No.Z.28015/30/2025-H-II-Part(1) (FTS:-8384444)
भारत सरकार / **Government of India**
स्वास्थ्य और परिवार कल्याण मंत्रालय / **Ministry of Health & Family Welfare**
स्वास्थ्य और परिवार कल्याण विभाग / **Department of Health & Family Welfare**
अस्पताल-II अनुभाग/ **Hospital-II Section**
*****

Room No. 11076, B Wing,
Kartavya Bhavan 1, New Delhi-110001
Dated: 27-07-2026

To

1. The Director General,
   Administrative Staff College of India (ASCI)
   Hyderabad

2. The Director General,
   Indian Institute of Public Administration (IIPA)
   New Delhi.

Sub: External Assessment of Central Government Hospitals/Institutes under the Kayakalp Scheme for FY-2026-27- reg.

Madam/ Sir,

I am directed to refer to your proposal regarding the external assessment of Central Government Hospitals/Institutes under the Kayakalp Scheme and to enclose herewith a copy of duly signed Memorandum of Understanding (MoU) for your reference and further necessary action.

2. You are requested to initiate necessary action at the earliest to facilitate the commencement of the assessment process.

Yours faithfully,
Digitally signed by
Anurag Tiwari
Date: 27-07-2026
17:10:44

Encl.: As above

(Anurag Tiwari)
Under Secretary to the Government of India
☎: 011-24013282

सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

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16/07/26

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स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते

INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
कर्मसु कौशलम्

MEMORANDUM OF UNDERSTANDING

This **MEMORANDUM OF UNDERSTANDING** (hereinafter shall be referred to as MOU) is made on this 16th day of July 2026.

BETWEEN

Indian Institute of Public Administration, IIPA Campus, I.P. Estate, M.G. Marg, New Delhi (hereinafter referred to as IIPA), which expression shall always include its successors or assignees or any organisation or agency claiming any rights through it, represented by its Director General, IIPA.

AND

Ministry of Health & Family Welfare, Government of India, having its office at Kartavya Bhawan -1, New Delhi-110001, represented by its Secretary, MoHFW (hereinafter referred to as MoHFW, which expression shall always include its successors or assignees or any organisation or agency claiming any rights through it);

WHEREAS MoHFW has decided to award the work relating to the independent external evaluation of Kayakalp Assessment for the tertiary care hospital of the Government of India.

This MoU defines the roles and responsibilities of the participating agencies, the timeline, the payment schedule, monitoring, and other matters related to the external evaluation of the Kayakalp Scheme in tertiary care Hospitals of the MoHFW.

Indian Institute of Public Administration
New Delhi

NOW THE PARTIES HERETO AGREE AS FOLLOWS: -

1. Role of the Ministry of Health and Family Welfare (MoHFW)

The MoHFW shall provide funds to IIPA towards the cost-of-service charges, i.e., the external evaluation cost of the Kayakalp Scheme, plus taxes, as applicable, as per rules. The MoHFW will not be responsible for any escalation in the project cost or providing any further funds unless major changes in methodology are suggested by it.

2. Role of Indian Institute of Public Administration (IIPA)

IIPA shall be the agency for undertaking the external evaluation of hospitals under the Kayakalp Scheme. The evaluation team/experts will be constituted by the IIPA.

3. Effective Date and Duration of Memorandum of Understanding

"This MoU shall come into force from the date of its execution by both parties and shall remain valid for a period of three (3) years unless terminated earlier in accordance with the provisions of this MoU. Each year, the list of institutions to be evaluated will be finalised after discussion between IIPA, MOHFW and other evaluation institutions.

4. Terms of Reference for MoU

Kayakalp is a flagship initiative of the Ministry of Health and Family Welfare (MoHFW), Government of India, launched to promote cleanliness, hygiene, infection control practices, and overall quality improvement in public health facilities. The initiative incentivizes public health institutions to adopt and maintain high standards of sanitation, hospital upkeep, biomedical waste management, and patient-centric services. Cleanliness and hygiene in hospitals are critical to prevent infections, provide patients and visitors with a positive experience and encourage moulding behaviour related to a clean environment among its users. The Kayakalp initiative is for all levels of public healthcare facilities.

Indian Institute of Public Administration New Delhi

In this context, external assessment constitutes a critical pillar of the Kayakalp framework. An independent assessment helps validate internal and peer assessment findings, identifies best practices, highlights gaps, and provides actionable recommendations for continuous quality improvement. Such assessments also strengthen accountability mechanisms and support evidence-based policy decisions at the national level. Conducting a structured assessment under the Kayakalp scheme is therefore essential to ensure that investments in cleanliness and infection control translate into measurable improvements in the quality and safety of public healthcare services.

4.1 AIM AND OBJECTIVES

Aim

To conduct an independent and comprehensive external assessment of the Kayakalp initiative across selected tertiary care hospitals to evaluate adherence to prescribed standards and support quality improvement.

Objectives

1. To assess the current status of cleanliness, hygiene, and infection control practices in Tertiary Care Institutions.
2. To evaluate institutional performance against the Kayakalp Institutional Framework of selected Institutes.
3. To identify strengths, gaps, and best practices across thematic areas.
4. To provide actionable recommendations for quality improvement and sustainability.
5. To support evidence-based decision-making for recognition and incentives under Kayakalp.

Objective	**Research Question**	**Possible Indicators [May change as per the Research Design]**
1. To assess the current status of cleanliness, hygiene, and infection control practices in Tertiary	**RQ1.** What is the current status of cleanliness, hygiene, and infection control practices in tertiary	**Cleanliness Indicators:** Cleanliness of wards, OPDs, ICUs, operation theatres, laboratories, toilets, waiting areas, and hospital premises; housekeeping

Objective	Research Question	Possible Indicators [May change as per the Research Design]
Care Institutes.	care institutions?	arrangements; availability of cleaning schedules and SOPs. **Hygiene Indicators:** Availability and functionality of handwashing stations; availability of soap, sanitizers, PPE, and clean drinking water; cleanliness of toilets; staff and patient hygiene practices. **Infection Control Indicators:** Hand hygiene compliance; biomedical waste segregation and disposal practices; sterilization and disinfection procedures; Infection Prevention and Control (IPC) committee functionality; healthcare-associated infection (HAI) surveillance systems; staff training on infection control. **Institutional Indicators:** Availability of infection control guidelines; frequency of monitoring and audits; adequacy of sanitation infrastructure; availability of dedicated housekeeping and infection control personnel. **Outcome Indicators:** Compliance scores under Kayakalp standards; incidence of reported hospital-acquired infections (where available)
2. To evaluate institutional performance against the Kayakalp Institutional Framework of selected institutes.	**RQ2.** To what extent do the selected tertiary care hospitals comply with the standards and criteria prescribed under the Kayakalp Guidelines?	• Overall Kayakalp score (%) • Scores under thematic areas (Hospital Upkeep, Sanitation & Hygiene, Waste Management, Infection Control, Support Services, Hygiene Promotion) • Availability of SOPs and protocols

Objective	Research Question	Possible Indicators [May change as per the Research Design]
		• Compliance with housekeeping standards • Functionality and cleanliness of wards, OPDs, toilets, and common areas
	RQ3. How consistent are the findings of the external assessment with the internal and peer assessment scores reported by the hospitals?	• Difference between external and internal assessment scores • Difference between external and peer assessment scores • Areas showing convergence/divergence in scoring • Percentage variation across assessment domains • Evidence supporting reported compliance claims
3. To identify strengths, gaps, and best practices across thematic areas	**RQ4.** What are the key strengths, best practices, gaps, and implementation challenges observed in the selected hospitals with respect to Kayakalp standards?	• Innovative cleanliness and infection-control practices • Staff awareness and participation levels • Availability of adequate sanitation infrastructure • Biomedical waste management practices • Identified deficiencies in infrastructure, manpower, supplies, and monitoring systems • Frequency of training and awareness programmes
4. To provide actionable recommendations for quality improvement and sustainability.	**RQ5**. What interventions and institutional measures can strengthen cleanliness, hygiene, infection prevention, and sustainable implementation of Kayakalp standards in tertiary care hospitals?	• Existing monitoring and supervision mechanisms • Infection Prevention and Control (IPC) committee functionality • Hand hygiene compliance rates • Hospital-acquired infection (HAI) surveillance practices • Availability of resources for sanitation and waste management

Objective	Research Question	Possible Indicators [May change as per the Research Design]
		• Staff training coverage and frequency • Stakeholder suggestions for improvement
5. To support evidence-based decision-making for recognition and incentives under Kayakalp.	**RQ6**. What institutional, managerial, and resource-related factors influence the successful implementation and sustainability of Kayakalp standards in tertiary care hospitals?	• Leadership commitment and oversight • Budget allocation for cleanliness and infection control • Human resource availability • Training and capacity-building mechanisms • Monitoring and feedback systems • Patient satisfaction regarding cleanliness and hygiene • Accreditation status (e.g., NABH) • Availability of quality assurance mechanisms

4.2 METHODOLOGY AND FRAMEWORK FOR EXTERNAL ASSESSMENT OF THE KAYAKALP SCHEME

4.2.1 Study Design and Assessment Approach

The external assessment will adopt a methodology to assess according to the Kayakalp Guidelines (2024). IIPA, New Delhi, will serve as an independent third-party assessor to evaluate the compliance of tertiary healthcare institutions with Kayakalp standards for cleanliness, hygiene, infection control, patient-centric services, eco-friendly practices, and community participation. The assessment will validate internal and peer assessment findings and support transparency, neutrality, and national benchmarking.

4.2.2 Proposed Healthcare Facilities

In the first year, the external assessment will be conducted in the following 18 tertiary care institutions:

1. AIIMS, New Delhi
2. Dr. RML Hospital, New Delhi
3. Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh
4. North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong
5. Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha
6. AIIMS, Bhopal
7. AIIMS, Jodhpur
8. AIIMS, Raipur
9. AIIMS, Rishikesh
10. AIIMS, Nagpur
11. Shri Vinoba Bhave Civil Hospital (SVBCH), Silvassa
12. AIIMS, Kalyani
13. AIIMS, Rajkot
14. National Institute of Tuberculosis and Respiratory Diseases (NITRD), Delhi
15. Government Medical College & Hospital (GMCH), Chandigarh
16. AIIMS, Raebareli
17. AIIMS, Gorakhpur
18. AIIMS, Bathinda

4.2.3 External Assessment Team Structure and Deployment Plan

Independent assessment teams will be constituted to undertake the external evaluation, with each team responsible for assessing tertiary care institutions. Each team will comprise one or two experts, one research officer supported by one/two research associates. Each team will function independently while adhering to uniform assessment tools, scoring protocols, and reporting formats to ensure comparability across institutions. IIPA may change/deploy additional manpower if needed to complete the task on time.

4.2.4 Data Quality Assurance

Quality assurance mechanisms will include assessor training, adherence to the methodology of assessment of each component as per guidelines, team

de-briefings, cross-verification of scores, and supervisory oversight by the core team. Confidentiality of the data will be maintained.

4.2.5 Documentation and Reporting

The scoring report will be prepared according to the guidelines. The report will present the key gaps, the unique challenges faced by each facility, and the lessons learned. Additionally, best practices identified will be documented.

4.3 Overall Timeline Overview

- Preliminary Visits Phase: August 2026 to 15 October 2026
- Preparatory Phase (Hiring & Training): 15th -31st October 2026
- External Assessment Phase: 1 November 2026 – 25 January 2027
- Post-assessment Compilation & submission of report: 10 February 2027

Proposed Timelines of the Assessment

Activity	August to October	15 -31 October	1 Nov – 25 Jan	25 Jan–10 Feb
Preliminary Visits	✓			
Recruitment of staff	✓	✓		
Training & Standardisation of Teams		✓		
Logistics & Assessment Scheduling		✓		
External Assessment – Team 1 (6 facilities)			✓	
External Assessment – Team 2 (6 facilities)			✓	
External Assessment – Team 3 (6 facilities)			✓	
Data Validation & Score Finalisation				✓
Report Writing & Review				✓
Submission of the report				✓

4.4 Team Deployment Strategy

Assessment teams will operate in parallel. Each team, led by one or two experts, a research officer and a research associate, will assess six tertiary care institutions. Principal Investigators will be responsible for overall supervision and quality assurance. Each team will spend 4-5 days in a facility for the purpose of assessment.

4.5 Deliverables

I. A draft report on the findings by 10th February 2027

II. 5 hard copies of the final report with Word and PDF versions of the final report after approval of the draft report

4.6 Cost Estimates and Payment Schedule

4.6.1 For the first year, the cost of conducting the study shall be Rupees One Crore Four Lakhs Forty Thousand only (₹1,04,40,000/-), inclusive of faculty time, travel expenses, and institutional overhead charges.

4.6.2 In addition, Goods and Services Tax (GST), if applicable, shall be payable by the Ministry of Health and Family Welfare (MoHFW) at the rates notified by the Government of India from time to time, subject to submission of valid tax invoices by the Institute.

4.6.3 For each subsequent year, the cost of the study shall be subject to an annual escalation of 5% over the approved cost of the immediately preceding year to account for inflation and other increases in the cost of conducting the study. However, if the number or locations of the institutions to be assessed is changed, added, or substituted during the tenure of this MoU, the cost of conducting the study shall be revised by mutual agreement between the Parties, taking into account the consequential changes in human resources, travel, boarding, lodging, and other reasonable operational expenses.

4.6.4 IIPA shall maintain proper books of accounts in respect of expenditure incurred under the project and shall furnish utilization certificates and audited statements of accounts, wherever required by MoHFW. Any unspent balance or amount found inadmissible upon audit shall be refunded by IIPA to MoHFW within 30 days of demand.

4.6.5 Payment will be made as per the following schedule:

- Award of the contract: 40% of the total costs.
- Initiation of external assessment: 40 % of the total costs.
- Submission of final report: 20% of the total costs.

5. Monitoring and Support

(i) The MoHFW will closely monitor and support the progress of the evaluation work by the IIPA, and the latter shall make all the efforts to ensure the quality of the work.

(ii) After going through the draft report submitted by the IIPA, the MoHFW may ask the IIPA to make a further assessment on the particular issue/ issues before submission of the final report. However, further assessment may require additional financial support that will be decided mutually.

6. Penalty Clause

In case the assigned work is not completed within the scheduled time and there is a delay of one month from the scheduled date without an appropriate reason, 5% of the amount will be deducted from the total cost of the project, and if the delay persists, the penalty of 2% will proportionately be deducted for every month of delay subject to maximum of 10% of total cost.

7. Termination:

The MoHFW may, without prejudice to any other remedy available for breach of any conditions of the MoU, by a written notice of 30 calendar days issued to IIPA, New Delhi, terminate the MoU under any of the following

Indian Institute of Public Administration New Delhi

circumstances: -

Failure to properly utilise the amount paid by MoHFW, or in the event of appropriate progress not being made in the work or the quality of the work is found unsatisfactory.

In case of termination of the MoU, the IIPA shall refund the entire unutilized amount to the MoHFW within 30 days.

8. Rights and Ownership/Technology Transfer and Utilization

8.1 The project report will be the property of MoHFW. It shall be the responsibility of IIPA to take necessary action for the protection of the intellectual property arising out of the work through proper instruments, such as patents, copyrights, etc. All raw data, assessment records, field notes, photographs, scoring sheets and databases generated under the project shall remain the property of MoHFW. The IIPA shall maintain confidentiality of all data, records, findings, and information obtained during execution of the project and shall not disclose the same to any third party without prior written approval of MoHFW. No publication, dissemination or public release of findings shall be undertaken without prior written approval of MoHFW. The IIPA shall ensure that members of the assessment team do not have any conflict of interest with the institutions being assessed and shall furnish an undertaking to this effect.

8.2 The project may be transferred to other agencies/organizations on a non-exclusive basis on such terms and conditions as may be determined by MoHFW.

8.3 It shall be the responsibility of the IIPA Team to ensure that the support of MoHFW is suitably acknowledged in the publications (papers, reports, etc.) of the final report and research/policy papers.

Indian Institute of Public Administration New Delhi

9. **Arbitration and Jurisdiction**

In the event of any question, dispute or difference whatsoever arising between the parties to this MoU out of or relating to the meaning, scope, operation or effect of this MoU or the validity of the breach thereof, the dispute shall be referred to an Arbitrator to be appointed by MoHFW.

Disputes shall be resolved through arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The arbitral tribunal shall consist of a sole arbitrator appointed by mutual consent of the parties. The seat of arbitration shall be New Delhi. Subject to the arbitration clause, courts at New Delhi alone shall have jurisdiction over matters arising out of this MoU

10. **Force Majeure**

10.1. If at any time during the continuance of this MoU, the performance in whole or in part by either Party of any objectives under this MoU is prevented or delayed by reason of external factors like war, hostilities, act of a public enemy, civil commotion, sabotage, fire, flood, explosion, epidemics, quarantine restrictions, disturbance in supplies from normally reliable sources (including but not limited to electricity, water, fuel and the like), strike, lockout or other event beyond the reasonable control of the Party concerned (hereinafter referred to as "the Eventuality"), then notice of such Eventuality shall be given by the affected Party to the other Party within 15 days from the date of occurrence thereof.

10.2. In the event of either Party not being able to, by reason of an Eventuality, meet any of its obligations under this MoU, such obligations shall be suspended for as long as the inability continues or until a date mutually agreed between the Parties. Either Party may terminate this MoU by providing one (1) month's written notice if the

inability to undertake activities under this MoU continues even after expiry of 90 days since the commencement of the eventuality.

11. Change of Scope

Any modification to scope, methodology, deliverables, timelines, or financial implications shall be made only through a written amendment mutually agreed upon by both parties.

IN WITNESS WHEREOF, the parties hereto have signed, sealed, and delivered this MoU on the day, month and year above written in the presence of:

Signed by:

Shri R. P. Sati
Deputy Secretary
Hospital Division, Ministry of Health & Family Welfare (MoHFW), Govt. of India

24.07.2026

(आर. पी. सती)
(R. P. SATI)
उप सचिव/Deputy Secretary
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
भारत सरकार/Govt. of India

Seal and Date:

(for and on behalf of Ministry of Health & Family Welfare, Government of India)

1. Witness:

ANURAG TIWARI, UNDER SECY.
(Name and Designation)

2. Witness:

HRITIK JYOTI, ASST. SECTION OFFICER
(Name and Designation)

Shri Mithun Barua
Deputy Registrar (AS)
Indian Institute of Public Administration, I.P. Estate, Ring Road, New Delhi – 110002

MBarua 16/07/26
Mithun Barua
Deputy Registrar (AS)
Indian Institute of Public Administration
I.P. Estate, Ring Road, New Delhi-110002

Seal and Date:

{for and on behalf of the Indian Institute of Public Administration (IIPA)}

1. Witness:

SARITA VERMA, Superintendent (T
(Name and Designation)

2. Witness:

VINOD TIWARI, ASSISTANT
(Name and Designation)