Harding Medical College, Kalawati Saran Hospital & Associated Hospital, New Delhi
4. National Institute of Tuberculosis & respiratory diseases, New Delhi
5. All India Institute of Medical Sciences, New Delhi
6. Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry
7. Post graduate Institute of Medical Education & Research, Chandigarh
8. North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong
9. National Institute of Mental Health & Neurosciences, Bangalore
10. Regional Institute of Medical Sciences, Imphal
11. AIIMS Rishikash
12. AIIMS Bhopal
13. AIIMS Patna
14. AIIMS Jodhpur
15. AIIMS Bhuvneshwar
16. AIIMS Raipur.

PRIZE & AAW

Award for Central Govt./Tertiary
care Hospitals



1st Prize

ARDS



₹3 Crore

2nd Prize



₹1 Crore

3rd Prize



₹50 Lakh

Commendation
Award (2)

Award for District Hospitals



1st Prize

- *Only for large states having 26-50 Districts
- #Only for large states having more than 50 Districts
- \$Winner Award is not applicable for small states having less than 10 Districts, they get only commendation award
- @Commendation award is for all facilities having 70% or more than 70% of scoring



2nd Prize



3rd Prize



Commendation
Award

Award for SDH/CHC Level Facilities



₹15 Lakh*

1st Prize



₹10 Lakh#

2nd Prize



₹1 Lakh#

Commendation
Award

Award for PHC Level Facilities



₹2 Lakh*

1st Prize



₹50,000#

Commendation
Award

- \$ Best PHC would be selected from each district
- *Commendation award is for all facilities having 70% or more than 70% of scoring

STATE WISE
ACHIEV

ERS





WINNER

DISTRICT HOSPITAL, VIZIANAGARAM



98.4%

RUNNER-UP



PHC

WINNER

- PHC Akkulapeta, Srikakulam
- PHC Ramabhadrapuram, Vizianagaram
- PHC Parawada, Visakhapatnam
- PHC Lakkavaram, EG Dist
- PHC Gollavanithippa, WG Dist
- PHC Chatrai, Krishna
- PHC Venigalla, Guntur
- PHC Tarlupadu, Prakasam
- PHC Doravari Satram, Nellore
- PHC Chukkaluru, Anantapur
- PHC Sirivella Kurnool

ANDHRA PRADESH





WINNER

DISTRICT HOSPITAL, TAWANG





- PHC Riga, Siang
- PHC Kipti, Tawang
- PHC Bilat, East Siang
- PHC Katan, Upper Siang
- PHC Sinchung, West Kameng
- PHC Sangram, Kurung Kamey



ARUNACHAL PRADESH





WINNER

DISTRICT HOSPITAL, DIPHU CH, KARBI ANGLONG



RUNNER-UP

SMK CIVIL HOSPITAL, NALBARI



WINNER

COMMUNITY HEALTH CENTER, TITABAR SDCH, JORHAT



- PHC Nargigpur, Cachar
- PHC Bordirak, Tinsukia
- PHC Barbaruah, Dibrugarh
- PHC Somonigaon, Golaghat
- PHC Dholmara, Kokrajhar
- MPHP Atapam, Jorhat
- MPHP Daulashal, Nalbari
- MPHP Lengtisinga, Bongaigaon
- BPHC Manja, Karbi- Anglong
- MPHP Nortap, Kamrup Metro

ASSAM





WINNER



RUNNER-UP

DISTRICT HOSPITAL, BANKA



WINNER

COMMUNITY HEALTH CENTER, SAMBHOOGANJ



- PHC Barun, Aurangabad
- PHC Uckagaun, Gopalgan
- PHC Parbatta, Khagaria
- PHC Sikta, Chanpattia, West Champaran
- PHC Giryas, Nalanda

BIHAR





WINNER

DISTRICT HOSPITAL, KANKER



RUNNER-UP

DISTRICT HOSPITAL, DANTEWARA



COMMUNITY HEALTH CENTER, BHANU PRATAPUR, KANKER



- PHC Korba, Korba
- PHC Katgi, Balodabazar
- PHC Rahaud, Janjgir-Champa
- PHC Basdei, Sarguja
- PHC Samri, Balampur
- PHC Kargikala, Bilaspur
- PHC Kottara, Kanker
- PHC Devarbija, Bemetra
- PHC Basdei, Surajpur
- PHC Kolawal, Bastar
- PHC Diwanmuda, Gariyabandh
- PHC Keregaon, Dhamtari
- PHC Indouri, Kwardha
- PHC Pandadah, Rajnandgaon
- PHC Lendhra, Raigarh
- PHC Aara, Jashpur
- PHC Benur, Narayanpur



CHHATTISGARH





WINNER

DISTRICT HOSPITAL, DELHI STATE CANCER INSTITUTE





DISTRICT HOSPITAL, SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA



RUNNER-UP

DELHI





WINNER

DISTRICT HOSPITAL, P. K. HOSPITAL, RAJKOT



RUNNER-UP

DISTRICT HOSPITAL, VYARA TAPI



WINNER

COMMUNITY HEALTH CENTER, BARDOLI, SURAT



- Kavitha, Ahmedabad
- Chavand, Amreli
- Khadol, Anand
- Ramgadhi, Arvalli
- Vagharol, Banaskantha
- Matar, Bharuch
- Patana, Bhavnagar

- Dhasa Vishi, Botad
- Khareda, Chhota Udaipur
- Panchwada, Dahod
- Pimpri, Dang
- Rajpar, Devbhumi Dwarka
- Pundhara, Gandhinagar
- Harmadiya, Gir Somnath
- Jamvanathali, Jamnagar
- Meshvan, Junagadh
- Kukma, Kachchh
- Radhu, Kheda
- Kherva, Mahesana
- Gadiya, Mahisagar
- Bagathala, Morbi
- Khaidipada, Narmada
- Gadat, Navsari
- Timbagam, Panchmahal
- Mujpur, Patan
- Garej, Porbandar
- Khirsara (Ranmalji), Rajkot
- Jashvantgadh, Sabarkantha
- Sara, Surendranagar
- Orna, Surat
- Sokhda, Vadodara
- Kakadkuva, Valsad

GUJARAT





WINNER

DISTRICT HOSPITAL, PANCHKULA



RUNNER-UP

DISTRICT HOSPITAL, ROHTAK



COMMUNITY HEALTH CENTER, INDRI, KARNAL



- PHC Majari, Ambala
- PHC Chhainssa, Faridabad
- PHC Bhadson, Karnal
- PHC Bhagal, Kaithal
- PHC Babain, Kurukshetra
- PHC Chillro, Narnaul
- PHC pinjore, Panchkula
- PHC ujha, Panipat
- PHC Fatehpuri, Rewari
- PHC Lakhanmajra, Rohtak
- PHC Kalanwali, Sirsa
- PHC Murthal, Sonipat
- PHC Chhachhrauli, Yamunanagar
- PHC Badhra, Bhiwani
- PHC Nehla, Fatehabad
- PHC Wazirabad, Gurugram
- PHC Umra, Hissar
- PHC Dariyawala, Jind
- PHC Pataudha, Jhajhar
- PHC Taura, Mewat
- PHC Allija, Palwal

HARYANA





WINNER

DISTRICT HOSPITAL, RECKONG PEO, KINNAUR



RUNNER-UP



WINNER

COMMUNITY HEALTH CENTER, KUTHER, KANGRA



Winner: Primary Health Center



- PHC Kaliba, Kinnaur
- PHC Garsa, Kullu
- PHC Pangna, Mandi
- PHC Kola Wala Bhood, Sirmaur
- PHC Patta Mehlog, Solan
- PHC Bir, Kangra
- PHC Panjavar, Una
- PHC Jangalberi, Hamirpur
- PHC Rajnagar, Chamba
- PHC Narkanda, Shimla
- PHC Bhajoon, Bilaspur
- PHC Chatroo, Kishtwar



HIMACHAL PRADESH





HONORARY

- PHC Chushot Leh
- PHC Shargole Kargil
- PHC Ompura Budgam
- PHC Khrew Pulwama
- PHC Chatroo Kishtwar





JAMMU & KASHMIR



District

Hospital

DISTRICT HOSPITAL, DEOGARH



WINNER





COMMUNITY HEALTH CENTER, RAIDIH GUMLA



WINNER



- PHC Korba, Korba
- PHC Katgi, Balodabazar
- PHC Rahaud, Janjgir-Champa
- PHC Basdei, Sarguja
- PHC Samri, Balrampur
- PHC Kargikala, Bilaspur
- PHC Kottara, Kanker
- PHC Devarbija, Bemetra
- PHC Basdei, Surajpur
- PHC Kolawal, Bastar
- PHC Diwanmuda, Gariyabandh
- PHC Keregaon, Dhamtari
- PHC Indouri, Kwardha
- PHC Pandadah, Rajnandgaon
- PHC Lendhra, Raigarh
- PHC Aara, Jashpur
- PHC Benur, Narayanpur

JHARKHAND





WINNER

DISTRICT HOSPITAL, BIJAPUR, VIJAYPURA



RUNNER-UP

DISTRICT HOSPITAL, MCGANN SHIVAMOGGA



WINNER

COMMUNITY HEALTH CENTER, VIJAYAPURA MANGALORE



- PHC Kulageri Cross, Bagalkote
- PHC Boodigere, Bangalore Rural
- PHC Thippenahalli, Bangalore Urban
- PHC Baragoa, Belgaum
- PHC Thambrahalli, Ballari
- PHC Tikuta, Bijapur
- PHC Baachahalli, Chamrajnagar
- PHC Yagavakote Chintamani, Chikkaballapur
- PHC Machagondanahalli, Chikmagalur
- PHC Kondlahalli, Chitradurga
- PHC Bondel, DK Mangalore
- PHC Karignor, Davanagere
- PHC Ingalahalli, Dharwad
- PHC Dambal, Gadag
- PHC Aurad, Gulbarga
- PHC Ramanathapura, Hassan
- PHC Chettalli, Kodagu
- PHC Doddashivara, Kolar
- PHC Kinnal, Koppal
- PHC Soonagahalli, Mandya
- PHC MaddurKallalli, Mysore
- PHC Masarakal, Raichur
- PHC Ganakal, Ramanagar
- PHC Aladahalli, Shimoga
- PHC Padubidri, Udupi
- PHC Manki, UK (Karwar)
- PHC Koullur, Yadgiri

KARNATAKA





WINNER

DISTRICT HOSPITAL, WOMEN & CHILDREN HOSPITAL, KOZHIKODE



RUNNER-UP

DISTRICT HOSPITAL, WOMEN & CHILDREN HOSPITAL, ALAPPUZHA

COMMUNITY HEALTH CENTER, RUKSIN



- PHC Njarikkalakadu, Kasargode
- PHC Kudayathoor, Idukki
- PHC Edavanakkadu, Ernakulam
- PHC Thirunavaya, Malappuram
- PHC Purakkadu, Alappuzha



KERALA



District

Hospital



WINNER

DISTRICT HOSPITAL, BHIND



District

Hospital



WINNER

DISTRICT HOSPITAL, TIKAMGARH



District
District
Hospital
Hospital



URINEREBPUP



DISTRICT HOSPITAL, SATNA



WINNER



- PHC Maksi, Shajapur
- PHC Kurawar, Rajgadh
- PHC Nahargarh, Mandsoore
- PHC Alirajpur, Alirajpur
- PHC Amlah, Sehore
- PHC Tamsar, Sidhi
- PHC Rahat, Rewa
- PHC Saleha, Panna
- PHC Bamori, Morena
- PHC Dongarmali, Balaghat
- PHC Raipuria, Jhabua
- PHC Karahi, Khargone
- PHC Kanhiwada, Seoni
- PHC Sanadiya, Hoshangabad
- PHC Bandakpur, Damoh
- PHC Gadasarai, Dindori
- PHC Ringnod, Ratlam
- PHC Kanhawara, Katni
- PHC Tigaav, Chindwada
- PHC Chichgohan, Khandwa
- PHC Singpur, Narsinghpur
- PHC Chargawa, Jabalpur



MADHYA PRADESH





WINNER

DISTRICT HOSPITAL, NASHIK



RUNNER-UP

DISTRICT HOSPITAL, PUNE



- PHC Dabhad
- PHC jamsar
- PHC Poynad
- PHC Kapdane
- PHC Aashte IPHS (24X7)
- PHC pimperkhed
- PHC Naitale
- PHC Adhalgaon
- PHC Morgaon
- PHC Malinagar
- PHC Rethare
- PHC Alate
- PHC Borgaon (W)
- PHC Bhambed
- PHC Banda
- PHC Ganori
- PHC Khasgaon
- PHC Potra
- PHC Kharola(24X7)
- PHC Aasu
- PHC Ghatnandar
- PHC Bhosi
- PHC Hatrun
- PHC Shendurjana
- IPHS (24X7)
- PHC Amaner
- PHC Khairgaon
- PHC Hatedi
- PHC Dhapewada
- PHC Sahur
- PHC Konda (24X7)
- PHC Chopa
- PHC Durgapur
- PHC Potegaon
- PHC Kantheswar

MAHARASHTRA





WINNER

COMMUNITY HEALTH CENTER, MAO, SENAPATI



RUNNER-UP



- PHC Leimapokpam, Bishnupur
- PHC Nongpoksekmai, Thoubal
- PHC Mekola, Imphal West
- PHC Behiang, Churachandpur
- PHC None, Tamenglong
- PHC Jessami, Ukhrul
- PHC Mantripukhri, Imphal East



MANIPUR





WINNER

DISTRICT HOSPITAL, TURA CH, WEST GARO HILLS





COMMUNITY HEALTH CENTER, CHOKPOT, SOUTH GARO HILLS



- PHC Bajengdoba, North Garo Hills
- PHC Nartiang, West Jaintia Hills
- PHC Mawphlang, East Kasi Hills
- PHC Rymbai, East Jaintia Hills
- PHC Marngar, Ri Bhoi
- PHC Mawthawpdah, South West Kasi Hills
- PHC Pariong, West Khasi
- PHC Maheshkola, South Garo Hills
- PHC Bansamgre, East Garo Hills

MEGHALAYA





WINNER

COMMUNITY HEALTH CENTER, VAIRENGTE CHC, KOLASIB





- PHC Aibawk, Aizawal Weast
- PHC Thingsulthliah, Aizawl East
- PHC Bilkhawthlir, Kolasib
- PHC W. Phaileng, Mamit
- PHC Hnahlan, Champhai
- PHC N.Vanlaiphai, Serchhip
- PHC S.Lungpher, Lawngtlai
- PHC Chhualung, Saiha
- PHC Buarpui, Lunglei



MIZORAM





WINNER

DISTRICT HOSPITAL, SAMBALPUR



RUNNER-UP

DISTRICT HOSPITAL, GANJAM



COMMUNITY HEALTH CENTER, GHATGAON, KEONJHAR

WINNER



ODISHA





WINNER

DISTRICT HOSPITAL, PATHANKOT





COMMUNITY HEALTH CENTER, SDH DASUYA, HOSHIARPUR



- PHC Kauli, Patiala
- PHC Majat, Mohali
- PHC PunjgrainKalan, Faridkot
- PHC PakkaKalan, Bathinda
- PHC KhaiFemeKe, Ferozepur
- PHC Jadla, SaheedBhagat
- PHC Ghiala, Pathankot
- PHC Bhasaur, Sangrur
- MPHC Amrali, Rup Nagar
- PHC Athauli, Kapurthala
- PHC Bhagrana, Fatehgarh Sahib
- MPHC Rajasansi, Amritsar
- PHC Ghwaddi, Ludhiana
- PHC RurekeKalan, Barnala
- PHC Gunapur, Gurdaspur



PUNJAB





DISTRICT HOSPITAL, MGM RAJKIYA CHIKITSALYA, HANUMANGARH



WINNER



RUNNER-UP

DISTRICT HOSPITAL, PALI



COMMUNITY HEALTH CENTER, BISSAU, JHUNJHUNU



- Singoli, Bhilwara
- Sallopat, Banswara
- Sardhana, Ajmer
- Ghanau, Churu
- Parsola, Pratapgarh
- Jhilai, Tonk
- Jat Baheror, Alwar
- Bankali, Pali
- Javal, Sirohi

RAJASTHAN





WINNER

COMMUNITY HEALTH CENTER, JORETHANG CHC, SOUTH DISTRICT





- PHC Tokal Bermiok, South District
- PHC Phodong, North District
- PHC Dentam, West District
- PHC Rangpo, East District



SIKKIM



DISTRICT HOSPITAL, PADMANA BAPURAM KANYAKUMARI



WINNER



RUNNER-UP

DISTRICT HOSPITAL, NAMAKKAL



COMMUNITY HEALTH CENTER, THIRUPOONDI NAGAPATTINAM



WINNER



- PHC Vadalur
- PHC Gopalapatti
- PHC Thumbal
- PHC Mekkalur
- PHC Velankanni
- PHC Valparai
- PHC Pettavaithalai
- PHC Eduthavainatham
- PHC Thovalai
- PHC Kulathur
- PHC Chitalankudi
- PHC Sholandur
- PHC Valliyur
- PHC Nimmiyampattu
- PHC Thalavaipattinam
- PHC Maraimalainagar
- PHC Alampatti
- PHC Thiruvallampozhi
- PHC Ammapet
- PHC Kadiyapatti
- PHC Thummanapatti
- PHC Adaikkampatti
- PHC Athikadai
- PHC Vanniampatti
- PHC Nagadesampatty
- PHC Govindanpalayam
- PHC Pannanthur
- PHC Karisalpatti
- Poyyur
- Kamayagoundanpatti
- Kundrakudi

TAMIL NADU





WINNER

DISTRICT HOSPITAL, SANGAREDDY





COMMUNITY HEALTH CENTER, PALVANCHA



- PHC Wyrā, Khammam
- UPHC Tilaknagar, Hyderabad - Amberpet
- PHC Bhimpur, Adilabad
- PHC Kondurg, Mahaboobnagar (RR Dist)
- PHC Kammarapally, Nizambad
- PHC Reddipally, Medak (Sangareddy)
- PHC Thangallapally, Karimnagar (Rajanna-Siricilla)
- PHC Haliya, Nalgonda
- PHC Atmakur, Warangal



TELANGANA





WINNER

COMMUNITY HEALTH CENTER, BELONIA –SDH, SOUTH TRIPURA





- PHC Barpathari, South Tripura
- PHC Atharabhola, Gomati
- PHC Taibandal, Sipahijala
- PHC Marachara, Dhalai
- PHC Jampui, North Tripura



TRIPURA



DISTRICT HOSPITAL, DR. B.R. AMBEDKHAR HOSPITAL- ETAWA



WINNER



RUNNER-UP

DISTRICT HOSPITAL, WOMEN HOSPITAL- LALITPUR



WINNER

COMMUNITY HEALTH CENTER, MURADNAGAR - GHAZIABAD



- PHC Sakrar, Jhansi
 - PHC Sarvankheda, Kanpur Dehat
 - PHC Nigoha, Lucknow
 - PHC Marwatiya, Basti
 - PHC Bichiya, Unnao
 - PHC Bithoor, Kanpur
 - PHC Dhanupur, Allahabad
- PHC Bhoodbaral, Meerut
 - PHC Jhakora, lalitpur
 - PHC Kamlapur, Sitapur
 - PHC Harchanpur, Raebareli
 - PHC Dakor, Jalaun
 - PHC Kuwatanda, Bareilly

UTTAR PRADESH





WINNER

DISTRICT HOSPITAL, GOPESHWAR, CHAMOLI





WINNER

COMMUNITY HEALTH CENTER, SDH CORONATION, DEHRADUN



- PHC Ukimath, Rudraprayag
- PHC Chham, Tehri
- PHC Dhari, Nainital
- PHC Hawalbag, Almora

UTTARAKHAND





WINNER

DISTRICT HOSPITAL, SILIGURI



RUNNER-UP



COMMUNITY HEALTH CENTER, SGH GABBERIA



- PHC Silbarihat, Alipurduar
- PHC Gadamathura, Diamond Harbour HD
- PHC Dhumpara, Jalpaiguri
- PHC Khuchitalhat, South 24 Parganas

WEST BENGAL





CENTRAL GO
HOSPITALS/

VERNMENT INSTITUTIONS



WINNER

FIRST PRIZE: ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI



RUNNER-UP

SECOND PRIZE: NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, MEGHALAYA

**THIRD PRIZE: POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RE-
SEARCH, CHANDIGARH**



**SECOND
RUNNER-UP**



**ALL INDIA INSTITUTE OF MEDICAL
SCIENCES, RAIPUR**



COMMENDATION AWARD



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR





THE

JOURNEY
SO FAR...

Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



Before



After



FACILITY

THEME

A



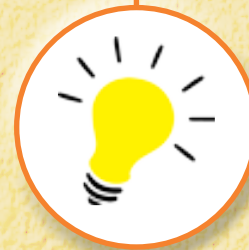
**HOSPITAL
UPKEEP**

Infrastructure
Maintenance

Illumination

Maintenance of
Furniture & Fixture

Removal of Junk
Material



UPKEEP

Creating a positive First Impression

'First we shape our hospitals and they shape us'

Water
Conservation



Work Place
Management



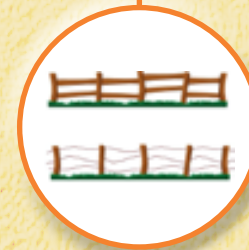
Pest & Animal
Control



Landscaping &
Gardning



Maintenance of
Open Area



Facility
Maintenance



Patients develop their perception of a health facility within the first few minutes of their visit. A well-maintained healthcare facility attracts more patients and leaves a long-lasting impact on the mindset of the patients & attendants. Appearance and maintenance of hospitals play a pivotal role in creating a long-lasting positive impression of a health facility. Facility appearance and regular maintenance of hospitals that include signage, noise reduction, improved lighting, better ventilation, and improved layout can help reduce errors, reduce stress, improve sleep, reduce pain and drugs, and improve other outcomes.

Research has shown that hospitals that feature new designs and amenities have higher patient satisfaction scores. Under Kayakalp hospitals have endeavoured in improving the

outlook of their buildings through minor repairs, painting, and renovations providing a saluting architecture wherein patients feel being welcomed.

Green is clean

Landscaping gives a positive impact not only to patients but also to visitors and staff. The gardens and green spaces of a hospital are regarded as a counterbalance to the hospital itself. In addition to this it acts as a major contributor in regaining the trust of the patients in Indian Public health facilities.

A research on “Hospital Garden Help Patient Heal” depicts that spending time interacting with nature in a well-designed garden reduces the level of pain and stress, and by doing that,



boost the immune system in ways that allow own body and other treatments to help in heal.

Efforts- several efforts have been undertaken by the facilities to improve the open areas of hospital through:

- Landscaping.
- Herbal gardens.
- Planting drives.

- Dedicated Parking areas and Porches.
- Closed drainage and sewage system.
- Cleaning of internal pathways.



SANITATION &



Clean Toilets

Clean Circulation
area

Clean Ward

Clean Procedure
Area



HYGIENE



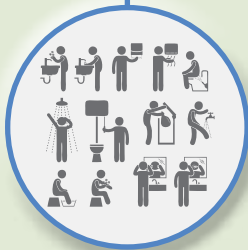
Cleanliness is next to Godliness

Adequate sanitation, together with good hygiene and safe water, are fundamental to good health and to social and economic development.

Clean Ambulatory Area



Clean Auxiliary Area



Standard Material and equipment for cleaning



Standard methods for Cleaning



Monitoring of Cleanliness Activity



Drainage and Sewage



Adequate sanitation, together with good hygiene and safe water, are fundamental to good health and to social and economic development.

Cleanliness is the first and foremost habit that should be cultivated in our mind. From childhood, our parents teach us that Cleanliness is next to Godliness. This is because; by being clean you help yourself and others too.

Keeping our environment clean becomes our social responsibility. So, apart from keeping ourselves clean, we should learn to keep our surroundings clean.

Cleanliness is an outcome that really matters to patients and their families. Public health facilities cater to leads of the patient day in out, so maintaining cleanliness should be considered as one of the top most priority.

As per the research conducted by Mara D, Lane J, Scott B, Trouba D (2010) Sanitation and Health, 2010, Sanitation & Health, 2.6 billion people in the world lack adequate sanitation—the safe disposal of human excreta. Lack of sanitation contributes to about 10% of the global disease burden, causing mainly diarrhoeal diseases.

Hospitals have special requirements for sanitation as they have to deal with patients who may be infected with disease such as cholera, typhoid and hepatitis A.

According to a 2015 WHO and UNICEF report concerning data from 54 countries, representing 66,101 facilities, 38% of healthcare facilities do not have an improved water source, 19% do not have improved sanitation and 35% do not have water and soap for handwashing. This lack of services compromises the ability to provide safe and quality care.



Through Kayakal program facilities adopted various measures like involvement of NGO "Sri Sathya Sai Seva Organization India", by district Hospital Koraput, Odisha for cleanliness of hospital premises.

"A commitment to community"

Mere availability of services does not serve the purpose until the services are accessible to the users. Accessibility includes physical access and ensures that services are sensitive to gender, culture and religious needs. Services offered should be patient friendliness and ensuring privacy and dignity of patients.

Facilities have implemented various strategies under Kayakalp to enhance accessibility issues like:

- Uniform signage system,
- Citizens Charter.
- Rights and Responsibilities of patients.
- Divyang friendly hospitals: ramps, rails, divyang friendly toilets.
- Suggestion and complaint boxes.
- May I help you desk.



WASTE MANA



Implementation of
BMW

Management of
Hazardous Waste

Solid General
Waste Management

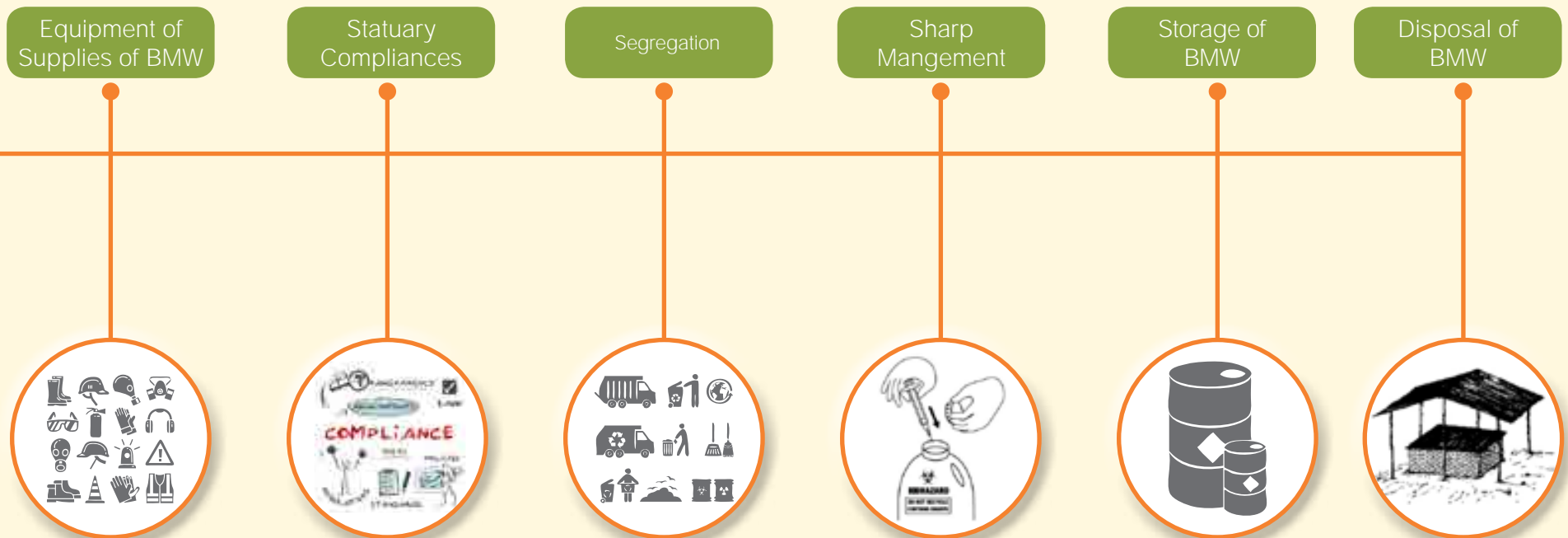
Liquid Waste
Management



WASTE MANAGEMENT



Let the waste of “the sick” not contaminate the lives of “the healthy”K Park



Diligence is mother of good fortune

Biomedical waste is defined as any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps, including the categories mentioned in Schedule I appended to the BMW 2016 rules.

Biomedical waste management has become a worldwide humanitarian topic today. In the persuasion of the aim of reducing health problems, eliminating potential risks, and treating sick people, healthcare services inevitably create waste which itself may be hazardous to health. Inadequate and inappropriate knowledge of handling of such waste may have serious health consequences and a significant impact on the environment as well.

The rapid mushrooming of hospitals, dictated by the need of the expanding population has made the increased generation of hospital waste a significant factor. The quantum of waste

generated in India is estimated to be 1-2 kg per bed per day in a hospital and 600 gm per day per bed in a clinic.

The need of proper hospital waste management system is of prime importance and is an essential component of quality assurance. Adequate knowledge about the health hazard of biomedical waste, proper technique and methods of handling the waste, and practice of safety measures can go a long way toward the safe disposal of hazardous biomedical waste and protect the environment & community from various ill effects of biomedical waste. This entire series of events can be made evident by following “Biomedical Waste Management Rules 2016”.

An adequate amount of evidence is there for us to understand that management of “Biomedical waste” is of great concern. Let’s put our hands together to ensure that our hospitals are the safe and healthy places for treating the sick and not a source of infection or other type of hazards to the community keeping in mind the fact that management is nothing more than motivating others.



All the states and UTs have taken proactive steps in managing biomedical waste and these efforts have resulted in:

Reduction in injuries from sharps leading to hospital personnel and waste handler.

- Reduction in nosocomial infections in patients
- Reduction in risk of infection outside hospital for waste handlers and general public living in the vicinity of hospitals.
- Reduction in risk associated with hazardous chemicals, drugs etc. to the persons handling wastes
- Reduction in risk of “Disposable or drugs” being repacked and sold by unscrupulous elements
- Reduction in risk of air, water and soil pollution directly due to waste, or due to defective disposal.

Facts related to Sharp Injuries:

Staff prone to needle-stick injuries	Relative % of injuries
Staff nurses	34.6%
Workers responsible for waste management / cleaning staff	19%
Interns	15.7%
Residents	11.7%
Trainee nurses	8.5%
Technical Staff	6%
Others	4.5%



HOSPITAL INFECTION CONTROL



Spill
Management



Hand Hygiene



Isolation and Barrier
Nursing



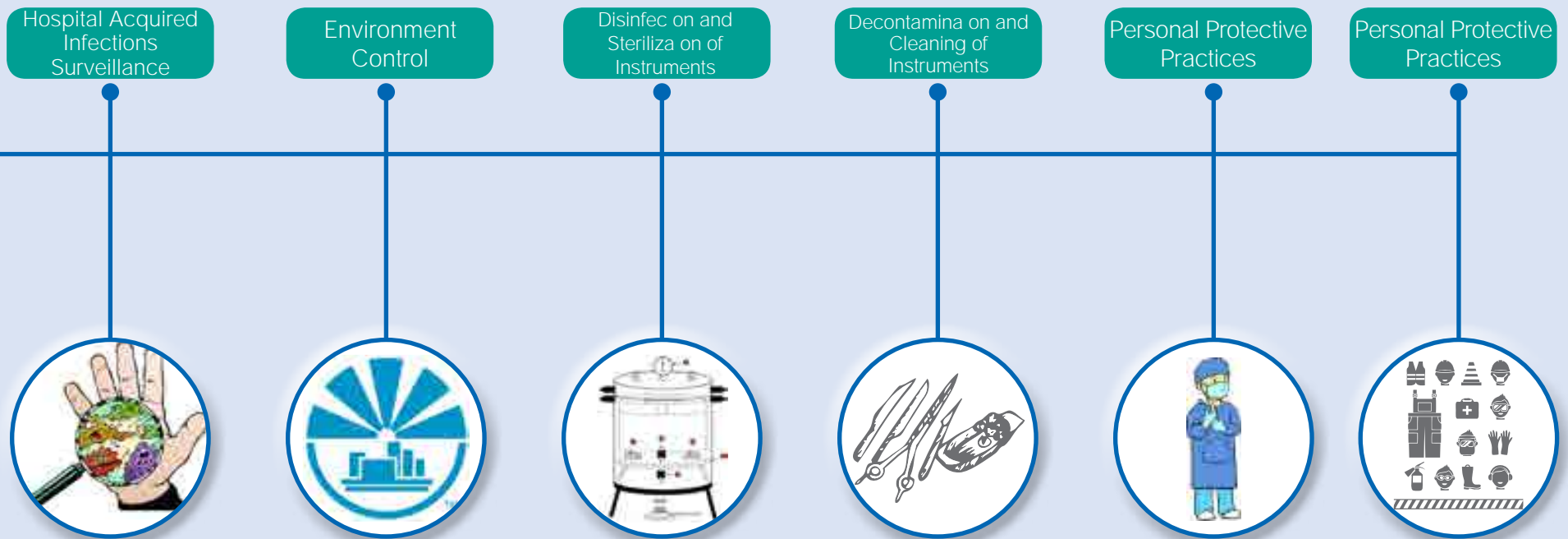
Infection Control
Programme



ON CONTROL



Prevention is better than cure





“Fight the tinybugs”

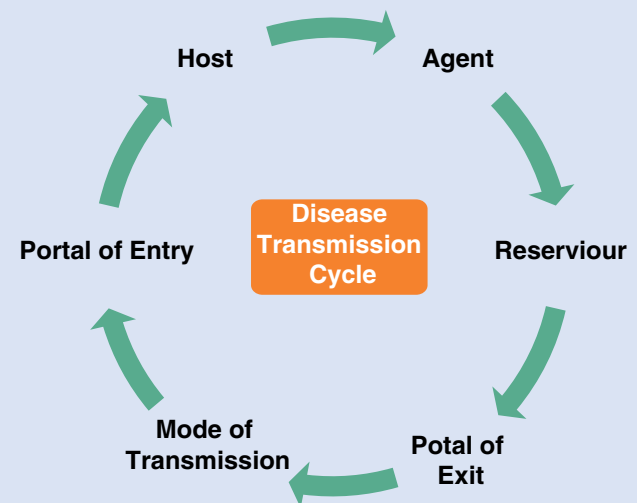
“Restrain the transition from contamination to infection”

Infection control measures, which are the most under recognized component, are actually the most effective element in preventing nosocomial or healthcare-associated infection. According to the Centres for Disease Control and Prevention, one out of every 20 hospitalized patients will contract a healthcare-associated infection. The spread of these infections, however, can be controlled.

Keeping abreast of the latest findings regarding the spread of infections in healthcare facilities, the strategies for infection prevention is essential for impeding the nosocomial infections. There are several simple and cost-effective strategies that can help prevent infections, from the basic tenet of hand hygiene to the team-oriented approach of following standards precautions or procedure like use of personal protective equipment, proper decontamination of instruments etc. When implemented, supported and carried out together, these strategies are instrumental in ensuring the success of an infection prevention program and keeping the spread of infection at bay.

Tracking the steps precisely, educating and engaging employees and streamlining processes, leaders can boost “Hospital Infection Control” compliance to unprecedented levels.

In health care facilities many sick people are treated or cared for in confined spaces. Patients come into contact with many members of staff who can potentially spread the microorganisms and infections between patients & it become a vicious cycle of disease transmission.



We need to break disease transmission cycle from Mode of Transmission by effective use of Standard precautions.

Standard Precautions (or Universal Precautions) are work practices that include:

- Hand washing & Surgical scrub
- Use of personal protective equipment, such as gloves, masks, aprons, gowns etc
- Proper cleaning, sterilization & storage of instruments
- Housekeeping & Maintaining sterile fields
- Prevention of injuries due to sharps instruments, such as needle and syringes
- Biomedical Waste Management

Studies show that there is huge gap existing between the knowledge accumulated over the past decades and implementation of infection control practices. This gap is even deeper in poor-resource settings with devastating consequences.

Studies shows at any time, over 1.4 million people worldwide suffer from infectious complications acquired in hospital& overall increase in the duration of hospitalization for patients with surgical wound infections was 8.2 days, ranging from 3 days for gynecology to 9.9 for general surgery and 19.8 for orthopedic surgery.

Fact

The concept of hand hygiene was first introduced by a Hungarian physician named Ignaz P. Semmelweis, in mid 1800s, who found that when physicians washed their hands before delivering babies, it prevented deaths in postpartum women. Although Semmelweis was initially ridiculed for this suggestion, eventually it was recognized that he was correct. After centuries of knowledge, it is now known that Semmelweis was right, and that hand-washing is an effective way to prevent HAIs.



SUPPORT SERVICES

Backbone of Healthcare Services



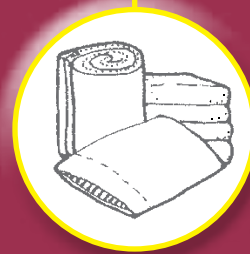
Security Services



Outsourced
Services
Management



Laundry Services &
Linen Management



Infection Control
Programme

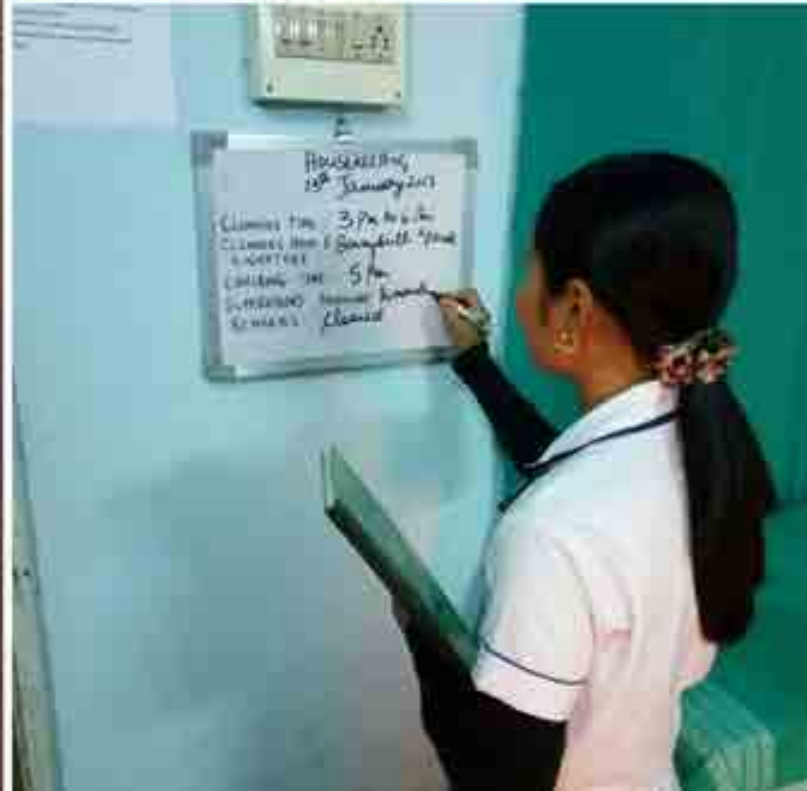




A well planned and executed Support service ensures the hospital is clean, limiting the risk for infections; patient rooms are ready and available, improving throughput; food is nourishing and delicious, improving healing and wellbeing; linens are fresh, security is proactive, instilling trust and comfort; equipment works, improving clinical diagnostics and outcomes; and the lights are on, welcoming those in need.

Kayakalp of these services has earmarked the unseen potential in the mindset of our service providers: viz.

- Providing warm food to patients
- Safe and clean water round the clock
- Dust and dirt free linen
- Informative and pro-active Security personnel and their gadgets.
- Commendable Housekeeping services with up gradation to new technology & infection control protocols





HYGIENE PROMOTION

“Hygiene is 2/3rd of the health”



Staff Hygiene and
Dress Code



Training Capacity
Building
Standardization



Community Monitoring
& Patient Participation



Infection Control
Programme



“I will not let anyone walk through my mind with their dirty feet.” - M.K. Gandhi

Hygiene Promotion is a planned approach to preventing diseases and promoting health through the widespread adoption of safe hygienic practices.

Hospital is an integral part of social and medical organization. It provides plentiful opportunities for healthcare workers to interact with the patients, their attendants and visitors. Hence, healthcare facilities are most suited place for hygiene promotion and can play a pivotal role in hygiene promotions.

The goal of hygiene promotion is to help people to understand and develop good hygiene practices, so as to prevent disease and promote positive attitudes towards cleanliness. Several community development activities can be used to achieve this goal, including education and learning programmes, encouraging community management of environmental health facilities, and social mobilization and organization. Hygiene promotion is not simply a matter of providing information. It is more a dialogue with communities about hygiene and related health problems, to encourage improved hygiene practices

- More than 2 billion people lack access to hygienic means of personal sanitation.
- WHO data on the burden of disease shows that “approximately 3.1% of deaths (1.7 million) and 3.7 % of disability-adjusted-life-years (DALYs) (54.2 million) worldwide are attributable to unsafe water, sanitation and hygiene.” In Africa and developing countries in South East Asia 4 – 8% of all disease burden is attributable to these factors. Over 99.8 % of all the deaths attributable to these factors occur in developing countries and 90% are deaths of children.
- A report states that “adding hygiene promotion is particularly efficient and effective in reducing morbidity and mortality from child diarrhoea” and goes on to cite a 1996 study which gave a cost of USD21 per disability-adjusted life year saved, against costs of USD 24 for oral rehydration therapy and USD15 – 35 for expanded immunization.

IEC material for Hygiene Promotion	
Printed Material	Mass Media
Brochures <ul style="list-style-type: none"> • Posters • Wallcalendars 	<ul style="list-style-type: none"> • Billboards • Advertisements • Desktopflipcharts • television, radio and the use of DVDs/VCDs • 30 to 60 second public service announcements • Print media, i.e. newspapers, magazines • Broadcast media, i.e. television, radio • Short five to ten minute mini-dramas, docu- dramas that range from 25 to 60 minutes, as well as taped musical and theatrical productions. These can be shown on television, broadcast on radio or shown as a VCD/DVD.
Community Awareness Events	Some Innovative Ideas
<ul style="list-style-type: none"> • Swachhata Divas. • Swachhata Mela. • Swachhata run. • Swachhata Walk-a-thons, • Swachhata bike-a-thons. • Music Concerts; Theatrical performances. • Nukkad naatak. 	<ul style="list-style-type: none"> • What's App group and Text messaging/Short message service (SMS)— • Email • Puzzles— • Swachhata Kiosks. • Leaflets • IEC corners run by vounteers.







SWASTHA



SWACHH SARVATRA

स्वच्छ स्वस्थ सर्वत्र

“ Kayakalp-beyond healthcare facilities.
Inter-sectoral convergence ”

Swachh Swasth

A Joint Initiative of Ministry of Health & Family Welfare (MoHFW) & the Ministry of Drinking Water & Sanitation (MDWS) Under Swachh Bharat Mission



Efforts under “Kayakalp” are not confined to boundaries of healthcare facilities. MoHFW has joined hands with Ministry of Drinking Water and Sanitation and has launched Swachh Swasth Sarvatra’ on December 29, 2016. Aim of the initiative is to meet the requirements & complement programmes namely, ‘Swachh Bharat Mission’ of the Ministry of Drinking Water and Sanitation and ‘Kayakalp’ of the Ministry of Health and Family Welfare with an objective to strengthen community health centres in 700 open defecation free blocks across the country along with behavioural change to enable them achieve higher levels of cleanliness and hygiene.

OBJECTIVES

- To build on and leverage achievements of complementary initiatives under Swachh Bharat Mission and Kayakalp implemented by MDWS and MoHFW respectively.
- To prioritize convergent action to achieve ODF in geographical locations where public health facilities have demonstrated and drive an initiative to achieve high standard of cleanliness.
- To strengthen CHC in ODF blocks to achieve a high level of cleanliness to meet Kayakalp criteria through a support of Rs.10 Lakh under NHM.
- To enable knowledge and capacity building at field level between two departments.
- To enable positive health outcomes through improved sanitation and demonstrating a decline in water borne diseases.
- To enhance involvement of public health care facilities in community cleanliness and hygiene.
- To incentivize good performing public health facilities and Panchayati Raj institutions/ urban local bodies.
- To sustain the gains of convergent action under Swachh Bharat Mission.

Sarvatra

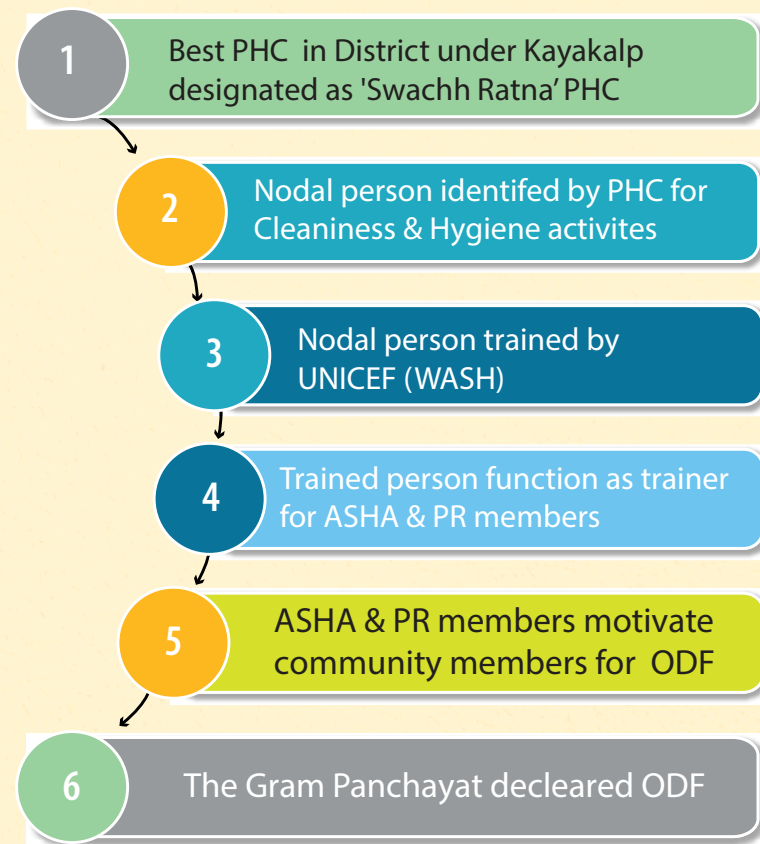


SCOPE & STRATEGY

The initiative is a step forward from treatment of diseases to prevention of diseases by focussing on improved overall health. In the first year of intervention i.e. 2017-18, the scheme will be initiated in CHCs in or nearest to the ODF blocks and Gram Panchayats in or nearest to Kayakalp award winning PHCs and will subsequently be extended to additional blocks and public health facilities. The scheme would be initiated with defined strategies at both the PHCs and CHCs level which aims to create and recognize the respective areas open defecation free.

At Primary Health Centre (PHC) level, the Kayakalp award winning PHC would be recognized and both the Ministries (MoHFW & MDWS) will work together to achieve the objective of the scheme by involving the facility level members including ASHA workers and *Panchayati Raj* members and providing them with the training (like Water, Sanitation and Hygiene). The PHC as recognized by the specified strategy would subsequently be designated as 'Swachh Ratna PHC'

At Community Health Centre (CHC) level, the CHCs which comes under the domain of identified 700 ODF blocks or the CHC catering the maximum population of the ODF block will be assessed by the State and financial assistance of Rs.10 Lakh will be given to the CHCs in ODF blocks of the country so that they can be strengthened to meet the standards of sanitation, hygiene and infection control. Similar to PHCs, the recognized CHCs would be designated as 'Swachh Ratna CHCs'.



A criterion has been set by the respective Ministries for providing the incentive amount of 10 Lakh and the activities for which the amount can/cannot be utilized have also been prioritized. Also, the expense records as well as the utilization certificates of the incentive amount needs to be maintained separately by the respective facility. A timeline specifying the activities to be undertaken has also been set for the implementation of the initiative.

Swachhata Pakhwada

CREATING CULTURE OF CL

Swachhta Fortnight

MoHFW in partnership with state health departments & public health institutions across states & UTs celebrate Swachhta Pakhwada (Cleanliness Fortnight) as part of Swachh Bharat Abhiyan. During fortnight efforts are taken to inculcate a culture of Swachhta in various ways so goals & objective of Swachh Bharat Abhiyan are met and sustained in longer term. The health facilities act as catalyst in making visible changes and an all round impact. Health departments/Hospitals strives to

make hospital premises & it surrounding areas neat & clean. During fortnight health facility collaborate with schools, local civil bodies, PWD, Private hospitals & NGOs etc. to promote these activities.

The main objective of event is to generate massive awareness on importance of Swachhta & create culture for cleanliness & hygiene among facilities & healthcare staff. 15 days event





EANLINESS

planned around themes such as Awareness drive, cleanliness drive & sustenance

List of suggestive activities are usually provided by MoHFW which includes Inauguration of Swachhta Pakhwada by facility incharge, administration of Swachhta Pledge, Display of IEC regarding cleanliness, distribution of Pamphlets, booklets, regarding hand hygiene, promotion for use of toilet, water

& hygiene, distribution of T-shirt, badges, having logo of SBA, drawing competition on cleanliness, awareness about cleanliness through posters, videos, sorting of condemn material at facility, removal of old posters, outdated IEC material, removal of garbage, overgrown grass, repair & replacement of pipes, removal of stray animals, plantation of trees, improvement in landscaping, training of housekeeping staff etc.







INSPIRING STORIES

A change that unlocks new value.

PHC BEHIANG —

IF THERE IS A WILL THERE IS A WAY

Situated at the Indo-Myanmar border on the eastern hills of Manipur, Behiang has been a famous village since its establishment in 1940s. The tribals around the region have depended on chikhuh which is a torrential source of salty water to produce salt for consumption. Located strategically at about 60 kms from Churachandpur town and being the last village on India border, the village was always crowded with people from Myanmar as well as the 10 surrounding villages.

Even though trade and different walks of life goes on smoothly, health setting has never been developed. The Behiang Sub Center was upgraded to PHC in 1987-88. The PHC functions at the best level possible and caters the needs of the people. But with the start of ethnic conflict in 1997, the PHC became neglected and non-operational. The Behiang PHC covers 33 villages and has one Sub-Center at Hiangtam (K) village. The villages are not accessible by vehicle and it is always a challenge for the Medical Officers to travel about 20 kms on foot to treat a patient. Even the lone PHSC is not operational and inaccessible during rainy seasons.

On 16th October 2014, Dr. Steve M. Tungnung joined the State Health service as a Medical Officer I/C of Behiang PHC. There, he saw the plight of the people because the hospital has been abandoned and inactive for many years. After renovating the infrastructures and re-organizing the medical equipment, the team started providing OPD Service with no supply of medicine.

Needless to say, the delivery of primary health care in the most interior part of the country is complex and challenging. He took this matter seriously and held series of meetings and discussions with his fellow doctors, staffs, village chiefs, local church leaders, local organizations and other like-minded individuals. As a result of the discussions, they started to seek the help of local representatives like the Autonomous District Council Members, MLAs and contractors working in the area.

On 16th Nov. 2014, Director of Manipur Health Service and State Mission Director, NHM, Manipur, Dr O. IbomchaSingh visited the health center and felt the need for its upgradation to meet the increasing number of patients.

With the launch of Kayakalp Programme in 2015, the facility got the opportunity to further improve. Gradually, the hospital become functional for 24X7 and is now equipped with all the necessary equipment like Generator & Ultrasound machine making it to be the first of its kind in history amongst PHC located in hills. It has indeed become a huge challenge and they never dreamt of coming this far. Working at this peripheral end made them realized that these bordering villages along Indo-Myanmar international boundary solely depend on their PHC for all kinds of health services. Improvement & proper functioning of PHC always remain challenge so social worker, IAS, Present & Ex member of ADCC, Mo I/C & staff of the hospitals denoted equipment, furniture, consumables like dustbin to the facility & contributed.



Before renovation, 2014



During renovation including the staffs



Cleaning the compound



Labour room after renovation

SUCCESS IN ADVERSITY: CHC CHOKPOT

Chokpot Community Health Centre is situated in the heart of Chokpot village in South Garo Hills district of Meghalaya. South Garo Hills is the remotest corner of the country & most backward district of the state. Hospital is located 360 Km from the capital Shillong, 53 kms from Tura and 52 kms from Baghmara the headquarters.

Chokpot is blessed with lush greenery, perennial rivers, streams, many natural waterfalls and rain caves, etc. but also has very adverse weather, harsh working conditions, bad roads, connectivity through wooden bridges, irregular water & electricity supply & prone to insurgency.

Chokpot CHC is the major health provider for 158 villages under Chokpot Block. It caters to a population of 26435 and has 5 subcentres.

In 2016, Chokpot CHC has started working for Kayakalp, baseline score of facility was quite low due to poor infrastructure, insufficient funds & lack of support from certain sections of society. MO I/C of facility motivated staff for Kayakalp activities & jointly they aimed for commendation award. In the beginning of the programme cleanliness & hygiene was not improving much. Facility team thought to involve community to help them for Kayakalp. So on Sunday/ Holiday they start inviting people from adjacent villages, Schools, Church & BSF etc.

To sustain cleanliness in Hospital staff started mass cleaning of the facility on Holidays which includes cleaning of toilets, open area etc.

ACHIEVEMENTS: In short span of time Chokpot CHC has seen drastic changes in hospital upkeep and cleanliness. Perceptive and positive changes were seen in the attitude and behaviour of the staff and among the general public.

Sr no.	Challenges	How facility overcome the challenges
1	Dust Bin for General Waste	Staff along with community weaved local type baskets & paint them in green.
2	IEC material for Hygiene promotion	Staff has drawn IEC material in posters
3	Infection Control Practices	Training is given by Mo I/C & started monitoring on daily basis
4	Liquid waste Management	Locally design liquid waste management system as per Karnataka Model
5	Work place Management	All the areas like Pharmacy counters, stores & kitchen etc. are re-arranged & sustained by monitoring
6	Boundary Wall of the Hospital	Hospital Boundary was the biggest challenge for CHC, few sections of society did not want to construct boundary wall of the Hospital. Hospital & RKS members convinced them about importance of boundary wall & construct it.
7	Infrastructure Maintenance	Infrastructure maintenance was also a challenge for facility as Handymen involved in repair work usually took holiday every alternate day. So MO I/C every day before OPD hrs go to their home to ensure they will come for repair work.



► Staff Cleaning Hospital Grills

DR. B.R. AMBEDKER COMBINED HOSPITAL, ETAWAH

INNOVATION/BEST PRACTICES

	PRACTICE-01	PRACTICE-02	PRACTICE-03
Context	Stock out of Digital X-ray plate	Infection Control	Insect and Mosquito Control
Problem	Digital X-ray Plate costs around Rs100/ plates, with average 150 exposure per day stock out was frequent due to scarcity of fund	3 bucket system for moping was used but manual squeezing of mop was problem	Mosquito net were tide on bamboo sticks. Which is organic material and prone to harbor infection in wards
How Idea was generated	Idea generated from X-ray picture in medical text book	Brain Storming with local furniture maker and Staff	Discussion with staff and local furniture maker
Description of Intervention (Innovation/Best Practice)	Digital X-ray print on photo paper introduced in place of X-ray plate	A Simple yet effective sieved press machine was made and attached to moping trolleys	A T-shaped SS frame was planed procured and attached to both ends of patient beds
Engaging stakeholders	All Clinicians and Radiology personnel were engaged in decision	Housekeeping Staff	IPD staff and local furniture vendor
Effects/Outcome of intervention	95% reduction in cost, No stock out and 100% patient satisfaction	More clean surfaces due to relatively dry moping in patient care area	Clean non porous structure which can be moped with disinfectants
Lesson Learnt	Services can be provided in spite of financial restrains	Process can be improved with little innovation	There is always a scope for improvement
Plans for scale up	The practices can be implemented in public hospital which have digital X-ray and paucity of funds	Practices can be introduced in every hospital	Practices can be introduced in every hospital
	PRACTICE-04	PRACTICE-05	
Context	BMW Management	Drug Store at CMSD	
Problem	BMW was collected at duty station and transferred to a common transportation trolley which poses threat of spillage and mixing during transportation	Hospital has number of drugs in Store and searching the ordered medicine was a time consuming processes	
How Idea was generated	Members of Infection control committee discuss the issue to find the solution	Brain storming with pharmacy Staff	
Description of Intervention (Innovation/Best Practice)	Bins were mounted on wheeled trolleys which are brought to a point the transfer away from patient care area, bags sealed, shifted and transported in colour coded transport trolleys to colour coded separated stores	A master board was prepared indicating cupboard number and shelves with colour coded labels for various drugs, same labels were used at shelves of cupboard	
Engaging stakeholders	Housekeeping Staff	Pharmacist In charge, Store Attendant	
Effects/Outcome of intervention	No incidence of spillage and mixing	Looking at master board one can know in which shelf of which Almirah a particular drug is stored	
Lesson Learnt	There is always a scope for improvement	Following 5S principal save time and prevent mistakes	
Plans for scale up	Practices can be introduced in every hospital	All store departments including MRD can use this scheme	

THE BIOWAT: AN INNOVATION UNDER KAYAKALP

BIOMEDICAL WASTE WATER TREATMENT GENERATED AT NARTIANG PHC

WEST JAINTIA HILLS MEGHALAYA

Nature has so much to offer us, fresh food, clean air, crystal clear water. We take so much and we must give back what we owe to Mother Nature. That is the inspiration behind the conceptualization of the BIOWAT, which is short for Biomedical Waste Water Treatment. An improvised Liquid Waste Management facility developed at Nartiang PHC, for the treatment and disposal of Biomedical Waste Water- which is similar in meaning to disinfecting fluid, housekeeping fluid, laundry waste water, laboratory fluid generated at Nartiang PHC.

Evidences abound that direct discharge of liquid waste, and for that matter chlorinated water, into a water body does great harm to the aquatic life in the receiving stream. That, in essence, is tilting the balance of the local ecosystem that Mother Nature best shower upon us. Nartiang PHC is surrounded on three sides by natural streams which sustain a thriving aquatic ecosystem of local fishes. Local people use the streams for household needs, not to mention about the source of easy protein that the locals get from the fishes which thrive in the surrounding streams.

Imagine the fate of the aquatic ecosystem should 560 liters (daily output at Nartiang PHC) of pollutants-containing or oxygen depleting liquid waste or chlorinated waste water are directly discharged into the surrounding stream. All hell will break loose.



To neutralize the impending damage to mother nature, at BIOWAT we take the opportunity to drive home the message that simple & cost effective adaptation of current technology could be tapped for the treatment and safe disposal of biomedical waste water without compromising sound environmental considerations and local relevance of the practice.

At BIOWAT, liquid waste is passed through four stages of treatment. Intermittent or Demand Operated Slow Sand filtration is the first stage. Chlorine Disinfection is the Second stage of treatment. Carbon adsorption is the third stage of treatment. And to remove all traces of free chlorine from the waste water, dechlorination with vitamin-C is the fourth (final) stage of treatment. Some basic equipments, which were procured online from websites, were required at the initial stage. Aquarium grade activated carbon, Flowmeter, DPD test kit for free chlorine – to name a few.

Conservative estimate for the initial cost incurred towards the construction materials come to Rs.1,50,000/- (rupees one lac fifty thousand) only. Labor cost is approximately Rs.50000/- (rupees fifty thousand) only. So total approximate expenditure is Rs.200000/- (rupees two lacs) only. While the daily running cost is a meagre Rs.50 (rupees fifty) only. All the expenses are being born by the Health Engineering Wing of the Directorate of Health Services, Govt. of Meghalaya. Some materials are donated by local stakeholder and friends alike. RKS members contribute to the landscaping. I hope scaling up in other PHCs/CHCs will not be a financial hurdle.

Now BIOWAT is a new find among the local people and students alike as a spot worth visiting.

We must give back what Mother Nature owes us. I hope at BIOWAT we have taken a humble step- in that direction.

कायाकल्प...

नन्हे कदमों की आहट से,
कायाकल्प की गूँजी किलकारी है।
चिकित्सालयों का रंग रूप बदलने,
भारत ने की अब तैयारी है।

नव विकास की स्वर्णिम पथ पर,
है राष्ट्र के सब चिकित्सालया
रोग निवारण शक्ति से सम्पन्न,

बनकर स्वास्थ्य सुरक्षा प्रहरी,
सेवा भाव से ये खड़े हुये हैं।
आरोग्य राष्ट्र प्रत्याशा में,
निष्ठा से कदम बढ़े हुये हैं।

निर्धन की ये अमूल्य पूजी,
समर्थवान का सुलभ सहारा।
रोगों के भव इस सागर से,
लगा रहें हैं रोज किनारा।

जन-कल्याण की ज्योत जली है,
स्वच्छता नव क्रांति का आधार है।
विश्व पटल पर नई छाप बनाने,
भरी राष्ट्र ने प्रबल हुँकार है।

स्वास्थ्य सुरक्षा के घेरे में,
जन-जन को अब लाना है।
गाँव नगर के रुग्णालयों को,
अब सुन्दर सुदृढ़ बनाना है।

बदल रही है सोच सभी की
शेष समय चकत्कार दिखलायेगा।
सरकारी रुग्णालयों में उपचार कराने,
हर वर्ग से व्यक्ति निश्चित ही आयेगा।

राष्ट्र गौरव के नव निर्माण में
प्रधानमंत्री जी का अथक प्रयास है।
कायाकल्प के सटीक रामबाण से,
लक्ष्य भेदन का पूर्ण विश्वास है।

आओ मिलकर समृद्ध राष्ट्र बनायें,
स्वस्थ भारत का विश्वास जगायें।
कर्मठ हाथों की अद्भुत शक्ति से,
अपने सपनों को साकार करायें।

गिरीश खंडूरी
राष्ट्रीय स्वास्थ्य मिशन
उत्तराखण्ड

THE TRENDSETTERS

LAST YEAR KAYAKALP WINNERS (2015-16)







IN PURSUIT OF A HEALTHY NATION

सम्मान से प्रेरणा लेकर राष्ट्रीय स्तर पर पहचान बनाएं

राजस्थान प...

മുന്നം മാസത്തിനുള്ളിൽ മുഖം മിനുക്കി: തർക്കിലക്കാട് പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിന് സംസ്ഥാന പുരസ്കാരം

കാർഗ്ഗിലക്കാട് പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിന് സംസ്ഥാന പുരസ്കാരം



महिला अस्पताल को प्रदेश में तीसरा स्थान

प्रत्याक्षर पंथना

राजस्थान में प्रथम

मेहनत करने वालों की जी...



नागरिक अस्पताल कैथल 5वें स्थान पर

कैथल, 6 अक्टूबर (आ.प्र.)। जिला के नागरिक अस्पताल को...

सिदल रसपताल दसुग बुआलटा

सिदल रसपताल दसुग बुआलटा



अस्पताल में अब कागज की शैली में मिलेगी दवाएं

32° 15°

30°C 15°C

इंफॉर्मेस क्वालिटी टीम की कम्युनिटी हेल्थ सेंटर में चैकिंग

अस्पताल स्तर की कार्यवाही पर



लखनऊ से भी बेहतर इटावा का जिला अस्पताल

लखनऊ से भी बेहतर इटावा का जिला अस्पताल



जिला अस्पताल में बनाया जा रहा है हर्बल गार्डन

जिला अस्पताल में बनाया जा रहा है हर्बल गार्डन

स्वच्छता पखवा पीएमओ ने हॉट शीके अस्पताल में

स्वच्छता पखवा पीएमओ ने हॉट शीके अस्पताल में

स्वच्छता में मिला अस्पताल को 5वां स्थान

स्वच्छता में मिला अस्पताल को 5वां स्थान



स्वच्छता में मिला अस्पताल को 5वां स्थान

स्वच्छता में मिला अस्पताल को 5वां स्थान

जिले के अस्पतालों पर पुरस्कारों की बाँछार

जिले के अस्पतालों पर पुरस्कारों की बाँछार

ବରଷା ଚଳିବାରୁ 'କାୟାକଳ୍ପ' ପ୍ରକଳ୍ପର...

जागरण
200 दिन काम और
तीन गुना मिले मजदूरी

कायकल्प में मिली 200 दिन काम और तीन गुना मिले मजदूरी

कायकल्प में मिली 200 दिन काम और तीन गुना मिले मजदूरी

कायकल्प में मिली 200 दिन काम और तीन गुना मिले मजदूरी

गौरीगुरु...
ताम्रकण्ठ आर्यभट्टाओं का...

दैनिक कवचोंति
विज्ञापन की...

दैनिक कवचोंति
विज्ञापन की...

दैनिक कवचोंति
विज्ञापन की...

दैनिक कवचोंति
विज्ञापन की...

दैनिक कवचोंति
विज्ञापन की...

दैनिक कवचोंति
विज्ञापन की...

अस्पताल में दवा के साथ फलों को खुराक

अस्पताल में दवा के साथ फलों को खुराक

अस्पताल में दवा के साथ फलों को खुराक

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अस्पताल में दवा के साथ फलों को खुराक

प्रदेश में दूसरे पायदान पर

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कायाकल्प में ट्रॉफी लान पर डॉ. शर्मा का स्वागत

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पीएमओ का अस्पताल के डॉक्टरों व कर्मचारियों ने किया स्वागत

पीएमओ का अस्पताल के डॉक्टरों व कर्मचारियों ने किया स्वागत

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पीएमओ का अस्पताल के डॉक्टरों व कर्मचारियों ने किया स्वागत

पीएमओ का अस्पताल के डॉक्टरों व कर्मचारियों ने किया स्वागत

पीएमओ का अस्पताल के डॉक्टरों व कर्मचारियों ने किया स्वागत

तीन सदस्यीय टीम ने फिर परखा अस्पताल का हाल

तीन सदस्यीय टीम ने फिर परखा अस्पताल का हाल

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तीन सदस्यीय टीम ने फिर परखा अस्पताल का हाल

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