



Operational Guidelines **EXTENSION OF SWACHH SWASTH SARVATRA FOR URBAN AREAS**





एक कदम स्वच्छता की ओर



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LIST OF CONTRIBUTORS



Ms. Preeti Pant
JS Urban Health

Sh. V.K. Jindal
JS and Mission Director,
Swachh Bharat Mission, MoHUA

Dr. Ranjana Garg
AC, Urban Health

Dr. Shilpy Malra
Consultant, Urban Health

Ms. Sruti Dhara
Consultant, Urban Health

Dr. Saghmitra Bhattacharya
Team Leader, SBM-Urban, MoHUA

Dr. J N Srivastava
Advisor

Dr. Nikhil Prakash Gupta
Sr. Consultant

Dr. Sushant Agrawal
Consultant

Ms. Marije Broekhuijsen
WASH Specialist, UNICEF

Dr. Pratibha Singh
WASH Specialist, UNICEF

Dr. Sukanta Mishra
Odisha

Dr. Usha Gangwar
UP

Mr. Hingulas
Assam

Dr. Shashank
Rajasthan

Dr. Shyamala Mani
NIUA

Dr. Ranjani Gopinath
ADB

LIST OF ABBREVIATIONS



ANM	: Auxiliary Nurse Midwifery
ASHA	: Accredited Social Health Activist
BMW	: Biomedical Waste
CHC	: Community Health Centre
CPM	: City Program Manager
CPMU	: City Program Management Unit
CLTS	: Community Led Total Sanitation
CBO	: Civil Based Organizations
DALYs	: Disability Adjustment Life Years
DPM	: District Program Manager
DPMU	: District Program Management Unit
DQAC	: District Quality Assurance Committee
DH	: District Hospital
GP	: Gram Panchayat
HAI	: Hospital Acquired Infection
HH	: Household
IEC	: Information, Education and Communication
IPC	: Inter Personal Communication
IPD	: In Patient Department

MAS	: Mahila Arogya Samiti
MDWS	: Ministry of Drinking Water and Sanitation
MoHFW	: Ministry of Health and Family Welfare
MoHUA	: Ministry of Housing and Urban Affairs
MOIC	: Medical Officer In-charge
MPHW	: Multi-Purpose Health Worker
NGO	: Non-Governmental Organisation
NHM	: National Health Mission
NO	: Nodal Officer
NQAS	: National Quality Assurance Standards
NUHM	: National Urban Health Mission
ODF	: Open Defecation Free
OPD	: Outpatient Department
PHC	: Primary Health Centre
PHF	: Public Health Facility
PHM	: Public Health Manager
PIP	: Programme Implementation Plan
PWD	: Public Works Department
QA	: Quality Assurance
RKS	: Rogi Kalyan Samiti
RO	: Reverse Osmosis
SBCC	: Social and Behaviour Change Communication
SBM	: Swachh Bharat Mission
SBM-U	: Swachh Bharat Mission-Urban
SHG	: Self Help Group

SOP	: Standard Operating Procedure
SSS	: Swachh Swasth Sarvatra
SQAC	: State Quality Assurance Committee
UHC	: Urban Community Health Centre
UHND	: Urban Health Nutrition Day
UPHC	: Urban Primary Health Centre
ULBs	: Urban Local Bodies
UNICEF	: United Nations Children's Fund
UT	: Union Territory
UV	: Ultra Violet
WASH	: Water, Sanitation and Hygiene

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BACKGROUND



- ❖ Following the launch of ‘Swachh Bharat Abhiyan (SBA)’ on 2nd October 2014, the Swachh Bharat Mission (SBM) has been implemented by the Ministry of Housing and Urban Affairs (MoHUA) and Ministry of Drinking Water and Sanitation (MoDWS) for urban and rural areas respectively. To facilitate implementation of SBM in the Public Health Facilities and to improve Health outcomes through sanitation and infection control, the MoHFW launched the ‘Kayakalp Initiative’ in May 2015. In the FY 2017-18, this initiative has been extended to urban health facilities. Kayakalp Guidelines for extension of the scheme to urban health facilities have been shared with the States, UTs & ULBs by the MoHFW.
- ❖ A joint initiative ‘**Swachh Swasth Sarvatra (SSS)**’ between MoDWS and MoHFW was launched on 29th December 2016 for convergent action with twin objectives, firstly, support Public Health Facilities in achieving Kayakalp norms, and secondly, health functionaries work for increasing number of gram-panchayats to become Open Defecation Free (ODF).
- ❖ ‘Kayakalp initiative under the NUHM strives for improving ‘Swachhata’ at U-PHCs & U-CHCs, while the Ministry of Housing and Urban Affairs (MoHUA) works for attainment of ODF status by cities & urban habitation, by ensuring hygiene, waste management and sanitation. Since, the urban health facilities are located within these cities, the “Swachh Swasth Sarvatra (SSS)-Urban” initiative will be implemented in convergence between MoHUA and MoHFW.
- ❖ These Guidelines have been developed to roll out SSS in urban areas and cities. These guidelines are intended for Mission Directors (NHM) and SBM(Urban), programme officers of NUHM, District Collectors, Municipal commissioners, Chief Medical Officers, Municipal Health Officers, clinical and non-clinical staff of urban health facilities, CHCs, PHCs, ANMs, ASHAs, MAS and officials of ULBs in supporting them in implementing this joint initiative.



OBJECTIVES OF THE SCHEME

- ❖ To build and leverage achievements of complementary initiatives under the Swachh Bharat Mission (Urban) and Kayakalp, implemented by Ministry of Housing and Urban Affairs (MoHUA) and Ministry of Health and Family Welfare (MoHFW) respectively.
- ❖ To prioritize convergent actions for achieving and sustaining ODF status and further improving level of Swachhata in the areas, that are also foci for the urban health facilities. Primary target would be those urban health facilities, which have demonstrated the drive and initiative to achieve high standards of cleanliness.
- ❖ To strengthen Health facilities that have a Kayakalp score of below 70% in ODF Cities to achieve high level of cleanliness to meet Kayakalp criteria.
- ❖ To enable knowledge sharing and capacity building of Stakeholders from each other's initiative.
- ❖ To support attainment of positive health outcomes through improved sanitation and demonstrating a decline in preventable water and sanitation related diseases.
- ❖ To enhance involvement of public health facilities in promotion of cleanliness and hygiene in the community through community platforms like Outreach sessions, UHNDs, MAS and RKS.
- ❖ To explore the participation of Community Based Organisation (CBO), development partners, NGOs, SHGs to achieve the goal.
- ❖ To sustain the gains of convergent action under Swachh Bharat Mission-Urban.

SCOPE AND STRATEGY



The scope of activities under Swachh Swasth Sarvatra (urban) will be as follows:

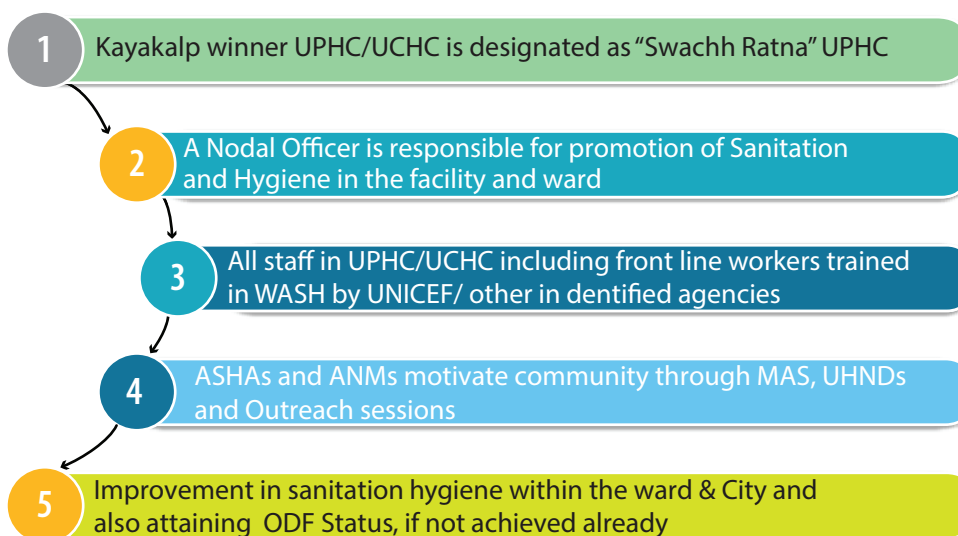
- ❖ Enabling and supporting wards/cities where Kayakalp UPHCs/UCHCs are located to become ODF.
- ❖ Strengthening UPHCs/UCHCs that have Kayakalp score of below 70% in ODF wards/cities to progress to higher, so as to meet Kayakalp norms. Also to support in sustaining hygiene and sanitation practices in the ODF wards/cities.
- ❖ Build capacity through training in Water, Sanitation and Hygiene (WASH) to nominees of health facilities and ULBs.

At the Facility Level

1. A large number of cities have achieved ODF status through community initiative & actions by MoHUA (updated list of ODF cities available on <http://sbmodf.in/>). As a reciprocal gesture, and to complement the community's effort, the MoHFW will support states/ULBs to ensure that the existing facilities UPHCs, UCHCs etc. in these ODF wards/cities are strengthened to meet high standards of cleanliness, so that they qualify for Kayakalp awards.
2. Under the Kayakalp scheme, one UPHC/UCHC in each division/city/ward/cluster is selected for the Kayakalp award after external assessment, as defined in the award scheme. The list of such Kayakalp awarded UPHCs will be shared with the Mission Directors and Municipal Commissioners (SBM-Urban) by the State health department (NUHM). The Mission Directors and Municipal Commissioners (SBM-U) will undertake promotion of swachhata, such as provisions of community and public toilets, solid waste management, door to door collection of wastes, IEC Campaigns, etc., to improve overall scores in Swachh Survekshan (survey); facilitate the wards in attaining ODF

status; and further improve and sustain hygiene & sanitation in the ODF wards & cities.

3. For facilitating SSS implementation in urban areas in the States/UTs, a nodal Officer will be nominated by Mission Director/Municipal Commissioner (SBM-U) in each state/UT, similarly NUHM/State Health Department will nominate another nodal officer. In case of seven Metro Cities (Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Mumbai), Municipal Health Department/corporation will be making such nominations. S/he would coordinate with her/his counterpart, responsible for the Swachh Bharat Mission (Urban) in state/UTs. The Mission Directors and Municipal Commissioners (SBM-U) and State Health department (NUHM/Quality-NHM) will also identify nodal officers at city/district level for coordination.
4. The state would also provide directives to each facility viz. UCHC/UPHC to identify a nodal officer from each of the health facility for the Swachh Swasth Sarvatra activities. In absence of Public Health Manager, the MO- in-charge will be the nodal officer for such convergence activities with the corresponding nodal officer in their ward/city.
5. The UPHCs/UCHCs in all the ODF Cities/wards would be prioritized for SSS interventions to accelerate achievement of high levels of cleanliness to meet Kayakalp criteria. Kayakalp assessment of health facilities will be undertaken and the health facilities with the score of below 70% will be provided following one-time additional funding support for filling the gaps:
 - a. For UCHCs- Rs. 10.00 Lakhs/UCHC
 - b. For UPHCs - upto Rs. 50,000/- per UPHCSuch funding will be provided through Program Implementation Plan (PIP) route under the National Health Mission (NHM). The funds would be used for improving Kayakalp criteria and qualify for the awards.
6. Each selected UPHC would undertake comprehensive assessment and develop plan for strengthening the Water, Sanitation, Hygiene and BMW management at the facilities. Other resources can also be tapped for implementation of such plans, and through convergent action with urban local bodies.
7. When a UPHC/UCHC would achieve score of more than 70% in an ODF ward/city, such UPHC will be designated as “Swachh Ratna” UPHC/UCHC.



8. If the UPHC/UCHC located in ODF ward/City is already Kayakalp award winner (Prize or commendation award), it will not be eligible additional one-time funding support. Such facilities would be designated as ‘Swachh Ratna’ facility.

At the Community Level

1. The role of the UPHC nodal officer for the Swachh Swasth Sarvatra is to facilitate linkages and promote joint actions through community platforms such as City level urban health committee, Rogi Kalyan Samiti (RKS), Ward level committee, Mahila Arogya Samiti (MAS), Urban Health Nutrition Days (UHNDs) and Special Outreach Sessions. ANMs, Urban ASHAs and MAS members would play key role in propagating behavioural change activities at the household level/community level and thereby contributing towards promotion and sustaining of hygiene & sanitation in the community.
2. The MoHUA, through its institutional mechanism will ensure appropriate disposal of general solid waste, drainage, uninterrupted water supply, safe disposal of excreta in urban health facilities. Community awareness would be created through appropriate Behavioural Change Communication (BCC) activities and sanitation drive. MoHUA may support ULBs with construction of additional toilet facilities in the community.



KEY ACTIVITIES

At State Level

The Nodal Officer nominated by the Mission Directors and Municipal Commissioners (SBM-U) in each state/UT and the Nodal Officer from State Health Mission (NUHM-NHM) and Metro cities for extension of SSS in urban areas will be responsible for the below mentioned activities at state level for their respective department:

1. Regular and timely meetings with each department and maintaining minutes of meetings held.
2. Sharing list of Kayakalp Award winning UCHCs/UPHCs and ODF wards/cities among the Nodal officers.
3. Coordination, regular monitoring and sharing of progress of SSS.
4. Nodal officer to ensure that SQAC nominate a nodal person from DQAC for regular monitoring of SSS activities at district/facility level.
5. Planning and organising trainings/workshops for nodal officers at district/city.
6. Develop and Implement WASH activities, monitoring (using WASH grading and Kayakalp tools) and periodic handholding to track the progress of the selected facilities on Key WASH components with the support of UNICEF or such others identified by the state health department.
7. Regular meeting with district program management unit/city program management unit on the gap analysis and measures taken to fill the gaps.
8. Health department activities will be supported by NUHM/MoHFW, whereas MoHUA would be responsible for activities related to SBM-urban to attain and sustain ODF declaration of wards/cities.

At District/City Level

The Nodal officers (NUHM-NHM) and Nodal Officer (SBM-U) at the city/district level will be responsible for the following activities:

1. To ensure that nodal person from DQAC regularly monitors the progress of SSS activities at the facility level.
2. Planning and organising trainings, awareness camps and workshops for clinical and non-clinical staff of the facility, ANMs, ASHAs and MAS.
3. Regular meeting with MOIC of health facility on the gap analysis and measures taken on the same as per Kayakalp and WASH checklists.
4. Monitoring visit of nominated nodal officers of health and SBM(U), at least once in a quarter to review WASH activities and suggest improvement measures as required in the facility and adjoining areas/ward/city.
5. Prepare mobility plan for facility and community area for periodic handholding support in implementation of key action points under SSS, Kayakalp and WASH programme.
6. Monitoring of Swachh Swasth Sarvatra at facility level using Kayakalp checklist and WASH grading tools.
7. Ensure WASH issues highlighted by ANMs and ASHAs are discussed regularly with the Nodal Officer and Municipal Health Officer/Sanitary teams to resolve problems related with solid/liquid waste/drainage/water and vector breeding sites in slums/urban communities. Assessment checklist for ASHAs/ANMs is attached.
8. Nodal officer may support UPHCs to identify and mobilise additional resources required to fill additional gaps based on assessment results.
9. To facilitate external assessment of the facility after peer assessment and gap filling, by the team nominated by state level/Municipal level award committee as per Kayakalp guidelines. List of the award winning health facility(s) would be shared with state.

At UPHC/UCHC Level

The Nodal officers at facility would be responsible for the following activities:

1. To select one representative from UPHC/UCHC for Swachh Swasth Sarvatra.

2. To orient Ward committee members, RKS members, Urban ASHAs and ANMs on the convergent action.
3. Plan and implement WASH activities in the facility; sanitation and cleanliness drives in the community.
4. To acknowledge and ensure WASH issues, highlighted by ANMs and ASHAs, are discussed regularly with the district nodal officer.
5. Periodical internal assessment for Kayakalp is undertaken at the facility.
6. Based on the assessment, gaps need to be identified & action plan needs to be generated for closure of gaps.
7. Propose for the financial support of up to Rs. 50,000/UPHCs (Rs. 10 Lakhs per CHC) to bridge the gaps and thus support health facilities to become Kayakalp facilities.
8. Once the facility has an average score of over 70% in internal assessment, peer assessment will be carried out.
9. Facilitate District Award nomination committee (formed as per Kayakalp Guidelines) to collate and analyse peer assessment score & recommend for external assessment, if the facility receives a score of over 70%.
10. Once these facilities achieve score of 70% in Kayakalp external assessment, they are expected to aspire for the National Quality Assurance Standards (NQAS) Certification.

MoHUA through the Officials of SBM-Urban at the State/UTs would Support in Following Activities

- ❖ Solid waste management (segregation, composting, recycle and reuse).
- ❖ Liquid waste management.
- ❖ Construction of new toilets/Urinals, if required.
- ❖ Improving drainage and sewage system of the facility.
- ❖ Improving drainage and sewage system in the ward/city of the UPHC/ UCHC.
- ❖ Mosquito/vector control measures.

- ❖ Regular cleanliness of health facility surroundings.
- ❖ Provide and promote IEC material and activities related to cleanliness in the facility.
- ❖ Provide related/relevant trainings to the health department in the State/UTs.

Role and Responsibilities of District Nodal Officer and Medical Officer In-charge

1. Providing leadership to all facility level SSS activities, including regular monitoring and review.
2. Coordinate and collaborate with different stakeholders and departments.
3. Counselling of OPD and IPD patients on following subjects:
 - i. Use of toilet and importance of hand washing with water and soap at critical times.
 - ii. Water Hygiene including its safe handling and storage.
 - iii. Water borne diseases.
 - iv. Menstrual hygiene including safe disposal of menstrual pads.
 - v. Segregation of waste generated by patients or their attendants themselves.
 - vi. Hospital cleanliness rules and regulations applicable at their level.
4. Prescription slips can also be used for spreading awareness on use of toilets, hand washing with soap. Prescription slips may be printed with the Swachh Bharath Mission Logo as well as messages for discouraging open defecation and littering. MoHUA will share this printed texts with MoHFW.
5. Undertake comprehensive gap assessment on Kayakalp and WASH checklists and develop plan for gap closure and improvement.
6. Ensure display of IEC material of Swachh Bharat Mission, Kayakalp, Water, Hygiene, Sanitation and Waste Management preferably in regional languages and pictorial depiction.
7. Ensure clean drinking water, sanitation and handwashing services are available and accessible within the facility.

8. Ensure all records related to Kayakalp and WASH are maintained in the facility like water testing reports (Chemical and bacteriological), Toilets cleaning schedule, general hospital cleanliness schedule, water storage tank cleaning date and due date, records for Biomedical waste, consumable records of soap, liquid soap, sanitizers, phenol, gloves, masks, aprons, bleaching powder, hypochlorite solution etc. Please refer “Guidelines for Implementation of Kayakalp initiatives” for details.
(<http://qi.nhsrindia.org/cms-detail/guidelines-kayakalp--sss/MTA0>)
9. Participation in City/Ward level coordination committee meeting and provide feedbacks.

Role and Responsibilities of Urban ASHAs and ANMs

Role of ANM

1. Sensitize community on oro-faecal transmission of diseases, safe water, good hygiene practices and waste management.
2. Monitor and ensure display of IEC material on key messages for Swachh Bharat Mission- Urban, Water and Sanitation at institution and adjoining area.
3. Handholding support to ASHAs to conduct WASH assessment and community mobilization.
4. Convey the messages during the UHNDs, immunization sessions and household visits.
5. Submission of the information/data/report to the nodal officer of the UPHC.
6. Review the target of the area in the presence of ASHA, MAS and other functionaries.

Role of ASHA

1. Motivate adjoining households in the area for usage of household/Community toilets and construction of household toilets.
2. Motivate and train households in the area to segregate their waste, reduce wastage and, to the extent possible, compost their wet waste.
3. Motivate groups of households to jointly recycle their dry waste and educate them on easy options to do so.

4. Conduct WASH assessment of their coverage area to identify and list issues for the attention of the ULBs.
5. **Role of Urban ASHA during MAS meeting:** ASHA as the secretary of MAS may play active role for community mobilization and demand generation. She may do following activities during MAS meeting:
 - a. ASHA can sensitize members on oro-faecal transmission of disease, safe water, good hygiene practices and segregation of waste.
 - b. She can discuss route of transmission, impact of morbidity and preventive activities for common diseases related with sanitation and hygiene viz. Diarrhoea, Jaundice, Enteric Fever, etc.
 - c. The importance of use of toilet and hand washing may also be emphasized during discussions explaining how contaminated human faeces get into water and food from open defecation through flies, how they reach mouth through dirty hands.
 - d. She can sensitize and educate MAS about the importance of menstrual hygiene management, and proper methods of disposing non-biodegradable absorbents (i.e not flushed into toilets, not disposed in open grounds/fields, wrapped in paper or original covering, placed in waste bins).

Role and Responsibilities of MAS: MAS members should sensitise community on sanitation and Hygiene activities, which may include:

1. They should create community/household awareness and mobilization for cleanliness drives like prevention of open defecation and practice of usage of toilets and handwashing with soap.
2. To discuss hygiene and sanitation problem in her area with the households/ community.
3. To discuss sanitation and hygiene related issues with ASHA, ANM and Nodal officer of UPHC.
4. Monitoring and facilitating access to essential public services related to health, water, sanitation nutrition and education.
5. Promote convergent and community action in partnership with all other urban area initiatives for Vector control, environmental health, water, sanitation, housing.
6. To prepare checklist for the slum cleanliness, garbage removal, prevention of open defecation (Annexure III)

Suggested Activities for Utilisation of Rs. 10 Lakh at UHCs & upto Rs. 50,000 at UPHCs

1. Improving the aesthetics of the hospital building including painting, cladding of exterior and minor repair work.
2. Improving housekeeping activities.
3. Procurement of cleaning equipment and materials.
4. Construction/renovation/repair of toilets/urinals within the premises of the facility, if required.
5. Improving drainage/sewage system of the facility.
6. Improving uniform signage system of the facility.
7. Printing and display of IEC material regarding safe water, sanitation & Hygiene and Biomedical waste segregation and management or housekeeping checklist.
8. Facility management activities such as pest and animal control, removal of junk material, landscaping, correction of water logging, improving illumination level and maintenance of open areas/corridors.
9. Biomedical and General waste management activities including procurement of additional equipment required for waste management.
10. Maintenance/repair for furniture and fixtures.
11. Installation of water storage/Water treatment (RO/UV Filters), water conservation system.
12. Monitoring activities of cleaning, waste management and infection control practices.
13. Instituting hospital infection surveillance activities.
14. Training of staff on Water Sanitation and Hygiene, infection control & waste management.
15. Improving support services, related to laundry, kitchen and security.
16. Waste disposal services.

The Funds may not be Utilized

As this will be a one-time grant, the amount should not be used for the following activities:

1. Hiring or paying salary to existing staff.
2. Major construction or purchases, purchasing of drugs etc.
3. Purchase of any type of diagnostic, therapeutic & rehabilitation equipment, etc.
4. Any pending payments of contractual agencies under various programs/ scheme.

Note: Records of expenses and Utilization Certificate are to be maintained separately.

Monitoring Mechanism for Urban Health Facilities under SSS

- ❖ Progress of implementation of “SSS- Urban” scheme will be done through Nodal Officer nominated by Mission Directors and Municipal Commissioners (SBM-U) and the Nodal Officer from State Health department (NUHM-NHM) at the State/UT level.
- ❖ Status of ‘SSS-urban’ implementation should be discussed during the meetings with district and facility nodal officers.
- ❖ State Program Manager/Program Officer (NUHM) at the State/UTs will be responsible for implementation and monitoring of SSS-urban scheme in the States/UTs.
- ❖ Onsite Sample verification (Minimum 5) of implementation status reported to SQAC & DQAC will be done by Monitoring Team as per following norms:

City level	State level	Metro level
Visit by CPM/DPM/ District Consultant (QA)/ Nodal officer from ULBs/ Urban health manager/ PHM using Checklist placed as Annexure - I & II	Visit by SPM(NUHM)/ Nodal Officer (QA/ Kayakalp) using Checklist placed as Annexure - I & II	Visit by Nodal officer from each of the 7 metro cities along with State Nodal officer SBM-U and State Nodal Officer (NUHM) using Checklist placed as Annexure - I & II

Roles and responsibilities of monitoring team are not limited to finding the status and progress of implementation of the scheme, but they are expected to support the UPHCs/UHCs in following activities:

1. Orientation and training of Facility Staff in using Kayakalp check-list.
2. Gap Analysis of facility.
3. Prioritization of gaps and developing a time-bound Action Plan.
4. Hand holding and supportive supervision.
5. Ensuring allocation of resources and enabling policy/departmental guidelines.
6. Help in eliciting support from other departments – PWD, Public Health Engineering, Electricity, Municipality etc.
7. Support for innovations such as Herbal Garden, Liquid Waste Management, Composting, etc.
8. IEC Activities related to Swachh Bharat Mission-Urban, Kayakalp etc.
9. Orient staff about WASH activities and monitor performance of ASHA and MAS to sensitise other households on Hygiene, Sanitation, Water Hygiene and Waste Management.

Training and Capacity Building

Training and capacity building of staff and stakeholders of State Health Mission (NUHM-NHM) and stakeholder implementing SBM-Urban is very essential. The programme functionaries at state level, City/district level, ULB representatives and officials, UPHC staff, ANM, ASHA, RKS members and MAS members are required to be trained for effective roll-out of the scheme.

WASH training may be conducted on regional basis, through a training institute identified by the State/UTs, with the capacity to facilitate these trainings across the State/UT. The training on WASH modules will be provided to all the stakeholders with the support of UNICEF and other identified agencies/institutes.

The following trainings will be conducted in the States/UTs:

- I. State level training:** There will be a one-day orientation training on “Swachh Swasth Sarvatra in Urban areas” of State level health officials; ULBs and Nodal officers (SBM-U). These can comprise of State Nodal Officer-NUHM, Program Officer (Quality including Kayakalp and SSS), health officials and elected representatives of ULBs, Municipal Commissioners, Chief Medical Officers, Municipal Health Officers and other program officers as per the States/UTs/ ULBs requirements.

II. City/District/Regional level:

A. Non - Kayakalp facilities located in ODF and non- ODF wards/cities:

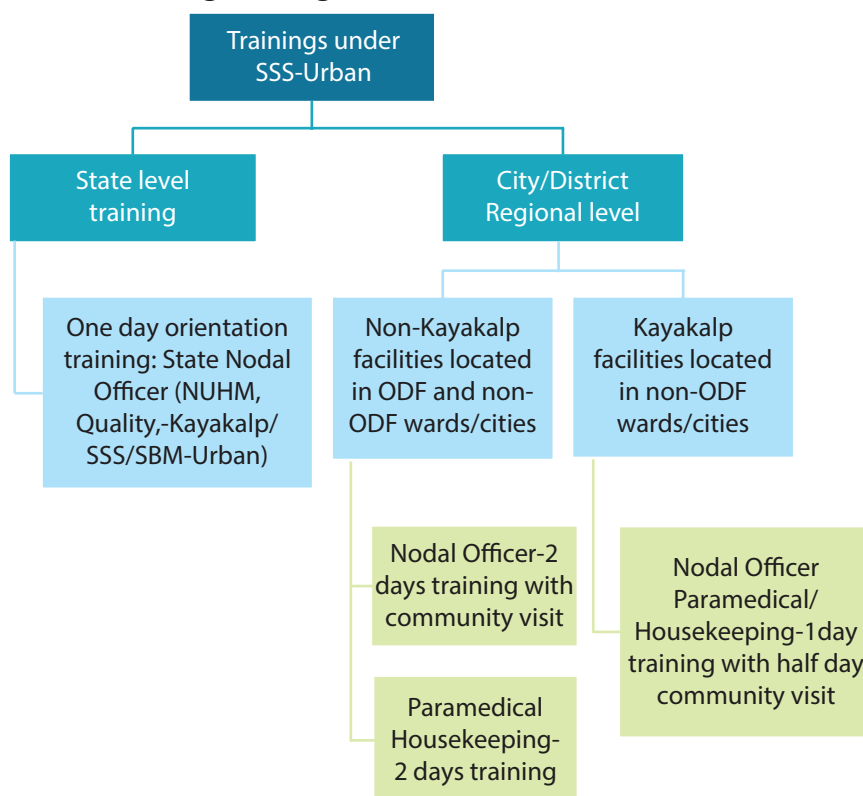
- i) **For Nodal officer of health facility:** 2 day training which will include class room training, facility assessment, facility improvement planning and community visit.
- ii) **For Para-medical, Housekeeping staff and field staff:** 2 days training including class room training and community visit.

B. Kayakalp awarded UHCs and UPHCs located in Non ODF ward/cities:

- i) **For Nodal officer of health facility, Para-medical, Housekeeping staff and field staff:** 1 day training with half day community visit.

State may propose budget for these training activities as per their roll out plan in PIP under NUHM-QA-SSS (Fig. 1).

Figure 1: Training Arrangement





ANNEXURES

ANNEXURE - I

UCHC/UPHC MONITORING CHECKLIST (SWACHH, SWASTH, SARVATRA)

NAME OF UCHC/UPHC

DATE OF VISIT

VISITED BY

- 1.
- 2.
- 3.

S. No.	ACTIVITY	YES	NO	Remarks (If Any)
1	Cleanliness & Infection Control Committee formed			
2	Facility conducts regular meeting of Cleanliness & Infection Control Committee			
3	Initial/Baseline Assessment (Kayakalp) completed			
4	Quarterly Assessment (Kayakalp) is conducted			
5	Time-bound Action Plan made			
6	Action Plan is meticulously followed			
7	Facility received Financial support of Rs. 10 Lakhs for UCHC or upto Rs. 50,000/- for UPHC			

S. No.	ACTIVITY	YES	NO	Remarks (If Any)
8	Financial support is being utilized judiciously and as per guidelines			
9	Is facility ready for Peer Assessment			
10	Is facility ready for External Assessment			
11	Do ASHA and MAS members sensitize other households on Hygiene, Sanitation, Water Hygiene and Waste Management			
12	Has WASH training been conducted for nodal officer of UPHC			

SUPPORT PROVIDED BY THE MONITORING TEAM

Trainings

1	Biomedical waste management
2	Infection control
3	5 'S' and Housekeeping practices

Technical support

1	Designing Signage System
2	Condemnation & Disposal of Junk Material
3	Contract Management
4	Composting
5	Procurement of Standard Material and Equipment for cleaning
6	Designing Housekeeping checklists for various departments
7	Measuring various HAI rates
8	Quality Test of drinking water

SUPPORT PROVIDED BY THE MONITORING TEAM	
9	Herbal Garden
10	Others (Please specify)
Support in Traversing Gaps	
1	Authorization under BMW Rules 2016
2	Establishing systems
3	Developing SOPs for Cleanliness & Hospital upkeep
4	Developing SOPs for Biomedical waste management and infection Control
5	Assembling a kit for Mercury Waste Management
6	Others (Please specify)
Major Findings of the Last Visit	
Actions Taken on Findings of Last Visit	

GAP CLOSURE STATUS				
No. of Gaps		Closed	In Process	Not Initiated
TOTAL				
Facility Level				
District Level				
State Level				
Brief Description of Resource requirement & proposed follow-up action				

PLAN OF ACTION				
Thematic Area	Major Findings	Actions Required	Respon-Sibility	Time Line
1. Facility Upkeep				
2. Sanitation & Hygiene				
3. Waste Management				
4. Infection Control				
5. Support Services				
6. Hygiene Promotion				
7. Beyond Hospital Boundary				

ANNEXURE - II

Checklist for assessing WASH problems in an urban area

Water

Parameter	Status	Status	Status	Status
Source	Piped	Tube well	Water tanks	Other
Frequency	Everyday	Few times a week	Weekly	When paid
Quality of water	Uncontaminated	Risk of contamination	Suspicion of contamination	Evidently contaminated
Presence of causes for contamination at source	Possibility of contamination when accessing water from source	Possibility of contamination during storage	Possibility of contamination when put to use	

Sanitation

Parameter	Status	Status	Status	Status
Excreta disposal	Individual toilets available and area ODF	Individual and community toilets available and area ODF	Community toilets required, not ODF	Both individual and community toilets required, not ODF
Solid waste disposal	Disposed in area designated by ULB and collected regularly by ULB	Disposed in area designated by ULB and not collected regularly by ULB	No designated area by ULB, community collects household waste and dumps it outside the area or in drains	Unorganized solid waste disposal
Waste water disposal	Drains present and households connected	Drains present but clogged due to engineering issues or solid waste disposal	Potential for flooding and overflow during rainy season	Stagnant pools of water present
Vector Control	Vector breeding prevented by ULBs regularly during the season	No stagnation of water or household level accumulation of water evident	Stagnant drains	Household level pools of water present

ANNEXURE - III

Sample Checklist for MAS for cleanliness at community level

Name of MAS member:																	
Area/Location:																	
Name of associated ASHA:																	
Particulars	D1	D2	D3	D4	D5	D6										D29	D30
Garbage removal																	
Cleaning																	
No Open defecation																	
Availability of Waste bins																	
Cleaning of Waste bins																	
No dumping of garbage																	
Fogging																	
IEC display in the community																	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Ministry of Health and Family Welfare
Government of India
Nirman Bhavan, New Delhi