



Ministry of Health & Family Welfare  
Government of India



# KAYAKALP

REJUVENATING THE PUBLIC  
HEALTHCARE FACILITIES

2024



एक कदम स्वच्छता की ओर







# KAYAKALP

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## REJUVENATING THE PUBLIC HEALTHCARE FACILITIES

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Government of India

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1<sup>st</sup> Edition: June 2015

2<sup>nd</sup> Edition: July 2019

3<sup>rd</sup> Edition: April 2021

4<sup>th</sup> Edition: June 2024

**ISBN : 978-93-82655-38-1**

Ministry of Health & Family Welfare  
Government of India  
Nirman Bhawan, New Delhi, India

Design By : Yukti Prints

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### Background

The Swachh Bharat Abhiyaan, launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Public health care facilities are a major mechanism of social protection for meeting the health care needs of large segments of the population. 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. As the first principle of healthcare is “to do no harm”, it is essential that our healthcare facilities maintain cleanliness and ensure adherence to infection control practices. To create an impetus, the Ministry of Health & Family Welfare, Government of India, has launched a National Initiative named “Kayakalp” to rejuvenate the public health facilities, and it is complemented by incentives to the public health facilities that demonstrate high standards of cleanliness, hygiene, and infection control practices. The Kayakalp initiative is for all levels of public healthcare facilities. This guidebook provides implementation and assessment details of the Kayakalp scheme in primary and secondary care institutions available in rural and urban set up.

### Objectives

1. To promote cleanliness, hygiene, Infection Control, and environment-friendly practices in Public Health Facilities.
2. To incentivise and recognise public healthcare facilities that show exemplary performance in adhering to standard cleanliness and infection control protocols.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness, and sanitation.



4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

## Scope

Based on the assessment tools and assessment process defined in the guidebook, Kayakalp assessment activity would be undertaken by states/UTs annually. All the good-performing public health facilities would be incentivised for their commendable performance. The incentives would be distributed by the state as follows:

- ◆ Incentives would be given to a best District Hospital for Category A States, two best District Hospitals for Category B states, and three best District Hospitals for Category C States. The categories of the states are defined as per the number of districts hospitals in the state. A separate incentive would be given to the top-ranked District Hospital in a State/UT with the highest scores in the “eco-friendly” theme of the Kayakalp scheme.
- ◆ SDH-CHC are considered together in this category of the incentive. Two best Community Health Centres/Sub District Hospitals (limited to one of best CHC/SDH in small states) would be incentivised. Small States are those states & UTs with less than 10 Districts. A separate incentive for the top ranked SDH/CHC in State/UT with the highest scores in the “eco-friendly” theme.
- ◆ Best Primary Health Centre will be incentivised in every district.
- ◆ Best Ayushman Arogya Mandirs (functional Sub Centre) for category ‘A’ districts, two best AAMs for category ‘B’ districts and three best AAMs for category ‘C’ districts. The Category of AAM-SC is defined as per the number of operational AAM-SCs & Only districts with ten or more AAM-SCs would be eligible for the incentive.
- ◆ Best U-CHC incentive would be in each state, and each metropolitan city having 10-25 U-CHCs and two best UCHCs in each state, and each metropolitan city having more than 26 U-CHCs.



- ◇ Best UPHC will be selected in each district/metropolitan city with 10-25 UPHCs, two best UPHCs in each district/ metropolitan city with 26-50 UPHCs, and three best UPHCs in each district/ metropolitan city having more than 50 UPHCs.
- ◇ Less than 10 UPHCs achieving 70% or more will be eligible for only commendation incentives.
- ◇ All winner facilities will receive a cash Incentive. The details of incentives are given in **Chapter V (Incentive Criteria)**



- a) **National Level:** At the national level, a National Committee under the Chairpersonship of the AS & MD, NHM would review this National Initiative periodically for any necessary modifications.
- b) **State Level:** A state-level Kayakalp Committee\* is to be constituted under the chairpersonship of the Health Secretary/Mission Director NHM. Suggested members include senior officers from the Health Directorate, State Quality Assurance Committee, Nodal officer NUHM, the MHO (Municipal Health Officer) or representatives from the ULBs, State CPHC nodal office, Development Partners working in the states, Superintendents of Medical College hospitals, NGOs working on health and sanitation themes, and representatives of other relevant departments like the Public Health Engineering Department, Pollution Control Board and Water and Sanitation department.

# In the seven metro cities Municipal Corporation Level Kayakalp Committee may be constituted under the chairmanship of the CEO/ Municipal Commissioner or Deputy Municipal Commissioner for the smooth execution of the scheme in the corporation

### **TORs of this committee would be to:**

1. Disseminate the criteria and methodology of the National Initiative for public healthcare facilities in the state.
2. Constitute state level external assessment team for the purpose of facility assessment and scoring, especially for DH, SDH/CHCs
3. Enable training of external assessors as per the defined criteria.
4. Coordinate the assessment and validation process of internal/ peer scores.



5. Finalize the list of top-ranking facilities based on the assessment.
6. Organise a felicitation ceremony at the State/ Municipal level and disburse the incentives to the respective facilities.

**External Assessment Teams-** External Assessment team would be constituted for the proposed assessment and validation of the scores of nominated facilities. State Level Kayakalp Committee would identify and appoint external assessors. The following can be appointed as External assessors-

1. State-level program officers/ Officials from Health Directorate.
2. Experts working with Developments Partners/ International Agencies/NGOs.
3. Trained internal and external assessors for National Quality Assurance Standards/other quality standards.
4. Faculty from medical Colleges/ SIHFWs/ Technical support institutions
5. Retired senior health officials and other health experts.

Each team would consist of three assessors, one of whom would be an independent expert who is not working in the government sector. For small states, one assessment team would be adequate. For larger states, one assessment team can be constituted for 5-10 districts at each divisional level. External assessors at the state level would be trained in using the assessment tool provided by NHSRC.

c) **District-level Kayakalp committee** - A three-to-five-member committee at the district level under the DM/Chief Medical Officer (CMO) chairpersonship. Suggested members include the CMO/ representative, Members of the Zila Panchayat Health Committee, the District Quality Assurance Committee, the District Urban Nodal officer, District CPHC nodal officer, Civil Society representatives and eminent RKS members as, members of which at least one of the members should be a woman. This committee would undertake the following tasks:

1. Disseminate details of the Kayakalp and criteria to all healthcare facilities in the district.



2. Ensure that the process of internal and peer assessment in the district through:
  - Training facility staff in undertaking internal/peer assessments.
  - Allocation of teams for peer assessments and providing logistic support
  - Monitor implementation of internal and peer assessments, and
  - Review of scores and support facilities to fill identified gaps.
3. Nominate facilities for internal/ peer and external assessments based on the scores obtained by internal/ peer assessment for finalisation at the state level.
4. Select the best PHCs, UPHCs and AAMs-SC in the winner and commendation categories after External Assessment
5. Ensure the timely transfer of Incentives to the respective facilities.

**External Assessment of PHCs and SC level AAM-** a minimum two-member committee may be constituted by the district-level Kayakalp Committee. At least one member of the team should be from the non-Government Sector.

#### **d) Infection control and Cleanliness committee at the facility level**

##### **Composition:**

1. Medical Superintendent/Medical Officer In charge - Chairperson
2. Nursing in charge/Infection control nurse - Convener
3. Pathologist/Microbiologist
4. Blood bank in charge
5. In charge of OT
6. Lab technician
7. Hospital Manager/Quality Manager/Health Manager
8. Chief pharmacist
9. Housekeeping in charge



The Infection Control & Cleanliness committee will be constituted at all the facilities- DH, SDH, CHC, PHC/ AAM- PHC and UPHC/AAM -UPHC or equivalent.

**At AAM-SC**, the infection control, cleanliness and Kayakalp function will be undertaken, reviewed, and monitored **by the JAS (Jan Arogya Samiti)**

The JAS committee\* at AAM SC is constituted of the Sarpanch, MO-PHC, CHO, chairperson of VHSNC, ASHA, ANM, MPW, School health ambassador, president of Self-help support group, peer educator and invitee members.

The details of JAS may be referred from – Community Ownership of Health & Wellness Centres- Guidelines for Jan Arogya Samitis.

**Frequency: Monthly meetings and minutes should be recorded.**

#### **Terms of References (ToR)**

- To disseminate “Swachhta Guidelines” among all hospital clinical and support staff.
- To develop & approve infection control policies in the Hospital.
- To implement infection control practices in the Hospital.
- Conduct the internal assessment using the Kayakalp checklist at least once a quarter.
- To identify gaps and prepare an action plan based on the findings of the internal assessment.
- To monitor and review the progress of the facility towards meeting Kayakalp criteria.
- To ensure periodic microbiological Surveillance, collection & analysis of data related to hospital-acquired infections.
- To direct resources to address problems identified for effective management of infection control program.
- To ensure the availability of appropriate supplies needed for infection control at the facility.
- To facilitate & support staff training related to Housekeeping & infection control.



## Summary of Kayakalp Institutional Arrangement under NUHM:

1. The Kayakalp initiative under NUHM would be operationalised through the existing Kayakalp arrangement in the States/ UTs. The Nodal Officer of Urban Health will be inducted as a member of the state and district Kayakalp committees.
2. In the case of the seven Metropolitan cities (Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, & Mumbai), the MHO (Municipal Health Officer) or representative from the ULBs to be inducted and included in the state and district level Kayakalp committee.

The seven metropolitan cities may constitute Municipal Corporation Level Kayakalp Committee under the chairmanship of the CEO/Municipal Commissioner/ Deputy Municipal Commissioner, with members responsible for the smooth implementation of the scheme at their respective administrative units. They would ensure the execution of the scheme for the corporation.

3. Constitution of an Infection control and cleanliness committee in all urban health facilities.
4. TOR of the Municipal corporation level committee would be the same as State level Kayakalp committee, and the TOR of the Infection Control and Cleanliness committee would be the same as mentioned above.



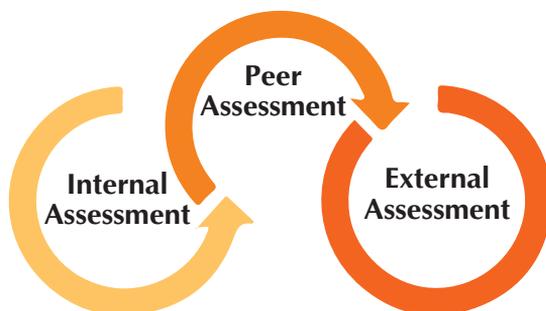
### Step 1:

**Internal Assessment-** At the beginning of the financial year, each facility should be assessed, scored, and documented (including photo documentation) by its own staff using the assessment tool. Based on this assessment, the facility should identify the gaps and prepare an action plan to address these gaps. This internal assessment should be carried out every quarter. The facility should maintain a record of scores for each quarter, which should also be submitted to the office of the Chief Medical Officer/ District Medical Health officer in 7 metros.

### Step 2:

**Peer assessment-** It is mandatory for a health facility to undertake peer assessment at least once a year under the Kayakalp scheme. Peer validation of a 70% and above score is a criterion for external assessment and Incentive. Within the district, hospital staff of one block-level facility would undertake the assessment of a facility in another block. This would be determined by the DHS/CMO. A similar process would be followed at the state level, allocating a team from one DH to travel to another DH to undertake peer assessment. The scores generated by the peer assessment will be the basis for nomination for the annual incentives. The peer assessment is mandatory once a year for all facilities.

**Figure 1 :** Representing the annual assessment process



**Nomination of the facilities** – The District Kayakalp committee would collate and analyse the peer assessment score of all healthcare facilities. The district committee will recommend the names of all facilities scoring 70% or more to the State level Kayakalp Committee. For primary-level health facilities, CMO/MHO will plan and schedule the external assessments.

**The peer assessment should be done at least once a year for all the facilities.**

### Step 3:

#### External Assessment-

#### DH and SDH /CHC

The districts will rank the DH, SDHs &CHC /UCHC according to the scores and submit them to the State/metro Kayakalp Committee. For formal recognition and incentive, teams of external assessors would conduct an external assessment in the nominated facilities to validate the scores generated through the peer assessment mechanism. For selecting the top-ranked DHs and SDHs/CHC, it is essential to have state-nominated teams for external assessment. The state may decide whether external assessment, in addition to Peer assessment, of CHCs & SDHs by state-nominated teams is necessary for those who have been short-listed for Certificate of Commendation.

#### AAM- PHC /PHC

In the case of AAM-PHCs /PHCs, the state could delegate the functions of constituting independent assessment teams to the District Kayakalp committee. The district committee will carry out the assessment and finalise the top-ranked PHC amongst the top three scoring PHCs. For PHCs scoring 70% and above (excluding top scorers), results generated through peer review assessment could be considered valid for commendation incentives.



## AAM-SC

In the case of AAM- SC, the district could engage the block committee/MO in charge of the block to shortlist AAM-SC based on peer assessment scores of the facilities. The peer assessment team should have two members; one may be an experienced internal or external assessor, while the other must be from a neighbouring block or district (if a trained assessor is unavailable at the block level).

The Block Committee/MO in charge will recommend short-listed facilities for Kayakalp incentive to the district-level committee. After receiving the peer assessment scores from all blocks, the district Kayakalp committee will form teams of independent assessors to validate and finalise the winning AAM-SC among the top ten (10) ranked AAM-SC-

For AAM-SC scoring 70% and above (excluding top scorer), scores generated through peer review assessment could be considered valid for commendation incentives.

Final peer and external assessment scores of Kayakalp and WASH, assessment toolkits (including filled Excel sheets/ Gunak assessment sheets etc.), reports and incentives provided to the facilities must be shared with NSHRC- QPS annually after completion of the Kayakalp activity for all levels of health facilities.



### (A) Kayakalp Assessment Components:

All requirements of the Kayakalp assessment are arranged systematically in the following three categories

1. Thematic Area
2. Criteria
3. Checkpoint

**Thematic Area:** These are broad aspects of Swachhta can be termed as 'pillars' of the Kayakalp, namely 'A' - Hospital /Facility Upkeep, 'B' - Sanitation & Hygiene, 'C'- Waste Management, 'D' – Infection Prevention & Control, 'E' - Support Services, 'F'- Hygiene Promotion, 'G' – Cleanliness beyond Hospital /facility boundary wall and 'H'- Eco-friendly facility.

**Criterion:** Under each of the themes, certain criteria cover specific attributes of respective themes.

**Checkpoints:** It is the lowest and most tangible unit of assessment. Checkpoints are specific requirements that assessors are expected to look into the facility to ascertain the extent of the compliance and award scores. The number of checkpoints under each criterion is equal. Secondary health care facilities Checklists have 5/10 checkpoints in each criterion, while PHC, PHC without beds/UPHC/SCs level AAM checklists have 3 and 2 checkpoints, respectively, in each criterion.

### (B) Assessment Tool (Checklists):

The Kayakalp assessment is done using Checklists. The checklist is the compilation of Themes, Criteria and Checkpoints in a systematic manner. Apart from these, the checklist provides assessment aid in terms of Assessment Method and Means of Verification against each checkpoint.



**Figure 2 :** Reflects the arrangement of thematic area, criteria, checkpoints, assessment methods and MOV in Kayakalp Assessment Tools

	Thematic Area	Assessment Method	Means of Verification	Compliance	
	Ref. No.	Criterion	Assessment Method	Means of Verification	Compliance
Criterion	A.	Hospital/Facility			
	A1	Pest & Animal Control			
Checkpoint	A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cat, cattle, pigs, etc. within the premises. Also discuss with the facility staff	
	A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	

### Type of Assessment Tools/Checklists-

There are four types of checklists for different levels of health facilities-

1. Secondary care Level Checklist - Applicable to District Hospitals, Sub District/Taluk Hospital, CHCs and UHCs.
2. Checklist for 24X7 PHC/AAM-PHC/UPHC- Applicable to PHC/UPHC with indoor facilities and Labour room.
3. Checklist for PHC/AAM-PHC/UPHC (Without Beds) - Applicable to ambulatory setups such as Additional PHCs, Urban PHCs/AAM-PHC/AAM UPHC.
4. Checklist for AAM-SC - Applicable to Sub Centre level Ayushman Arogya Mandir

### (C) Assessment Method:

Assessment Methods are given in the adjacent column to the checkpoint and aid the assessors in gathering the information required for a specific checkpoint. There are four assessment methods:



- ◆ **Observations (OB):** Information can be gathered through direct observation. E.g., Level of Cleanliness, Display of Protocols, Landscaping, Signage etc.
- ◆ **Staff Interview (SI):** Information should be gathered by interacting with concerned staff to understand the current practices, competencies, etc., such as steps in hand washing, awareness about 5 moments of hand washing, the method to clean the floor, donning and doffing of gloves or PPE etc.
- ◆ **Record Review (RR):** Information can be extracted from the records available at the facility. A few examples are the availability of a filled-in housekeeping checklist, a culture report for microbial surveillance, and minutes of infection control committee meetings.
- ◆ **Patient Interview (PI):** Information may be gathered by interacting with patients, their attendants, or visitors. E.g., counselling of patients on hygiene.

### (D) Means of Verification:

Each checkpoint is accompanied by means of verification given in the next column after the assessment method. This provides specific guidance to the assessor about what to look for while taking a decision on extent of compliance. Means of verification provide specific clues for the assessment, observations to be made, a list of items, questions to be asked in staff interviews, a list of records, norms for specific requirements etc.

### (E) Scoring:

Following general principles may follow in giving numerical score.

**Full Compliance:** If the information gathered gives the impression that all the requirements of the Checkpoint and means of verifications are being met, full compliance (marks – 2) should be provided for that checkpoint.

**Partial Compliance:** At least 50% or more requirements should be met for providing partial compliance. For partial compliance, a score of 1 mark is given.



**Non-compliance:** Non-compliance is assigned when the facility fails to meet at least 50% of the requirements given in a checkpoint and its corresponding means of verification. In this case, a '0' score is given.

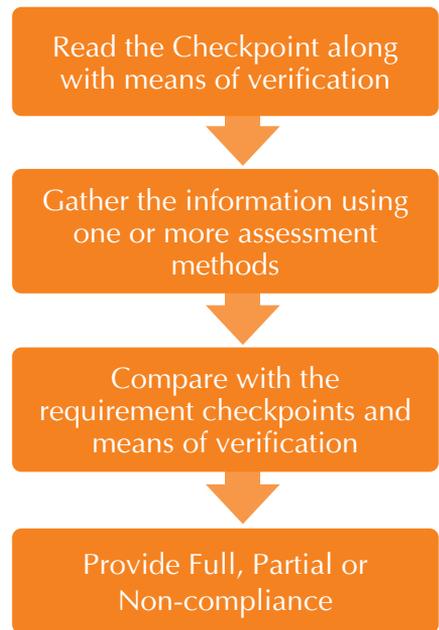
The following are other points which should be taken into consideration during the assessment:

1. All areas/departments of the facility should be assessed to arrive at scores. Kayakalp assessment should not be done on a sample basis. Arriving at the conclusion by visiting a few departments is not recommended.
2. Each checkpoint has its own exclusive requirements. Compliance or noncompliance to checkpoints should not be triangulated by observing compliance with other checkpoints.
3. There is no option for "Not Applicable". All checkpoints must be given either compliance, partial compliance, or noncompliance.
4. For ease of assessment, assessors may divide thematic areas amongst team members.
5. Any checkpoints starting with "No" is absolute, with only full compliance or non-compliance. Even if one component of the requirement is not available at the facility, this will be considered non-compliance.

**Example-** Checkpoint- B6.2 - No foul smell in the Toilets

**Scenario:** Ten Toilets were visited to assess their cleanliness. One of the toilets was found foul smelling. Non-Compliance (0) is to be given.

**Figure 3 :** showing general principle for providing compliance to the checkpoints



6. Kayakalp checklist is the facility-level checklist. There are no departmental checklists. The compliance to a checkpoint applicable to multiple departments should be arrived after assessing all the applicable departments.

**Example-** Check point D1.3: Adherence to 6 steps of Handwashing

**Scenario:** 10 departments were visited to assess hand hygiene practices. Only in seven departments, staff could demonstrate the six steps of hand washing correctly. In this case, partial compliance (01 mark) is recommended to be given.

7. For a checkpoint where multiple items are required to be checked in more than one department, compliance will be based on the total score arrived for this checkpoint.
8. **Weightage of Mera Aspataal Score in Kayakalp:**

Patient/ Client perception about the cleanliness of the hospital is paramount. To know the patients, their relatives and visitors' satisfaction with the cleanliness of the hospital, separate weightage is given to the Mera Aspataal scores in District Hospitals (DH). The methodology will be followed in other levels of health facilities in due course of time.

### Mera Aspataal Score in Kayakalp Incentives

The Incentives for the districts' Hospitals would be finalized based on the weighted average Score obtained under two criteria:

1. Kayakalp Assessment Scores.
2. Mera Aspataal Score.

Mera Aspataal Score would be considered and evaluated for the Kayakalp incentive at the state level after the completion of the external assessment. It is not to be considered for internal and peer assessment of the district hospital.

Note: For facilities below DH like SDH, CHC, PHC, AAM & UPHC, only criteria 1, i.e., Kayakalp score, would be used for finalizing the



Incentives. However, in subsequent years, other facilities would also be evaluated using criteria 1 and 2 (when all the facilities would be integrated with Mera Aspataal).

**Criteria I:** - Kayakalp scores would be based on 8 parameters, i.e., Hospital/ facility upkeep, Sanitation and Hygiene, waste management, Infection control, support services, Hygiene promotion, cleanliness beyond boundary wall and eco-friendly facility. **A weightage of 85% would be assigned to this criterion.**

**Criteria II:** - Performance of the health facility based on the score obtained in 'Mera Aspataal'.

- a. The indicator would be % Percentage of patients dissatisfied with the cleanliness.

**A weightage of 15% would be assigned to this criterion.**

Methodology for calculating weighted average score along with example is placed at **Annexure- III**

## 9. Calculation of “Eco-friendly: theme in Kayakalp:

- To strengthen and prepare the healthcare facilities for climate change and its impact (in line with National Program for Climate Change and Human Health (NPCCHH) 'Eco-friendly' theme has been introduced in the Kayakalp in 2021.
- In the “Eco-friendly” theme, DH, SDH/CHC are assessed using five additional criteria: Energy efficient facility, Air and noise pollution, reducing reuse and recycling of waste, Saving the earth and environment and Health and wellbeing.
- To declare the healthcare facility “Eco-friendly” scores are generated from Thematic area 'H'- Eco-friendly facility, thematic area 'C' Waste Management and thematic area 'A', Hospital Upkeep- Criteria A9: Water Conservation.



**Table 1 :** Representing the applicable thematic area and criteria as per National Program for Climate Change and Human Health

Sl. No	Thematic Area/ Criteria	Attribute	Number of Checkpoints	Scores
1	Thematic Area-H (Additional)	Eco-friendly Facility	45	90
2	Thematic Area-C	Waste Management	50	100
3	Thematic Area-A Criterion-A9	Facility Upkeep- Criteria- Water Conservation	5	10
<b>Total</b>			<b>100</b>	<b>200</b>

### Scoring Rules to declare the facility's compliance with the Eco-friendly theme of Kayakalp:

- ❖ Facility has undergone the external assessment conducted by the team deputed by the state Kayakalp committee.
- ❖ Health facility's overall external assessment score in the Kayakalp assessment is 70% or more.
- ❖ The facility must achieve at least 70% in each eco-friendly criterion, i.e., Theme H, theme C, and Water conservation criteria (Facility upkeep theme) score during the external assessment.
- ❖ The incentivised facilities of the previous year would have to show an improvement in eco-friendly theme scores by at least 5% from the previous year's score.

**Note:** A separate 'eco-friendly scorecard' will be calculated by the State level Kayakalp committee based on the above-mentioned incentive criteria



The scorecards for the Kayakalp can be generated through a formula-fitted MS Excel sheet\* or Gunak Application#.

\*Excel sheets can be downloaded from: <https://qps.nhsrcindia.org/kayakalp-swachh-swasth-sarvatra/quality-TFK>

# Gunak Application can be assessed from the play store and ios

## **10. Kayakalp -WASH Healthcare facilities**

“WASH in health care facilities” refers to providing water, sanitation, health care waste management, hygiene, environmental cleaning and management across all parts of the facility. Its main objective is to ensure the availability of WASH services, especially in healthcare settings, supporting universal healthcare aspects of quality, equity, and dignity for all people.

As stated above, India launched Swachh Bharat Abhiyan in 2014 and, subsequently, Kayakalp for healthcare facilities. All the country-specific applicable WASH assessment checkpoints are incorporated into the Kayakalp toolkit. Along with a larger Kayakalp mandate (Facility upkeep, sanitation hygiene, waste management, Infection prevention & control, support services, hygiene promotion, eco-friendly health facility and compliance of all outside the boundary wall of health facility), the WASH checkpoints are covered under different criteria, and a separate scorecard is also introduced. Whenever the facility undertakes its Kayakalp assessment, its scores will be automatically calculated for the healthcare facility. If a health facility is noncompliant under WASH indicators in the external assessment, it will not qualify for the Kayakalp incentive.



The incentive would be distributed based on the performance of the facility on the Kayakalp parameters, namely:

- a. Hospital / Facility Upkeep
- b. Sanitation and hygiene
- c. Waste Management
- d. Infection Prevention and Control
- e. Hospital Support Services
- f. Hygiene Promotion
- g. Cleanliness beyond Hospital/facility Boundary wall
- h. Eco-friendly facility

Assessment tools and Scorecards for the different levels of the health facilities (DH, SDH/CHC, PHC with beds, PHC without beds and AAM -SC) are given in Annexure 'II' and Annexure 'I' respectively.

### **Criteria for Incentivisation:**

The following are the prerequisites for applying for the incentives under the /Kayakalp scheme-

1. Facility has constituted a Cleanliness and Infection Control Committee.
2. Facility has a mechanism of periodic internal assessment and peer assessment based on defined criteria.
3. Facility has achieved at least 70% of peer/external assessment scores.

### **Selection of the Facility:**

The Incentives for an individual public health facility will be given to those that score the highest based on a set of defined criteria. There will be four subcategories:



### a) Best District Hospitals-

In the eligible States (States with  $\geq 10$  Districts), the number of Incentives is based on the number of District Hospitals as per the following details-

State Categories	Number of District Hospitals	Number of Incentives	Quantum of cash Incentive
Category A	10 – 25	1	Rs. 50.00 lakhs
Category B	26 – 50	2	a. Rs. 50.00 lakhs – Winner, b. Rs. 20.00 lakhs – Runner-up
Category C	> 50	3	a. Rs. 50.00 lakhs-Winner b. Rs. 20.00 lakhs – 1st Runner-up and c. Rs. 10.00 lakhs – 2nd runner-up

- ◆ The Kayakalp incentive for District Hospitals would not apply to the States & UT with less than 10 Districts. However, District Hospitals in such States & UTs would be eligible for commendation incentive subject to such facilities scoring  $\geq 70\%$  on External Assessment.
- ◆ The incentive for district Hospitals would be finalised based on the weighted average score obtained in Kayakalp assessment scores & Mera Aspataal.
- ◆ The winner and runner-up facilities in the previous year would have to show an improvement in the score by at least 5% from the previous year's scores. If the winner and runner-up facility does not meet the said criterion, then it would only receive the commendation Incentive subject to facilities scoring  $\geq 70\%$ .
- ◆ A separate incentive of Rs 10 L will be given to the best 'eco-friendly' district hospital. The top-scoring district Hospital in the state/UT in the 'eco-friendly' theme would receive the incentive per the norms defined in Chapter IV: Assessment Protocol & Scoring.

### b) Best SDH/CHC Incentive-

In larger states ( $\geq 10$  districts), the top two ranked SDHs/ CHCs will receive an incentive of Rs. Fifteen and Ten Lakhs. Small states will



have only one Incentive for the best facility in this category. However, commendation incentives would be given to all facilities scoring  $\geq 70\%$  on External Assessment.

- ◇ The winner and runner-up facilities in the previous year would have to show an improvement in the score by at least 5% from the previous year's scores. If the winner and runner-up facility does not meet the said criterion, then it would only receive the commendation Incentive subject to facilities scoring  $\geq 70\%$ .
- ◇ A separate incentive of Rs 5 L will be given to the best 'eco-friendly' SDH/CHC. The top scorer SDH/CHC in state/UT under an 'eco-friendly' theme would receive the incentive as per the norms defined in Chapter IV: Assessment Protocol & Scoring.
- ◇ Best UCHC incentive- *Refer to Chapter VI- Kayakalp Initiative under National Urban Health Mission.*

**c) Best PHC Incentive –**

Every district's best PHC (24x7) will receive an incentive of Rs. Two Lakhs. Those PHCs converted into Ayushman Arogya Mandir will compete with other PHCs in the same category of PHCs for Kayakalp Incentives. However, commendation would be given to all facilities scoring  $\geq 70\%$  on External Assessment.

- ◇ The winner and runner-up facilities in the previous year would have to show an improvement in the score by at least 5% from the previous year's scores. If the winner and runner-up facilities do not meet the said criterion, it would only receive the commendation incentive subject to facilities scoring  $\geq 70\%$ .
- ◇ Best UPHC incentive- *Refer to Chapter VI- Kayakalp Initiative under National Urban Health Mission*

**d) Best Ayushman Arogya Mandir Sub Health Centre-**

Sub Centre operationalised as Ayushman Arogya Mandir –

The AAM category would not be applicable to the districts that operationalised less than 10 Sub centres into Ayushman Arogya Mandir.



In the eligible districts ( $\geq 10$  AAM-SC), the number of Incentives is based on the number of operational AAM sub-centres as per the following details:

Districts	Number of Operational AAM Sub centres	Number of Incentives	Quantum of cash Incentive
Category A	10 – 25	One	Rs. 1 Lakh- Winner
Category B	26 – 50	Two	a. Rs. 1 lakh – Winner, b. Rs. 50,000 – Runner-up
Category C	> 50	Three	a. Rs. 1 lakh-Winner b. Rs. 50,000 – 1st Runner-up and c. Rs. 35,000 – 2nd runner-up

To motivate, sustain and improve performance in facilities that score over 70%, but do not make it to the list of exemplary performance in a particular year, a Certificate of Commendation plus cash incentive would be given as follows:

- |  |             |
|--|-------------|
| a) District Hospital                         | Rs. 300,000 |
| b) CHC / SDH/UHC                             | Rs. 100,000 |
| c) Primary Health Centres/UPHCs              | Rs. 50,000  |
| d) Ayushman Arogya Mandir Sub Centre-level : | Rs 25,000   |

There is no ceiling on the number of commendation incentives and the size of states & UTs. However, the selection and nomination of such health facilities would follow a similar process, as delineated for the incentive-winning health facilities.



The Kayakalp initiative in Urban health facilities was introduced in 2017. This section would provide clarity and guidance to the state, district Kayakalp committee, municipal corporations, and Urban Local Bodies (ULB) officials regarding the rollout of Kayakalp in urban healthcare facilities.<sup>1</sup>

- ◆ The Kayakalp initiative would be applicable to all urban Health facilities supported under the NUHM.
- ◆ All the functional urban Health facilities will be included in the scheme for the incentives.
- ◆ UPHCs running in PPP mode may be included under the Kayakalp per the state's requirement.

### Categories of Kayakalp Incentives:

Kayakalp's initiative in urban health facilities would depend on the number of functional U-PHCs and U-CHCs.

- ◆ U-CHCs (and equivalent health facilities) within the State/UTs/seven Metropolitan cities would be assessed together in one category. The top-ranked U-CHCs will receive an incentive of Rs. Fifteen Lakhs. However, commendation incentives would be given to all facilities scoring  $\geq 70\%$  on the External Assessment.
- ◆ In Small states, where the number of UCHCs is less than 10, there will not be any separate category for UCHCs. Therefore, UCHC and CHC may compete as one category; and will have only one incentive for the best facility in this category.

<sup>1</sup> The Objectives of Kayakalp, process of assessment, assessment protocol and scoring system for urban health facilities will be same as mentioned Chapter I, II, III and IV of the guidelines.



- ◇ In Seven Metro Cities (Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Mumbai), the Kayakalp incentives for U-PHCs would be given at each administrative unit level within the metro city administration (known as Zone, Region, or District). The number of Incentives would vary according to the number of functional U-PHCs present in the given zone/district/region of the municipality as per norms given below in Table.
- ◇ The UPHC within the municipalities and City councils in a district (i.e., other than seven metro towns) would be assessed as an incentive declared at the level of the city as per norms given in the table.
- ◇ UPHC category would be applicable to districts/regions/zone with more than 10 UPHCs.

In the eligible districts ( $\geq 10$  UPHCs), the number of Incentives is based on the number of functional UPHCs.

Districts	Number of functional UPHCs in municipal corporations (seven Metropolitans)/ municipalities and City councils	Number of Incentives	Quantum of cash Incentive
Category A	10 – 25	One	Rs. 2 Lakh- Winner
Category B	26 – 50	Two	a. Rs. 2 lakh – Winner, b. Rs. 1.5 lakh – Runner-up
Category C	> 50	Three	a. Rs. 2 Lakh-Winner b. Rs. 1.5Lakh – 1st Runner-up and c. Rs. 1 lakh – 2nd runner-up

- ◇ In districts/cities having less than 10 UPHCs, UPHC and PHC will be assessed as a single category. There will not be any separate UPHC category.



The State Kayakalp Committee compile the scores of external assessments of DH, SDH/CHC and scores generated by District Kayakalp committees for PHCs with bed, PHCs without bed and AAM-SC. The State committee will rank the facilities and declare the top-ranked facilities for the incentives. The list of selected facilities would be formally disseminated through circulars and displayed on the official website of the state health department. The state committee would also declare the eligible facilities for the Certificate of Commendation. The state will also display the list of poor-performing facilities (all those that could not score over 70% in external assessment) on State Website/ Swachhata Portal. All peer and external assessment scores detailing the Kayakalp assessment teams are submitted to the Ministry of Health and Family Welfare. The copy of the data is preserved in states to track the progress and sustainability of activities over a period.

### **Felicitation-**

A Suitable felicitation/ recognition ceremony may be held at the state and national levels.

### **Cash Incentive –**

75 % of the cash Incentive amount will go to the Rogi Kalyan Simitis/ Jan Arogya samitis for investments in improving the amenities, upkeep, and services, while 25% of the cash incentive will be given to the facility teams as a team incentive.

### **Budget-**

The National Initiative would be an integral part of NHM. The states will request for the budget in Programme Implementation Plans (PIP). Details of Kayakalp norms for planning purposes may be referred from operational Guidelines for improving quality in public healthcare facilities in 2021.<sup>2</sup>

<sup>2</sup> <https://nhsrcindia.org/operational-guidelines-improving-quality-2021>



## Thematic Scores - Kayakalp for Public Health Facilities



### Means of Verification –

OB – Direct Observation

SI – Staff Interview

PI – Patient Interview

RR – Review of records & documents

### Marking –

2 Marks for full compliance

1 Mark for partial compliance

0 Mark for NIL compliance



# Theme, Criteria and Score for Public Health Facilities

## Section A: DH, SDH and CHC

Reference No.	Criteria	Weightage
<b>A</b>	<b>Hospital/ Facility Upkeep</b>	<b>100</b>
A1	Pest & Animal Control	10
A2	Landscaping & Gardening	10
A3	Maintenance of Open Areas	10
A4	Facility Appearance	10
A5	Infrastructure Maintenance	10
A6	Illumination	10
A7	Maintenance of Furniture & Fixture	10
A8	Removal of Junk Material	10
A9	Water Conservation	10
A10	Workplace Management	10
<b>B</b>	<b>Sanitation &amp; Hygiene</b>	<b>100</b>
B1	Cleanliness of Circulation Area	10
B2	Cleanliness of Wards	10
B3	Cleanliness of Procedure Areas	10
B4	Cleanliness of Ambulatory Area	10
B5	Cleanliness of Auxiliary Areas	10
B6	Cleanliness of Toilets	10



Reference No.	Criteria	Weightage
B7	Use of standards materials and Equipment for Cleaning	10
B8	Use of Standard Methods of Cleaning	10
B9	Monitoring of Cleanliness Activities	10
B10	Drainage and Sewage Management	10
<b>C</b>	<b>Waste Management</b>	<b>100</b>
C1	Implementation of Biomedical Waste Rules	10
C2	Segregation, Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	10
C4	Storage of Biomedical Waste	10
C5	Disposal of Biomedical waste	10
C6	Management Hazardous Waste	10
C7	Solid General Waste Management	10
C8	Liquid Waste Management	10
C9	Equipment and Supplies for Bio-Medical Waste Management	10
C10	Statutory Compliances	10
<b>D</b>	<b>Infection Prevention &amp; Control</b>	<b>100</b>
D1	Hand Hygiene	10
D2	Personal Protective Equipment	10
D3	Personal Protective Practices	10
D4	Decontamination and Cleaning of Instruments	10
D5	Disinfection & Sterilization of Instruments	10
D6	Spill Management	10



Reference No.	Criteria	Weightage
D7	Isolation and Barrier Nursing	10
D8	Infection Control Program	10
D9	Hospital/ Facility Acquired Infection Surveillance	10
D10	Environment Control	10
<b>E</b>	<b>Hospital Support Services</b>	<b>50</b>
E1	Laundry Services and Linen Management	10
E2	Water Sanitation	10
E3	Kitchen Services	10
E4	Security Services	10
E5	Outsourced Services Management	10
<b>F</b>	<b>Hygiene Promotion</b>	<b>50</b>
F1	Community Monitoring & Patient Participation	10
F2	Information Education and Communication	10
F3	Leadership and Teamwork	10
F4	Training and Capacity Building	10
F5	Staff Hygiene and Dress Code	10
<b>G</b>	<b>Cleanliness beyond hospital/facility boundary wall</b>	<b>50</b>
G1	Promotion of Swachhata in the surrounding area	10
G2	Alternative Financing and Support Mechanism	10
G3	Cleanliness and aesthetics of Surrounding areas	10
G4	General Waste Management in surrounding	10
G5	Maintenance of the Surrounding Area	10



Reference No.	Criteria	Weightage
<b>H</b>	<b>Eco- friendly facility</b>	<b>100</b>
H1	Energy efficient facility	20
H2	Air and Noise pollution	20
H3	Reduce, reuse, and recycle the waste	20
H4	Save the earth and environment	20
H5	Health and wellbeing	20



## Section B: Primary Health Centre /AAM PHC with Beds

Reference No.	Criteria	Weightage
<b>A</b>	<b>PHC/AAM- PHC Upkeep</b>	<b>60</b>
A1	Pest & Animal Control	06
A2	Landscaping & Gardening	06
A3	Maintenance of Open Areas	06
A4	PHC Appearance	06
A5	Infrastructure Maintenance	06
A6	Illumination	06
A7	Maintenance of Furniture & Fixture	06
A8	Removal of Junk Material	06
A9	Water Conservation	06
A10	Workplace Management	06
<b>B</b>	<b>Sanitation &amp; Hygiene</b>	<b>60</b>
B1	Cleanliness of Circulation Area	06
B2	Cleanliness of Wards	06
B3	Cleanliness of Procedure Areas	06
B4	Cleanliness of Ambulatory Area	06
B5	Cleanliness of Auxiliary Areas	06
B6	Cleanliness of Toilets	06
B7	Use of standards materials and Equipment for Cleaning	06
B8	Use of Standard Methods of Cleaning	06
B9	Monitoring of Cleanliness Activities	06
B10	Drainage and Sewage Management	06



Reference No.	Criteria	Weightage
<b>C</b>	<b>Waste Management</b>	<b>60</b>
C1	Segregation of Biomedical waste	06
C2	Collection and Transportation of Biomedical Waste	06
C3	Sharp Management	06
C4	Storage of Biomedical Waste	06
C5	Disposal of Biomedical waste	06
C6	Management Hazardous Waste	06
C7	Solid General Waste Management	06
C8	Liquid Waste Management	06
C9	Equipment and Supplies for Bio-Medical Waste Management	06
C10	Statutory Compliances	06
<b>D</b>	<b>Infection Prevention &amp; Control</b>	<b>60</b>
D1	Hand Hygiene	06
D2	Personal Protective Equipment (PPE)	06
D3	Personal Protective Practices	06
D4	Decontamination and Cleaning of Instruments	06
D5	Disinfection & Sterilization of Instruments	06
D6	Spill Management	06
D7	Isolation and Barrier Nursing	06
D8	Infection Control Program	06
D9	Hospital-Acquired Infection Surveillance	06
D10	Environment Control	06



Reference No.	Criteria	Weightage
<b>E</b>	<b>Support Services</b>	<b>30</b>
E1	Laundry Services and Linen Management	06
E2	Water Sanitation	06
E3	Pharmacy & Stores	06
E4	Security Services	06
E5	Outreach Services	06
<b>F</b>	<b>Hygiene Promotion</b>	<b>30</b>
F1	Community Monitoring & Patient Participation	06
F2	Information Education and Communication	06
F3	Leadership and Teamwork	06
F4	Training and Capacity Building & Standardization	06
F5	Staff Hygiene and Dress Code	06
<b>G</b>	<b>Cleanliness Beyond Hospital/Facility Boundary Wall</b>	<b>60</b>
G1	Promotion of Swachhata & Coordination with Local bodies	10
G2	Leadership & tapping alternative source of funding for Swachhata	10
G3	Cleanliness of approach road and surrounding area	10
G4	Public Amenities in Surrounding Area	10
G5	Aesthetics of the Surrounding area	10
G6	Maintenance of the surrounding area and Waste Management	10



## Section C: Primary Health Centre /AAM PHC without Beds

Reference No.	Criteria	Weightage
<b>A</b>	<b>APHC / AAM -PHC/UPHC Upkeep</b>	<b>40</b>
A1	Pest & Animal Control	04
A2	Landscaping & Gardening	04
A3	Maintenance of Open Areas	04
A4	PHC Appearance	04
A5	Infrastructure Maintenance	04
A6	Illumination	04
A7	Maintenance of Furniture & Fixture	04
A8	Removal of Junk Material	04
A9	Water Conservation	04
A10	Workplace Management	04
<b>B</b>	<b>Sanitation &amp; Hygiene</b>	<b>40</b>
B1	Cleanliness of Circulation Area (Corridors, waiting area, lobby, stairs etc.)	04
B2	Cleanliness of OPD clinics	04
B3	Cleanliness of Procedure Areas [Dressing room, Immunization, Injection room, Labour room (if available) ]	04
B4	Cleanliness of Lab & Pharmacy	04
B5	Cleanliness of Auxiliary Areas (Office, Meeting room, Staff room, Record room etc.)	04
B6	Cleanliness of Toilets	04
B7	Use of standards materials and Equipment for Cleaning	04



Reference No.	Criteria	Weightage
B8	Use of Standard Methods of Cleaning	04
B9	Monitoring of Cleanliness Activities	04
B10	Drainage and Sewage Management	04
<b>C</b>	<b>Waste Management</b>	<b>40</b>
C1	Segregation of Biomedical waste	04
C2	Collection and Transportation of Biomedical Waste	04
C3	Sharp Management	04
C4	Storage of Biomedical Waste	04
C5	Disposal of Biomedical waste	04
C6	Management Hazardous Waste	04
C7	Solid General Waste Management	04
C8	Liquid Waste Management	04
C9	Equipment and Supplies for Bio-Medical Waste Management	04
C10	Statutory Compliances	04
<b>D</b>	<b>Infection Prevention &amp; Control</b>	<b>40</b>
D1	Hand Hygiene	04
D2	Personal Protective Equipment (PPE)	04
D3	Personal Protective Practices	04
D4	Decontamination and Cleaning of Instruments	04
D5	Disinfection & Sterilization of Instruments	04
D6	Spill Management	04
D7	Isolation and Barrier Nursing	04



Reference No.	Criteria	Weightage
D8	Infection Control Program	04
D9	Hospital/ Facility Acquired Infection Surveillance	04
D10	Environment Control	04
<b>E</b>	<b>Support Services</b>	<b>20</b>
E1	Laundry Services and Linen Management	04
E2	Water Sanitation	04
E3	Pharmacy & Stores	04
E4	Security Services	04
E5	Outreach Services	04
<b>F</b>	<b>Hygiene Promotion</b>	<b>20</b>
F1	Community Monitoring & Patient Participation	04
F2	Information Education and Communication	04
F3	Leadership and Teamwork	04
F4	Training and Capacity Building & Standardization	04
F5	Staff Hygiene and Dress Code	04
<b>G</b>	<b>Cleanliness Beyond Hospital/Facility Boundary Wall</b>	<b>40</b>
G1	Promotion of Swachhata & Coordination with Local bodies	10
G2	Cleanliness of approach road and surrounding area	10
G3	Aesthetics and amenities of Surrounding area	10
G4	Maintenance of surrounding area and Waste Management	10



## Section D: Ayushman Arogya Mandir-Sub Centre

Reference No.	Criteria	Weightage
<b>A</b>	<b>Ayushman Arogya Mandir Upkeep</b>	<b>40</b>
A1	Pest & Animal Control	04
A2	Landscaping, Gardening & Yoga	04
A3	Maintenance of Open Areas	04
A4	Facility Appearance	04
A5	Infrastructure Maintenance	04
A6	Illumination	04
A7	Maintenance of Furniture & Fixture	04
A8	Removal of Junk Material	04
A9	Water Conservation	04
A10	Work Place Management	04
<b>B</b>	<b>Sanitation &amp; Hygiene</b>	<b>40</b>
B1	Cleanliness of Circulation Area (Corridors, waiting area etc.)	04
B2	Cleanliness of Clinic rooms	04
B3	Cleanliness of Procedure Areas [Lab/Diagnostic]	04
B4	Cleanliness of Store space	04
B5	Cleanliness of roof top	04
B6	Cleanliness of Toilets	04
B7	Use of standards materials and Equipment for Cleaning	04
B8	Use of Standard Methods of Cleaning	04



Reference No.	Criteria	Weightage
B9	Monitoring of Cleanliness Activities	04
B10	Drainage and Sewage Management	04
<b>C</b>	<b>Waste Management</b>	<b>40</b>
C1	Segregation of Biomedical waste	04
C2	Collection and Transportation of Biomedical Waste	04
C3	Sharp Management	04
C4	Storage of Biomedical Waste	04
C5	Disposal of Biomedical waste	04
C6	Management Hazardous Waste	04
C7	Solid General Waste Management	04
C8	Liquid Waste Management	04
C9	Equipment and Supplies for Bio Medical Waste Management	04
C10	Statutory Compliances	04
<b>D</b>	<b>Infection prevention &amp; Control</b>	<b>40</b>
D1	Hand Hygiene	04
D2	Personal Protective Equipment (PPE)	04
D3	Personal Protective Practices	04
D4	Decontamination and Cleaning of Instruments	04
D5	Reprocessing of reusable instruments and equipment	04
D6	Spill Management	04
D7	Isolation and Barrier Nursing	04
D8	Infection Control Program	04



Reference No.	Criteria	Weightage
D9	Surveillance activity	04
D10	Environment Control	04
<b>E</b>	<b>Support Services</b>	<b>20</b>
E1	Laundry Services and Linen Management	04
E2	Water Sanitation	04
E3	Storage Space	04
E4	Housekeeping services	04
E5	Outreach Services	04
<b>F</b>	<b>Hygiene Promotion</b>	<b>20</b>
F1	Community Monitoring & Patient Participation	04
F2	Information Education and Communication	04
F3	Leadership and Teamwork	04
F4	Training and Capacity Building & Standardization	04
F5	Staff Hygiene and Dress Code	04
<b>G</b>	<b>Cleanliness Beyond Hospital/Facility Boundary Wall</b>	<b>40</b>
G1	Promotion of Swachhata & Coordination with Local bodies	10
G2	Cleanliness of approach road and surrounding area	10
G3	Aesthetics and amenities of Surrounding area	10
G4	Maintenance of surrounding area and Waste Management	10



## Section A: Assessment Tools for DH, SDH &amp; CHC

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A</b>	<b>HOSPITAL/FACILITY UPKEEP</b>			
<b>A1</b>	<b>Pest &amp; Animal Control</b>			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, monkey etc. within the premises. Also discuss with the facility staff.	
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall and ensure that there is some mechanism for passage of wheel chairs and trolleys.	
A1.3	Integrated Pest Control Management is implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same	
A1.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	RR/SI	Check if the facility has a scheduled programme for anti-termite treatment at least once in a year	
A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for <ol style="list-style-type: none"> <li>1. Usage of insecticide treated (LLIN) Mosquito nets by the patients.</li> <li>2. Availability of adequate stock of Mosquito nets.</li> <li>3. Wire Mesh in windows.</li> <li>4. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled</li> <li>5. No water collection for mosquito breeding within and outside the premises.</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A2</b>	<b>Landscaping &amp; Gardening</b>			
A2.1	Facility's front area is landscaped (Both hardscaping and soft-scaping)	OB	Check for the following: 1. Hardscaping: look for driveways/retaining walls/pavers / fountains are maintained adequately 2. Soft-scaping :Front of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance	
A2.2	Green Areas/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis.	
A2.3	Internal Roads, Pathways, waiting area, etc. are even and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.	
A2.4	Gardens/ green area are secured with fence	OB	Check the barricades, fence, wire mesh, railings, gates, etc. have been provided for the green area.	
A2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants Check for:- 1. Its accessibility to the patients 2. Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)	
<b>A3</b>	<b>Maintenance of Open Areas</b>			
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for the presence of any 'abandoned building' within the facility premises. Note: give full compliance if the existing abandoned building is identified and marked and not in use	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A3.2	No water logging in open areas and the facility buildings are vector- breeding proof	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, rainwater etc. Look for tyres, flower pots etc., for accumulation of stagnant water.	
A3.3	No thoroughfare/ general traffic in hospital premises	OB/ SI	Check that the facility premises are not being used as 'thoroughfare' by the general public	
A3.4	Open areas are well maintained	OB/RR	Check that: 1- there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas 2-Retaining natural topography (and/ or) design vegetated spaces on the ground, for at least 15% of the site area 3-Preservation of existing trees & plantation of new trees	
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	
<b>A4</b>	<b>Hospital / Facility Appearance</b>			
A4.1	Walls are well-plastered and painted	OB	Check that wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and paint has not faded away.	
A4.2	Interior of patient care areas are plastered & painted	OB	Interior walls and roof of the outdoor and indoor area are plastered and painted in soothing colour. The Paint has not faded away.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A4.3	Name of the hospital is prominently displayed at the entrance	OB	Name of the Hospital is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night	
A4.4	Uniform and signage system in the Hospital	OB	Check for: 1. All signage's (directional & departmental) and information displayed in local language 2. All signages follow uniform colour scheme.	
A4.5	No unwanted/ Outdated posters	OB	Check, that facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
<b>A5</b>	<b>Infrastructure Maintenance</b>			
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually.	
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	
A5.4	Hospital has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. The wall is painted in uniform colour. Check that there is no rusting of the gates. All the gates (entry, exit or any other gates) are painted and functional.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.5.5	Hospital has adequate facility for parking of vehicles	OB	(a) Check there is a demarcated fringe parking space for the ambulances, patients, visitors and staff vehicles. (b) Check vehicles are parked systematically	
<b>A6</b>	<b>Illumination</b>			
A6.1	Adequate illumination in Circulation Area	OB	Check for adequate lighting arrangements in the waiting area, lobby, corridors, lift landing area, staircase, etc., through Natural Light or Electric Bulbs. Minimum illumination should be 100-150 Lux.	
A6.2	Adequate illumination in outdoor and Indoor patient care areas	OB	Check for adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at the Nursing station and 100-150 Lux in the wards.	
A6.3	Adequate illumination in Procedure Areas	OB	Check for adequate lighting arrangements in OT, Labour Room, Laboratory, other clinical departments, etc., as applicable.	
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate, parking and access road are well illuminated specially at night.	
A6.5	Adequate illumination in auxiliary area	OB	Check that auxiliary area of the facility like Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, Toilets, Bathing area, etc. are well illuminated	
<b>A7</b>	<b>Maintenance of Furniture &amp; Fixture</b>			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated	
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean.	
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programme for furniture and fixtures, at least once in a year.	
<b>A8</b>	<b>Removal of Junk Material</b>			
A8.1	No junk material in patient care areas	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, wards, etc.	
A8.2	No junk material in Open Areas and corridors	OB	Check, if unused/ condemned equipment, vehicles, etc. are kept in the corridors, pathways, under the stairs, open areas, roof tops, balcony, etc.	
A8.3	No junk material in critical service area	OB	Check if unused articles and old records are kept in the Labour room, OT, Injection room, Dressing room, emergency room, etc.	
A8.4	Hospital has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A8.5	Hospital has documented and implemented Condemnation policy	SI/RR	Check that: 1. Hospital has drafted its condemnation policy or has got one from the state. 2. They are complying with it 3. Old ambulances, vehicles, broken furniture, etc., not lying inside the hospital premises	
<b>A9</b>	<b>Water Conservation</b>			
A9.1	Piped water supply is adequate in Quantity & Quality	OB/SI	Check for:- 1. Quantity of water including reservoir and record of its for judicious use of water 2. Installation of main water meter/sub-meter	
A9.2	"Water supply system is maintained in the hospital and periodical inspection for water wastage is done"	OB/SI	Check for:- 1. staff have been assigned duty for periodical inspection of leaking taps, pipes and dysfunctional cisterns etc. 2. use of low-flow faucets; dual flush toilets	
A9.3	Hospital promotes water conservation	SI/OB/RR	Check :- 1. IEC material is displayed for water conservation, and staff & users are made aware of its importance 2. The facility conducts educational program that highlights the need to conserve and use water efficiently	
A 9.4	Hospital has a functional rain water harvesting system	OB/SI	Check :- Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.9.5	The hospital has innovative practices for water Conservation		<p>Check any innovative practices such as :</p> <ol style="list-style-type: none"> <li>1. Landscaped area is planted with drought-tolerant plants (e.g. Cactus, Palm, Bougainvillea, snake plant, lavender etc)</li> <li>2. Usage of grey water for irrigation and toilet flushing etc.</li> <li>3. Installation of Sensor based/auto stop taps at washbasins</li> <li>4. Recycling of waste water</li> <li>5. Installation of dual flush in toilets</li> </ol>	
<b>A10</b>	<b>5S for Work Place Management</b>			
A10.1	Staff periodically sort useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, workstation, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	
A10.2	The Staff arrange the useful articles, records in systematic manner	SI/OB	<p>Check for:</p> <ol style="list-style-type: none"> <li>1. Medicines, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner</li> <li>2. The place has been demarcated for keeping different articles</li> </ol>	
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that medicines, instruments, records, etc. are labelled for facilitating easy identification.	
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check that nursing station, dispensing counter, lab benches, etc. are clean and shining	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e. g.5s)	
<b>B</b>	<b>SANITATION &amp; HYGIENE</b>			
<b>B1</b>	<b>Cleanliness of Circulation Area</b>			
B1.1	No dirt/Grease/ Stains in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top, lift(if available) for any visible or tangible dirt, grease, stains, etc.	
B1.2	No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors	OB	Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	
<b>B2</b>	<b>Cleanliness of Wards</b>			
B2.1	No dirt/Grease/ Stains/ Garbage in wards	OB	Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	
B2.2	No Cobwebs/ Bird Nest/ Dust/ Seepage on walls and roofs of wards	OB	Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.	
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily	
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available	
<b>B3</b>	<b>Cleanliness of Procedure Areas (OT, Labour Room, Dressing Room)</b>			
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, OT, Minor OT, Dressing room for any visible or tangible dirt, grease, stains etc.	
B3.2	No Cobwebs/Bird Nest/ Seepage in OT & Labour Room	OB	Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	
B3.3	OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc.	
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B4</b>	<b>Cleanliness of Ambulatory Area (OPD, Emergency, Lab, X-Ray and USG) &amp; Ambulance</b>			
B4.1	No dirt/Grease/Stains / Garbage in Ambulatory Area	OB	Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check for roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	1-Observe and ask the staff about frequency for cleaning of OPD, Emergency, Lab, X-Ray, USG room etc.	
B4.5	Cleanliness of Ambulance	SI/RR	Ask the staff about frequency for cleaning of ambulance and verify with records	
<b>B5</b>	<b>Cleanliness of Auxiliary Areas (Kitchen, Laundry, Mortuary, Administrative office)</b>			
B5.1	No dirt/Grease/Stains/ Garbage in Auxiliary Area	OB	Check for: 1. Floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any visible or tangible dirt, grease, stains, etc. 2. Parking area is visibly clean	
B5.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area	OB	Check the roof, walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records	
<b>B6</b>	<b>Cleanliness of Toilets</b>			
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	
B6.5	Floors of Toilets are dry and crack free	OB	Check some of the toilets randomly for dryness of floors, absence of cracks and without residue water accumulation	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B7</b>	<b>Use of standards materials and Equipment for Cleaning</b>			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose "	SI/OB/RR	<p>1-Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label.</p> <p>2-Check the cleaning products and materials are environmental friendly and less toxic but still maintain the high level of cleanliness are used in the facility (with eco-friendly logo)</p> <p>3-Check with cleaning staff if they are getting adequate supply. Verify the consumption records.</p>	
B7.2	Cleaning staff uses correct concentration of cleaning solution	SI/RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.	
B7.3	Availability of carbolic Acid/ Bacilocid for surface cleaning in procedure areas- OT, Labour Room	SI/RR	Check for adequacy of the supply. Verify with the records of stock outs, if any	
B7.4	Availability of eco-frindly/ bio-degradble Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available (made of up eco-friendly plastic/bio-degradable platic items / aluminium as per the local availability). General and critical areas should have separate bucket and carts.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.5	Availability of Cleaning Equipment	OB/RR	<p>Check the:</p> <ol style="list-style-type: none"> <li>1. Availability of mops, brooms, collection buckets etc., as per requirement.</li> <li>2. Storage area/Janitor room for cleaning equipment is clean and dry.</li> <li>3. Hospitals with a size of more than 300 beds should have mopping machines &amp; a the routine maintenance schedule for mopping machine is available</li> </ol>	
<b>B8</b>	<b>Use of Standard Methods Cleaning</b>			
B8.1	Use of manual or mechanised system for cleaning	SI/OB	<ol style="list-style-type: none"> <li>1. Check if cleaning staff uses three bucket system (manual cleaning) for cleaning. First mop the area with the warm water and detergent solution. <ul style="list-style-type: none"> <li>• After mopping clean the mop in plain water and squeeze it.</li> <li>• Repeat this procedure for the remaining area.</li> <li>• Mop area again using sodium hypochlorite 1% after drying the area. Ask the cleaning staff about the process.</li> </ul> <p>OR</p> </li> <li>2. Look for the availability of electrical scrubber drier, mechanical sweepers, vacuum cleaner wet &amp; dry, high-pressure jet cleaners for the functionality of a mechanised cleaning machine</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B8.2	Use unidirectional and outward mopping method	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.	
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.	
B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT table and Labour Room Tables should not be used for mopping the floors.	
B8.5	Disinfection and washing of mops after every cleaning cycle	SI/OB	Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.	
<b>B9</b>	<b>Monitoring of Cleanliness Activities</b>			
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check for: <ul style="list-style-type: none"> <li>1. Housekeeping Checklist is displayed in the toilet and updated daily (check records for at least one month)</li> <li>2. Cleaning schedule for each area has been prepared, approved and disseminated to the concerned persons</li> </ul>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B9.2	Use of Housekeeping Checklist in Patient Care Areas & ambulance	OB/RR	Please check for: 1. Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. 2. Cleaning checklist is displayed inside the ambulance. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month.	
B9.4	A person is designated for monitoring of Housekeeping and Bio medical waste management Activities	SI/RR	Check for: 1. A trained staff member from the hospital has been designated to manage and monitor the housekeeping activities and Biomedical waste management activities 2. Housekeeping checklist is counter-signed by the person 3. Availability and adherence of Duty roster by cleaning and housekeeping staff	
B9.5	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B10.</b>	<b>Drainage and Sewage Management</b>			
B10.1	Availability of closed drainage system	OB	Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered.	
B10.2	Gradient of Drains is conducive for adequate for maintaining flow	OB	Check that the drains have adequate slope and there is no accumulation and back-flow of water or debris in it	
B10.3	Availability of Sewage Treatment System/Effluent Treatment System	OB/SI	Check Hospital sewage is connected with functional Effluent Treatment Plant or Sewage Treatment Plant (as per requirement)	
B10.4	No blocked/ overflowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	
B10.5	All the drains are cleaned once in a week	SI/RR	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records.	
<b>C</b>	<b>WASTE MANAGEMENT</b>			
<b>C1</b>	<b>Implementation of Biomedical Waste Rules</b>			
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes as amendments.	SI/OB	A copy of the Biomedical waste management rules is available at the facility.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C1.2	The facility has implemented Bio-Medical Waste Management Rules, 2016*	OB/SI/RR	Interview the concerned personnel and verify following actions - <ol style="list-style-type: none"> <li>1. Change in colour scheme</li> <li>2. Linkage with CBWTF, if located within 75 kms OR Approval for Deep Burial pit</li> <li>3. 'On-site' pre-treatment of laboratory waste before handing over to the CTF Operator</li> </ol>	
C1.3	The facility has started undertaking actions for bar coding system	SI/RR	Check the records and interview the personnel to ascertain that the hospital has started actions for procurement of Bar coded bags & containers	
C1.4	The facility has started undertaking actions, which are to be complied as per current guidelines	SI/RR	Check the records and interview the personnel to ascertain that the hospital has started actions for followings - <ol style="list-style-type: none"> <li>1. Procurement of Non-chlorinated bags</li> <li>2. Development of Website and uploading of Annual Report</li> <li>3. Actions for meeting emission standards as given in Bio-Medical Waste Management Rules, 2016*</li> </ol>	
C1.5	An existing committee or newly constituted committee for review and monitoring of BMW management at DH/CHC level	SI/RR	Check the record to ensure that the committee has met at least at six monthly interval and BMW status has been reviewed	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C2</b>	<b>Segregated Collection and Transportation of Biomedical Waste</b>			
C2.1	Segregation of BMW is done as per Bio-Medical Waste Management Rules, 2016*	OB/SI	Biomedical waste is segregated at the point of generation as per Bio-Medical Waste Management Rules, 2016* Anatomical waste and soiled dressing material are segregated in yellow bins & bags General and infectious waste are not mixed	
C2.2	Work instructions for segregation and handling of Biomedical waste has been displayed prominently	OB	Check availability of instructions for segregation of waste in different colour coded bins and instructions are displayed at all waste generation points as per recent rules and guidelines	
C2.3	The facility has linkage with a CBWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CBWTF In absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.	
C2.4	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with lids	
C2.5	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check, transportation of waste from clinical areas to storage areas is done in covered trolleys / Bins. Trolleys used for patient shifting should not be used for transportation of waste.	
<b>C3</b>	<b>Sharp Management</b>			
C3.1	Disinfection of Broken/Discarded Glassware is done as per recommended procedure	OB/SI	Check such waste is pre-treated either with 1-2% Sodium Hypochlorite for 30 minutes or by autoclaving/ microwave/ hydroclave and sent for recycling	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C.3.2	Glassware is stored as per protocol given in Schedule I of the Bio-Medical Waste Management Rules, 2016*	OB/SI/ RR	Verify that all glassware is stored in a puncture proof and leak proof boxes or containers with blue coloured marking and later sent for recycling at CBWTF level	
C3.3	The Staff uses needle cutters for cutting the syringe hub	OB/SI	Observe that needle cutters are available at every point of waste generation and also being used	
C3.4	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/ burner, scalpel blade, etc.	
C3.5	Staff is aware of needle stick injury Protocol and PEP is available to the staff	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up	
<b>C4</b>	<b>Storage of Biomedical Waste</b>			
C4.1	Dedicated Storage facility is available for biomedical waste and its has biohazard symbol displayed	OB	Check if the health facility has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	
C4.2	The Storage facility is located away from the patient area and has connectivity of a motor able road.	OB	"Look at the location and its connectivity through a road for CBWTF vehicle to reach the storage area without any hindrance. The storage area does not pose any threat to patients, indoor & outdoor both.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C4.3	The Storage facility is secured against pilferage and reach of animal and rodents.	OB	Check the security (Lock and key) and rodent proofing of the storage area	
C4.4	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	
C4.5	The storage facility has hand-washing facilities for the workers	OB	Check availability of soap, running water in vicinity of storage facility	
<b>C5</b>	<b>Disposal of Biomedical waste</b>			
C5.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CBWTF have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or The facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should approved by the Prescribed Authority and constructed as pe the specifications given in Schedule-II, Standards for Deep burial given in Bio-Medical Waste Management Rules 2016	
C5.2	Recyclable waste is disposed as per procedure given in the Bio-Medical Waste Management Rules, 2016*	OB/SI/RR	Check if Recyclable waste (catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded / mutilated after treatment (options autoclaving/microwave/hydroclave) and then sent back to registered recyclers at CBWTF level. Alternatively it can also be sent for energy recovery or road construction. Ascertain that waste is never sent for incineration or land-fill site.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C5.3	Discarded / contaminated linen is disposed as per procedure given in the Bio-Medical Waste Management Rules, 2016*	OB/RR	Check that discarded linen, mattresses & bedding contaminated with blood or body fluid is subjected to disinfection by non-chlorinated disinfection (e.g. Phenolics, Hydrogen Peroxide) followed by incineration. Alternatively it can be shredded or mutilated.	
C5.4	Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of Bio-Medical Waste Management Rules, 2016*	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration at CBWTF level	
C5.5	Disposal of PPEs as per procedure given in the Bio-Medical Waste Management Rules, 2016*	OB/SI/RR	1. Check that disposal of PPEs (goggles, face-shield, splash proof apron, plastic coverall, hazmat suit, nitrite gloves etc.) are as per the latest BMW Rules 2. Staff is aware of special disposal precaution to be taken for infectious diseases like COVID	
<b>C6</b>	<b>Management Hazardous Waste</b>			
C6.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management If facility is mercury free give full compliance	
C6.2	Availability of Mercury Spill Management Kit	OB	Check physical availability of Mercury spill management kit, more so at the locations functional on 24x7 basis (Emergency Department, Ward, etc.) If facility is mercury free give full compliance	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C6.3	Disposal of Radiographic Developer and Fixer	SI/RR	Check in the Radiology Department about the procedure being followed for disposal of Radiographic developers and fixer. It should be handed over to an authorised agency, not discharged in the drain	
C6.4	Disposal of Disinfectant solution like Glutaraldehyde & Disposal of Lab reagents	SI/RR/OB	Check for: 1. Used disinfectants are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF. 2. Liquid from laboratories are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF	
C6.5	Disposal of waste collected from infectious disease like COVID-19	SI/RR	Check that the facility is managing infectious waste like COVID-19 as per the procedures laid down by CPCB like double layer bags, labelling of "COVID-19", disinfection with 1% sodium hypo-chlorite solution etc. are done	
<b>C7</b>	<b>Solid General Waste Management</b>			
C7.1	Recyclable and Biodegradable Wastes have segregated collection	OB/SI	Check availability of two types of bins for collecting Recyclables and Biodegradables - Kerb collection point, wards, OPD, Patient Waiting Area, Pharmacy, Office and Kitchen etc	
C7.2	The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes	PI/OB	Posters/ Work instructions are displayed at the locations, where two types of bins have been kept	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C7.3	General Waste is not mixed with infected waste	OB	Check bins to ascertain that such mixing does not take place	
C7.4	Availability of Compost Pit within the premises	OB/SI	Check availability of pit within the premises; If a facility has linkage with municipal waste management system for collection of general waste, please award full compliance	
C7.5	The facility has introduced innovations in managing General Waste	OB/SI/RR/PI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
<b>C8</b>	<b>Liquid Waste Management</b>			
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same. Discarded Lab samples made safe before mixing with other waste water	
C8.2	Body fluids, Secretions in suction apparatus, blood and other exudates in OT, Labour room, minor OT, Dressing room are disposed only after treatment	OB/SI	Check that such secretions, blood and exudates are treated as per protocol	
C8.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	1-Check the availability of Separate collection system leading to effluent treatment system. 2- Check for availability of effluent treatment system in the facility	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C8.4	Sullage is managed scientifically	OB/SI	Check that Sullage (waste water from Bathrooms & Kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to Municipal system. In absence of such system, the facility should have soakage pit for sullage.	
C8.5	Runoff is drained into the municipal drain	OB/SI	Check availability of surface drainage system and its connectivity and gradient with the municipal drains for the Runoff during rains, etc.	
<b>C9</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			
C9.1	Availability of foot operated Bins and non-chlorinated liners for segregated collection of waste at point of use	OB/SI/ RR	1. Check for availability foot operated bins and non-chlorinated plastic bags/ liners of appropriate size at each point of generation for Biomedical waste 2. Check for adequate availability of bins and liners	
C9.2	Availability of Needle cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C9.3	Availability and supply of personal protective equipment	OB/SI/RR	1. Please look at the availability of PPE (cap, mask, gloves, boots, goggles) for cleaning and waste handlers and its supply record 2. Check that there is no stockout of PPE	
C9.4	Availability of Sodium Hypochlorite Solution	OB/SI/RR	Please look at availability of Sodium Hypochlorite and its supply record	
C9.5	Availability of trolleys for waste collection and transportation	OB/SI	Number and size would depend upon the size of facility and waste inventory	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C10</b>	<b>Statutory Compliances</b>			
C10.1	The Health Facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for availability of the authorization certificate and its validity	
C10.2	The Health Facility submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30th June every year.	
C10.3	The Health Facility has a system of review and monitoring of BMW Management through an existing committee or by forming a new committee	RR/SI	Check following records - 1. Office order for constitution of committee or its review by existing committee - Quality Committee/ infection control committee 2. Frequency of committee meetings - at least 6 monthly 3. Minutes of meetings	
C10.4	The Health facility maintains its website and annual report is uploaded	RR	Check, if the facility has its own website and annual report under the BMW Rules 2016 is uploaded	
C10.5	The Health Facility maintains records, as required under the Bio-Medical Waste Management Rules, 2016*	RR	Check following records - 1. Yearly Health Check-up record of all handlers 2. BMW training records of all staff (once in year training) 3. Immunisation records of all waste handlers 4. Records of operations of Autoclave and other equipment for last five years	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D</b>	<b>INFECTION PREVENTION &amp; CONTROL</b>			
<b>D1</b>	<b>Hand Hygiene</b>			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water availability at all points of use including nursing stations, OPD clinics, OT, labour room, laboratories etc.	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	
D1.4	Availability of Alcohol Based hand rub and its usage	SI/OB	Check the availability alcohol based hand-rub in all patient care & service areas and they are accessible for visitors, patients and staff. Ask for its regular supply.	
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the 5 moments of hand washing (before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient, after touching a patient's surroundings)	
<b>D2</b>	<b>Personal Protective Equipment (PPE)</b>			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D2.4	Use of aprons/ Lab coat by the clinical staff	SI/OB	Check the usage of protective attire e.g. Apron by the doctor and nurses, lab coat by the lab technicians, gown in OT, etc.	
D2.5	Adequate supply of Personal Protective Equipment (PPE)	SI/RR	Check with staff whether they have adequate supply of personal protective equipment. Verify the records for any stock outs.	
<b>D3</b>	<b>Personal Protective Practices</b>			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	
<b>D4</b>	<b>Decontamination and Cleaning of Instruments</b>			
D4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	
<b>D5</b>	<b>Disinfection &amp; Sterilization of Instruments</b>			
D5.1	Adherence to Protocols for autoclaving	SI/OB	1. Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (when instruments are not wrapped) or 30 Minutes (if instruments are wrapped) 2. Linen - 121 C, 15 Pound for 30 Minutes 3. Flash sterilisation - unwrapped object at 132°C for 3 minutes at 27-28 lbs of pressure	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff about the process of High Level disinfection using Boiling or Glutaraldehyde solution	
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	
D5.4	Chemical Sterilization of instruments done as per protocol	SI/OB	Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.5	Sterility of autoclaved pack maintained during storage	SI/OB	Check if autoclaved instruments are kept in the clean area. Their expiry date is mentioned on the package. Instruments are not used later once instrument pack has been opened.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D6</b>	<b>Spill Management</b>			
D6.1	Staff is aware of management of small spills	SI/OB	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	
D7.3	Maintenance of adequate bed to bed distance in wards	OB	Check for: 1. A distance of 3.5 Foot is maintained between two beds in isolation wards 2. Each bed has only one patient	
D7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in labour room, OT, ICU, Burn ward, SNCU, etc.	
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU, SNCU, Burn Ward, etc.	
<b>D8</b>	<b>Infection Control Program</b>			
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
D8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check if the hospital has documented Anti biotic policy and doctors are aware of it.	
D8.4	Immunization of Service Providers	RR/SI	Check for: 1. Hospital staff has been immunized against Td, Hepatitis B 2. Food handlers/ kitchen staffs have been immunised against Typhoid	
D8.5	Regular Medical check- ups of food handlers and housekeeping staff	RR/SI	Check for the records and lab investigations of Food handlers and housekeeping staff	
<b>D9</b>	<b>Hospital Acquired Infection Surveillance</b>			
D9.1	Regular microbiological surveillance of Critical areas	RR/SI	Check for the records of microbiological surveillance of critical areas like OT, Labour room, ICU, SNCU etc.	
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D10</b>	<b>Environment Control</b>			
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least 15 to 20 air changes per hour	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	
D10.4	Surface cleaning and safe fogging of Labour Room and OT	OB/SI	Check surface of OT are cleaned daily and fogging is done by using safe product containing H <sub>2</sub> O (Hydrogen Peroxide), silver compounds	
D10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic . There should be no criss cross between general and patient traffic.	
<b>E</b>	<b>SUPPORT SERVICES</b>			
<b>E1</b>	<b>Laundry Services &amp; Linen Management</b>			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI/PI	Check the stock position and its turn-over during last one year in term of demand and availability. At least 5 sets per bed should be available Periodic stock taking is done and records are maintained for the same	
E1.2	Hygiene and quality of linen is maintained	OB/SI/PI	(1) Bed sheets ,pillow covers, drapes etc are stain free and clean. (2) Observe the condition of linen is use in the A&E, wards, maternity ward, Labour Room, OT, etc. (3) Linen not torn or damaged.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily or between each patient. Please interview the patients as well.	
E1.4	Soiled and clean linen are transported in separate trolleys	SI/OB	(1) Check soiled/ infected linen and clean linen are segregated and transported in separate trolleys (2) Check how is the soiled linen handled at the facility. It should be removed immediately, segregated and sluiced/ disinfected	
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	
<b>E2</b>	<b>Water Sanitation</b>			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Check for: 1. At least 200-250 litres of water per bed per day is available (if municipal supply) 2. Water is available on 24x7 basis at all points of usage 3. Hospital has pumping or boosting arrangements"	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The hospital should have capacity to store at least three days of water requirement Water tank is cleaned at three monthly interval and records are maintained. Check the area around water tap is fenced making the tap stand area inaccessible by the animals	
E2.3	Drinking Water is chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples, drawn from the potable water.	
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand-washing, OT, Labour Room, Wards, Patients' toilet & bath, waiting area, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E3</b>	<b>Kitchen Services</b>			
E3.1	Hospital kitchen is located in such a place away from clinical areas and general traffic's	OB	The Hospital kitchen is functional away from clinical areas and general traffic's with proper lay out. Cooking takes place on LPG/ PNG. No fire wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste.	
E3.2	The Kitchen has provision to store dry ration and fresh ration separately	OB	Dry ration is stored on pellet, away from wall in closed containers. Vegetables are stored at appropriate temperature. Milk, curd and other perishable items are stored in the fridge, which is cleaned and defrosted regularly.	
E3.3	The Kitchen is clean, smoke-free and fly-proof	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proof. No fly or rodent nuisance is noticed inside the kitchen. Check that the dish/utensils washing area is clean.	
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. All staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.	
E3.5	Food to patients is distributed through covered trolleys and patients utensils are not dented or chipped - off and facility adopted the system of Food Waste Reduction and Composting	OB	Check for adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E4</b>	<b>Security Services</b>			
E4.1	The main gate of premises, Hospital building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations	
E4.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behaviour such no spitting, no chewing of tobacco, non-smoker, etc.	
E4.3	There is a robust crowd management system.	OB	Crowd in OPD has waiting place, seats, etc. Dust bins are available and there is adequate ventilation for the patients and their attendants.	
E4.4	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	
E4.5	Un-authorized vendors are not present inside the campus. Waste storage is secured and there is no plastic items, card board etc.	OB/SI/PI	Check, entry of vendors is controlled or not. Unauthorised entry of rag-pickers should not be there.	
<b>E5</b>	<b>Out-sourced Services Management</b>			
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Check the contract document of all out-sourced services	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E5.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organisation have been well defined in term of the work to be done and how it would be verified	
E5.3	The contract has penalty clause and it has been evoked in the event of non-performance or sub-standard performance	RR/ SI/ Interview with vendor	Check for: 1. The penalty clause in the contract and how often it has been used 2. black listing norms and procedure included in that procedure	
E5.4	Services provided by the out-sourced organisation are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded	
E5.5	There is defined time-line for release of payment to the contractors for the services delivered by the organisation.	RR/ Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organisation	
<b>E6</b>	<b>Patient Conveniences</b>			
E6.1	Availability of adequate number of toilets	SI/RR	Check for : 4 or more toilets in outpatient setting & one toilet per 20 beds in IPD	
E6.2	Availability of adequate number of bathrooms	SI/RR	At least one shower or bathing area is available per 40 patients in IPDs	
E6.3	Availability of separate toilet for staff & patient	SI/RR	Look for separate toilet for staff in proximity to the duty area	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E6.4	Availability of hand hygiene stations near the toilets	SI/RR	Check for availability of functional hand hygiene area within 5 meter of the toilets	
E6.5	Menstrual hygiene needs are addressed	SI/RR	At least one toilet has provision for sanitary napkins to ensure menstrual hygiene needs	
<b>F</b>	<b>HYGIENE PROMOTION</b>			
<b>F1</b>	<b>Community Monitoring &amp; Patient Participation</b>			
F1.1	Members of RKS and Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI/RR	At least once in month.	
F1.2	Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital	SI	Discuss with hospital administration about involvement of local NGOs/ Civil society	
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	
F1.4	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.5	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility(Manual/ Mera Aspatal)	SI/RR	Check if there is a feedback system /Mera Aspatal for the patients. Verify the records towards analysis of patient feedback received followed by CAPA(Corrective action & Preventive action)	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F2</b>	<b>Information Education and Communication</b>			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhata Abhiyan and National Clean Air Programme/ water pollution/ reuse of water etc.is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	
F2.4	IEC regarding water sanitation and air pollution related illnesses are displayed in the hospital premises	OB	Should be displayed prominently in local language	
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	
<b>F3</b>	<b>Leadership and Team work</b>			
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check for: <ol style="list-style-type: none"> <li>1. Constitution of committee and its functioning</li> <li>2. The cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff</li> <li>3. Roles and responsibility of different staff members have been assigned</li> <li>4. Staff's awareness on roles and responsibilities</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F3.2	The Facility has a system of reviewing and improving the gaps identified for cleanliness and Biomedical waste management, including WASH	RR/SI	<ol style="list-style-type: none"> <li>1. The committee check the cleanliness and Biomedical Waste management compliance regularly</li> <li>2. All the non-compliance are enumerated, and improvement plans are prepared and actions are taken.</li> </ol>	
F3.3	The management of the hospital ensures procurement of supplies and follow the Green & Sustainable Procurement Policy(SPP)	SI/RR	<p>Ask different members about their roles and responsibilities</p> <ol style="list-style-type: none"> <li>1. Check the implementation in terms of procurement of PPE and energy-efficient light resources (LED lamps, energy star rating of BEE products etc) and disinfectants</li> <li>2. Check the commitment and culture for green healthcare and conservation of natural resources in the facility as per guidelines</li> </ol>	
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice. Feedback is given to the non-performers with defined timelines for improvement	
<b>F4</b>	<b>Training and Capacity Building and Standardization</b>			
F4.1	Hospital conducts training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if training need assessment has been done	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records. Training is provided at the time of induction, based on results of training need assessments, and whenever there is any updation in guidelines.	
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records. Training is provided at the time of induction, based on results of training need assessments, and whenever there is any updation in guidelines.	
F4.4	Hospital has documented Standard Operating procedures for Cleanliness, Upkeep of Facility and go green healthcare facilities	SI/RR	Check availability of SOP with the users (as per the Green Building Guidelines/National Programme for Climate Change & Human Health Guidelines)	
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	
<b>F5</b>	<b>Staff Hygiene and Dress Code</b>			
F5.1	Check Hospital have adequate staff for maintaining cleaning activities	SI/RR	Check facility has adequate staff for maintaining cleanliness, hygiene and bio-medical waste management activities as per work load.	
F5.2	Nursing staff adhere to designated dress code	OB	1. Ask staff about the policy. Check if it is documented 2. Check staff adhere to designated dress code.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	
<b>G</b>	<b>BEYOND HOSPITAL BOUNDARY</b>			
<b>G1</b>	<b>Promotion of Swachhata in surrounding area</b>			
G1.1	Local community actively participates during Swachhata Pakhwara	RR/SI	Local community is actively involved in administration of "Swachhata Pledge" and distribution of caps/T-shirts/booklets/ pamphlets, posters/ wall writing for promotion of use of toilets/hand washing/ safe drinking water/tree plantation, distribution of badge with cleanliness message and logos of "Water Conservation", "Air & Noise Pollution" and "Kayakalp".	
G1.2	Community is made aware about importance of Swacchta by organising physical activities/ cultural programs	OB/RR/SI	Like rallies, marathon, Swachhata walk, human Chain, street plays/Nukar Natak/ folk arts/folk-music/ drawing competitions etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.3	The Facility undertakes intersectoral activities for improving sanitation and hygiene in the surroundings	SI /RR	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc., which contributes strengthening towards of hygiene & sanitation	
G1.4	The Facility coordinates with the local Municipal corporation, market welfare associations, Resident Welfare associations, etc. for improving the sanitation and hygiene	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	A person is designated to supervise and monitor activities related to cleanliness, sanitation and hygiene in surrounding area	SI/RR	Person may be regular/ contractual or voluntary. Full time or Part time.	
<b>G2</b>	<b>Alternative Financing and support Mechanism</b>			
G2.1	The Facility endeavours to attract support under the Corporate social responsibility & initiative	RR/SI	Look for evidence that Corporate organisations have supported health facilities in its cleanliness drive	
G2.2	The Facility endeavours to attract support from Philanthropic Organisations	RR/SI	Look for evidence that philanthropic organizations including religious bodies, trusts, NGOs, Rotary clubs, Lion club, etc. have supported the health facility in its cleanliness efforts.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.3	The Facility endeavours to attract support from the local public representatives	RR/SI	Look for evidence that local leaders such as MPs, MLAs, Municipal councillors, Panchayat members, individual donations, etc. have supported the health facility in its cleanliness drive efforts either in cash or in kind.	
G2.4	The facility engages the local Community for reducing household pollutions in the vicinity	RR/SI	Look for evidence that the facility has engaged in reducing household level pollution in near vicinity of the health facility – Presence of community bins for segregated collection of general (biodegradable & recyclable), Roll-out of PM Ujjwala Scheme in nearby slum, etc.	
G2.5	Facility support the local school/ college in improving their cleanliness	RR/SI	Look for evidence that local School/College has implemented 'Swachh Bharat-Swachh Vidyalaya' initiative through coordinated efforts	
<b>G3</b>	<b>Cleanliness and aesthetics of Surrounding areas</b>			
G3.1	Area around the Facility is clean, neat & tidy	OB	Check for: 1. any litter/garbage/ outgrown weeds/moss in the surrounding area, footpaths and pavements 2. No water logging in surrounding area	
G3.2	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality. 1- Trees or other buildings should not be blocking the lights 2- Observe the Low-glare fixtures/light-sensitive arrangements	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G3.3	Public toilets & urinal in surrounding areas are clean	RR/SI	Check for separate toilets for male and female and toilets have regular water supply. Check that no foul smell come from the toilets	
G3.4	No unwanted/ broken/ torn / loose hanging posters/ billboards/loose hanging wires around the electric pole.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc. Check for any loose hanging wires	
G3.5	Exterior of hospital boundary wall is painted and maintained	OB	(1) The exterior of the boundary wall is clean, free from solid waste, stagnant water, no animal and human faeces in and around the boundary wall (2) It is of uniform colour—no unwanted posters on the exterior of the boundary wall. (3) Exterior of the boundary walls are painted innovatively, displaying messages of cleanliness, hygiene & Go Green concept etc	
<b>G4</b>	<b>General Waste Management in surrounding</b>			
G4.1	Availability of bins for general recyclable and biodegradable wastes	OB	Check the availability adequate number of bins for Biodegradable and recyclable general waste in the surrounding areas of the Hospital	
G4.2	Segregation of general waste is done	OB	Check content of recyclable and Biodegradable bins to ascertain their usage	
G4.3	Availability of Garbage Storage area	OB	Garbage storage area is away from residential/commercial areas and is covered/fenced. It is not causing public nuisance.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G4.4	Daily collections of general waste by Municipal corporation	OB/SI	Municipal corporation vehicles pick up garbage from the storage area on daily basis. Look for piling of garbage.	
G4.5	Innovations in managing general waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
<b>G5</b>	<b>Maintenance of Surrounding Area</b>			
G5.1	Vector control measures are taken for disease prevention.	RR/SI	Regular fogging, DDT Spray, Gambusia (mosquito fish) in ponds and other water bodies.	
G5.2	Regular repairs and maintainance of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done, details of the repair and current condition of the road- pot-holes, broken footpath etc.	
G5.3	Presence of safe drinking water facility outside the health facility	OB	Check for its presence & functionality and safety & potability of water.	
G5.4	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality. 1-Trees or other buildings should not be blocking the lights. 2-Observe the Low-glare fixtures/ light sensitive arrangements	
G5.5	Availability of clean Public toilets in surrounding Area	OB	Check for separate toilets for male and female and they are conveniently located and clean. Check for regular water supply, dry floor and no foul smell from toilets.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>H</b>	<b>ECO-FRIENDLY FACILITY</b>			
<b>H1</b>	<b>Energy efficient facility</b>			
H1.1	Energy audit is being conducted in the facility on an annual basis	SI/RR	Check that the energy audit report contains:- 1. Recommendation for improving energy efficiency 2.. Cost benefit analysis 3. Action plan to reduce energy consumption 4. Awareness campaign on energy conservation	
H1.2	Facility promotes low-energy lighting	OB	Check for:- 1. usage of slimmer tubes/ LED lamps 2. No blackened, flickering, dim or failed fluorescent tube lights	
H1.3	Lighting control in common area of the hospital	OB/SI	Check that common area lighting like toilets, corridors, pathways, parking, staircases have Daylight/Occupancy / Motion sensor	
H1.4	Facility maximise the usage of natural lighting	OB	Check that opportunities for day lighting are maximized in the facility, while controlling glare and unwanted heat gain	
H1.5	On-site renewable energy generation in the facility	OB/SI	Check for Installation of onsite renewable energy sources, such as solar panels/ wind turbines/Bio-gas etc.	
H1.6	No energy consuming equipment are switched-on when not in use	OB	Check for:- 1. Air-conditioners, lights, fans, Laptop, Desktop computers etc. are not left on when not in use 2. Automatic sensor system installed for the electrical appliances	
H1.7	Lighting and electrical appliances in the facility are energy efficient	OB/RR	Check refrigerator, Fans, LED lights, Air-Conditioners, TV, Geyser etc. installed in the building are having Bureau of Energy Efficiency (BEE) 4-star rating or more	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H1.8	Water appliances in the facility are energy efficient	OB/RR	Check Pumps & Motors installed in the building shall have an efficiency equivalent to Bureau of Energy Efficiency (BEE) 4-star rating or more	
H1.9	The facility has taken adequate steps to reduce water heating expenses	OB	Check facility is using following strategies for reducing water heating expenses: 1. Turn down the thermostat on water heater 2. Insulated hot water system equipment and piping	
H1.10	The Health Facility has adopted the "Passive architecture planning"	OB	Check the facility that natural lights are being maintained through skylights/ courtyard, shaded corridors/shading devices/shading from tree & adjacent buildings/ventilators etc.	
<b>H2</b>	<b>Air and Noise pollution</b>			
H2.1	Air Quality Index or pollution parameter monitors are displayed in shared spaces in hospital	OB	Check for a scrolling display system in shared spaces such as reception areas/ waiting areas, indicating the Temperature, Humidity, Particulates Matter(PM), CO <sub>2</sub>	
H2.2	Air Quality Index or pollution parameter monitors are displayed in shared spaces in critical care units	SI/RR	Check for a scrolling display system in critical care units like ICU, OT, Paediatric Care Unit, etc., indicating the Temperature, Humidity, Particulates Matter(PM), CO <sub>2</sub>	
H2.3	Availability of local hooding with exhaust for bathrooms and kitchen.	OB	The facility has provision of exhaust fan with hooding in all bathrooms and kitchen	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H2.4	Utilisation of air purifiers to remove particulate matter from the indoor environment	OB	Check the availability and functionality of air purifiers in critical care units/isolation wards	
H2.5	Natural Ventilation is being maintained at the hospital premises	OB	Check that all windows are operable. The facility takes full advantage of prevailing cross ventilation. Cross ventilation areas (windows, ventilators, corridors etc.) are not obstructed with storage or condemn material.	
H2.6	No smoking policy is strictly adhered in the facility/COTPA Act 2003	OB/SI/RR	Check for the :- 1.No smoking Policy of the hospital 2.Anti-tobacco health warning signages 3.Fine imposition(challan prototype may be used as per COTPA Act 4. staff or visitors not violating the policy	
H2.7	No garbage or biomass burning within the facility premises	OB	Check for enforcement of ban any evidence of burning garbage or biomass (especially during winter months)	
H2.8	The facility is declared silent zone	OB	Check:- Signages like Silent Zone, Blow no horn, and Keep silence in the demarcated area of the facility	
H2.9	Facility has taken measures to reduce noise pollution	OB/SI	Check for:- 1. Timely oiling, greasing of wheelchairs, stretchers, entry and exit gates etc. 2. Medical equipment alarms are adjusted to a less annoying level 3. Measures are taken to control noise in crowded areas like waiting areas, emergency and OPDs etc	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H2.10	Availability of noise and emissions controlled DG Sets	OB/SI/RR	Check for:- 1. The maximum permissible sound pressure level for new diesel generator (DG) sets with rated capacity upto 1000 KVA, manufactured on or after the 1st January, 2005 shall be 75 dB(A) at 1 metre from the enclosure surface. 2. The diesel generator sets should be provided with integral acoustic enclosure. 3. Please check for silencer and air filter	
<b>H3</b>	<b>Reduce, reuse and recycle the waste</b>			
H3.1	Availability of waste management to reduce, reuse and recycle waste	RR/SI	Check for:- 1. An established waste management policy to reduce, reuse and recycle waste The staff is aware, trained and practising 3Rs	
H3.2	Hospital procure the materials that generates less waste and are recyclable	RR/SI	Check for:- 1. Procurement policy to procure of items that generate less waste and are recyclable 2. Work orders/tenders for the evidence of the same	
H3.3	Usage of washable surgical and nursing clothing after proper sterilization	OB/SI	Check that the facility is using washable surgical and nursing gowns, drapes and towels after proper sterilisation	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H3.4	The facility has policy to encourage the reuse of PPE	OB/SI	<ol style="list-style-type: none"> <li>1. Check facility has a defined policy on rational use of PPE rationally. The Policy has identified the areas of hospitals, activities and risk of infections.</li> <li>2. The policy clearly defines the PPE which can be re-usable after disinfection (shoe covers, face shields, goggles, coverall etc).</li> <li>3. The specification of material (impermeable/fabric/plastic is defined.</li> <li>4. Check the material is procured as per specification and disinfections practices are adhered for re usable PPEs</li> </ol>	
H3.5	Reduction of kitchen waste	OB/SI	<p>Check for the :-</p> <ol style="list-style-type: none"> <li>1. Practice of using left over food to generate bio energy through onsite recycling plant</li> <li>2. Practice of making compost with kitchen waste</li> </ol>	
H3.6	Reduction of paper waste	OB/SI	<p>Check for:-</p> <ol style="list-style-type: none"> <li>1. Photocopiers and printers in the facility have a system of printing on both sides</li> <li>2. Default setting of printing on both sides of the computers</li> <li>3. Check that green email signature footers (templates) are used by hospital staff</li> <li>4. No unnecessary printouts or photocopies are taken. Observe the photocopier and print machine areas if printouts or photocopies are lying unattended or disposed off</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H3.7	Facility is maintaining paperless office system	OB/SI	Check for paperless office (or paper-free office) in which the use of paper is eliminated or greatly reduced by converting documents and other papers into digital form	
H3.8	Facility is using biodegradable, compostable, or recyclable products in food services	OB	Check for use of biodegradable, compostable, or recyclable products like Paper pulp/corn starch/ sugarcane pulp in food services	
H3.9	Recycle of waste water from treatment plant	OB/SI	Check that the facility's onsite treatment plant filter, Check rainwater and wastewater are recycled for re-use in toilet flushing, cooling plant, and interior and exterior garden irrigation	
H3.10	The Health Facility has a procedure to dispose waste to authorized agencies for Recycle	OB/SI/RR	Check for recycling process for the paper and disposable plastic items etc. to the authorized recyclers	
<b>H4</b>	<b>Save earth and environment</b>			
H4.1	Check facility undertakes Save Earth and Environment campaign to raise the awareness of staff and community	SI/RR	Check that the facility celebrates World Environment Day (5th June) or Earth Day or both (22nd April) through innovative ways to rise the awareness of their stakeholders or taking Hospital climate change challenges/pledge etc.	
H4.2	No use of plastic in the facility	OB/SI	Check that facility is not using single-use plastic bags to carry medicine, food articles/package materials. Check facility has eliminated the use of plastic bottles for water and other beverages, plastic cutlery etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H4.3	No use of bottled water in the facility	OB/SI	Check that facility has eliminated plastic bottled water and promoted potable water.	
H4.4	The facility is using eco-friendly bags and containers to store and transport the materials	OB/SI	Check for the usage of eco-friendly jute bags, card board boxes to store and transport materials	
H4.5	The facility is using eco-friendly stationaries items	OB/SI	Check for the usage of eco-friendly pens, pencils, jute files, folders, cartridges etc., for routines (meetings etc) and other actvitirs (conferences etc)	
H4.6	The facility is using Eco friendly Refrigerants	OB/SI/RR	Check for :- 1. the use of refrigerants that have a reduced global warming potential (GWP) or less potent ozone depleting and they are CFC (Chloro Fluoro Carbon)-free. 2. Usage of R-290, R-32 refrigerant	
H4.7	The facility is using Eco friendly Fire Suppression Systems	OB/SI/RR	Check that fire suppression systems used in the facility are free from Halons or any other ozone depleting substances	
H4.8	The facility is procuring locally made food items	OB/SI	Check for the usage of local produce vegetables, fruits and dairy products in the facility.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H4.9	The facility endeavour to meet climate-neutral goals as per the Global goals	SI/RR	<p>(1) Check that hospital top management &amp; staff is aware of Climate change and its impact as per SDG 13 (Climate Action).</p> <p>(2) Check hospital estimates of its carbon footprints#</p> <p>(3) The facility endeavour to measure (quality of emission, prominent spots) &amp; reduce (identify potential reductions), and prepare itself for alignment with carbon neutrality standards (Such as PAS 2060)</p>	
H4.10	The facility is managing e-waste properly	OB/SI	<p>Check the facility:-</p> <ol style="list-style-type: none"> <li>1. e-waste, like old electronic items such as tube lights, mobile phones, computers, keyboards, headphones, batteries etc., are disposed of as per e-waste rules 2016 and its subsequent amendments</li> <li>2. e-waste is sorted based on its size and toxicity</li> <li>3. Practice exchanging/ handing over the e-waste back to manufacturer/ using an e-waste collection system from the hospital</li> </ol>	
<b>H5</b>	<b>Health and well being</b>			
H5.1	The Health Facility has indoor plants, those are having oxygen emitting quality	OB/SI	Check the facility has indoor plants such as Areca Palm/ money plant/Peace Lily (Spathiphyllum)/Aloe Vera etc. or any other locally available plants, which are having oxygen emitting quality	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H5.2	Availability of stress-relieving spaces in the facility for patients, visitor and staff	OB/SI	Check availability & maintenance of stress relieving spaces like open green spaces, aquariums, mindful music, place for Prayer /Yoga /Meditation etc.	
H5.3	Availability of recreation room for health and well-being of staff	OB/SI	Check the engagement of staff in indoor and outdoor physical activities like badminton, Cricket, Chess and dart board etc.	
H5.4	Promotion and adoption of healthy eating habits	OB/SI	(a) Availability of healthy snack vending machine/ outlet for staff and visitors (b) Check that the snacks and beverages sold by the contractual canteen/in-house canteen are health & of low fat, sugar and sodium content (c) Awareness Campaign- "EAT FIT" for food adulteration, food fortification and reduction of salt, sugar and fat	
H5.5	Facility is accessible to all without any physical barriers	SI/RR	Check for: 1. Specially abled toilets are present inside the premises of the hospital and are functional 2. At least one toilet provides the means to manage menstrual hygiene needs 3. Non-slippery ramps, with handrails on at least one side (as applicable) 4. Braille and audio assistance in lifts for visually impaired people (as applicable) 5. Visual warning signage in common areas & exterior areas	



## Section B: Assessment Tool for PHC (with Beds)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A1</b>	<b>PEST &amp; ANIMAL CONTROL</b>			
<b>A1</b>	<b>Pest &amp; Animal Control</b>			
A1.1	No stray animals within the facility premises	OB/SI	<ol style="list-style-type: none"> <li>1. Observe for the presence of stray animals, such as dogs, cats, cattle, pigs, etc., within the premises.</li> <li>2. Check at the entrance of the facility that a cattle trap has been provided.</li> <li>3. Look for the breach in the boundary wall, if any</li> </ol>	
A1.2	Integrated Pest Control Measures are implemented in the facility	SI/RR/ OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and Interview the staff about its usage	
A1.3	Measures for Mosquito free environment are in place	OB/SI /PI	Check for <ol style="list-style-type: none"> <li>a. Wire Mesh in windows</li> <li>b. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled</li> <li>c. No water collection to prevent mosquito breeding within and outside the premises</li> <li>d. Gambusia fish cultivation</li> <li>e. Usage of insecticide treated (LLIN) Mosquito nets by the admitted patients</li> <li>f. Availability of adequate stock of Mosquito nets (If Applicable)</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A2</b>	<b>Landscaping &amp; Gardening</b>			
A2.1	Front area/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/ green area are secured with fence	
A2.2	Internal Roads, Pathways, etc. are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped.	
A 2.3	Provision of Herbal Garden	OB/SI	<ol style="list-style-type: none"> <li>1. Check if the facility maintains a herbal garden for the medicinal plants</li> <li>2. Check that trees &amp; plants generating more oxygen (E.g. Neem, Peepal, Aloe Vera, Tulsi etc.) are cultivated</li> </ol>	
<b>A3</b>	<b>Maintenance of Open Areas</b>			
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises. Give full compliance if the existing abandoned building is identified and marked and not in use.	
A3.2	No water logging in open areas and the facility buildings are vector- breeding proof	OB	<ol style="list-style-type: none"> <li>1. Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, rainwater etc</li> <li>2. Look for tyres, flower pots etc., for accumulation of stagnant water.</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A3.3	There is no unauthorised occupation within the facility, nor there is encroachment on PHC land	OB/SI	Check for PHC premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, No thoroughfare / general traffic in PHC premises etc.	
<b>A4</b>	<b>PHC Appearance</b>			
A4.1	Name of the PHC is prominently displayed at the entrance	OB	Name of the PHC is prominently displayed as per state's policy. The name board of the facility is well illuminated / florescent to have visibility in night	
A4.2	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in uniform approved colour and Paint has not faded away. Check for presence of any outdated Posters, IEC material & boards etc	
A4.3	Uniform signage system in the PHC	OB	Check for: 1. All signage's (directional & departmental) and information displayed in local language 2. All signages follow uniform colour scheme.	
<b>A5</b>	<b>Infrastructure Maintenance</b>			
A5.1	PHC Infrastructure is well maintained	OB/ RR/ SI	No major cracks, seepage, chipped plaster & floors is seen within the building. The Building is periodically maintained	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. The Wall is painted in uniform colour. Check that there is no rusting of the gates. All the gates (entry, exit or any other gates) are painted and functional.	
A.5.3	PHC has adequate facility for parking of vehicles	OB	(a) Check there is a demarcated fringe parking space for the ambulances, patients, visitors and staff vehicles. (b) Check vehicles are parked systematically	
<b>A6</b>	<b>Illumination</b>			
A6.1	Adequate illumination inside the building	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC (OPDs, procedure areas, circulation areas, IPD, toilets etc)	
A6.2	Adequate illumination in Outside of the PHC	OB	Check that PHC front, entry gate, parking and access road are well illuminated specially at night	
A6.3	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	
<b>A7</b>	<b>Maintenance of Furniture &amp; Fixture</b>			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Mesh. Doors are intact and painted /varnished	
A7.2	Patients' furniture are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained( As applicable)	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.3	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean.	
<b>A8</b>	<b>Removal of Junk Material</b>			
A8.1	PHC has documented and implemented States' Condemnation policy	SI/RR	Check that: 1. Hospital has a condemnation policy, or have got one from the state. 2. They are complying with it	
A8.2	No junk material within the PHC premises	OB	Check if unused/condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, Labour Room, Injection Room, Dressing Room, Wards, stairs, open areas, roof tops, balcony etc. Old vehicles, broken furniture, etc. not lying inside the hospital premises	
A8.3	PHC has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
<b>A9</b>	<b>Water Conservation</b>			
A9.1	Piped Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank has functional float-valve	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A9.2	Preventive measures are taken to reduce wastage and reuse of water	SI/OB	Check any innovative practices such as : <ol style="list-style-type: none"> <li>1. Landscaped area is planted with drought-tolerant plants (e.g. Cactus, Palm, Bougainvillea, snake plant, lavender etc.)</li> <li>2. Installation of self-closing taps</li> <li>3. Recycling and reusing waste water for activities like gardening, toilet flushing, etc.</li> <li>4. Installation of dual flush in toilets</li> </ol>	
A 9.3	PHC has a functional rain water harvesting system	OB/SI	If the such system is available, please check its functionality	
<b>A10</b>	<b>Work Place Management</b>			
A10.1	The Staff periodically sorts useful and unnecessary articles at work stations	SI/OB	Ask the staff about the frequency of sorting and removal of unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	
A10.2	Useful articles, records, drugs, etc. are arranged systematically	SI/OB	Check if drugs, instruments, records, have been kept systematically near their usage points in demarcated areas. They are not lying in haphazard manner.	
A10.3	Articles are labelled for easy recognition and easy retrieval.	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B</b>	<b>SANITATION &amp; HYGIENE</b>			
<b>B1</b>	<b>Cleanliness of Circulation Area</b>			
B1.1	No dirt/Grease/ Stains/ Cobwebs/ Bird Nest/ Dust/ vegetation on the walls and circulation area in PHCs	OB	(1) Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. (2) Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.2	Corridors are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records. Corridors are rigorously cleaned with scrubbing / flooding once in a month	
B1.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure	
<b>B2</b>	<b>Cleanliness of Wards</b>			
B2.1	No dirt/Grease/ Stains/ Cobwebs/ Bird Nest/ Dust/ vegetation on the walls and roof in the PHC's ward	OB	Check the floors and walls of wards for any visible or tangible dirt, grease, stains, etc. Check the roof, walls, corners of wards for any Cobweb, Bird Nest, etc.	
B2.2	Wards are cleaned at least thrice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with the Housekeeping records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B2.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure	
<b>B3</b>	<b>Cleanliness of Procedure Areas</b>			
B3.1	No dirt/Grease/ Stains/ Cobwebs/ Bird Nest/ Dust/ vegetation on the walls and roof in the procedure area.	OB	Check that floors and walls of Procedure area like Labour Room, OT, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird-nest, vegetation, etc.	
B3.2	Procedure area are cleaned at least twice in a day/ after every procedure (as applicable)	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records. Areas are rigorously cleaned with scrubbing / flooding once in a week	
B3.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	
<b>B4</b>	<b>Cleanliness of Ambulatory &amp; Diagnostic Areas</b>			
B4.1	No dirt/Grease/ Stains and Cobwebs/ Bird Nest/ Dust on walls and roof in Ambulatory & Diagnostic area	OB	Check that floors and walls of OPD, Lab, X-ray etc. (If available) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B4.2	Ambulatory and Diagnostic areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	
<b>B5</b>	<b>Cleanliness of Auxiliary Areas</b>			
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Vegetation/ Dust on walls and roof in Auxiliary area	OB	1. Check that floors and walls of Pharmacy, Stores, Cold chain Room, Meeting Room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. 2. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc. 3. Parking area is visibly clean	
B5.2	Auxiliary areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records Areas are rigorously cleaned with scrubbing / flooding once in a month	
B5.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning check floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	
<b>B6</b>	<b>Cleanliness of Toilets</b>			
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B6.2	No foul smell in the Toilets and its dry	OB	<ol style="list-style-type: none"> <li>1. Check the toilets in indoor and outdoor areas for the foul smell, dryness of the floor and absence of cracks and residue water accumulation</li> <li>2. At least one toilet provides the means to manage menstrual hygiene needs</li> </ol>	
B6.3	Toilets have running water and functional cistern	OB/SI	Please operate cistern and water taps	
<b>B7</b>	<b>Use of standards materials and Equipment for Cleaning</b>			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	<ol style="list-style-type: none"> <li>1. Check for good quality, eco-friendly PHC cleaning solution, preferably an ISI mark. The composition and concentration of the solution are written on the label.</li> <li>2. Check with cleaning staff if they are getting an adequate supply. Verify the consumption records.</li> <li>3. Check if the cleaning staff is aware of the correct concentration and dilution method for preparing the cleaning solution.</li> </ol>	
B7.2	Availability of carbolic Acid/ aldehyde & other chemicals for surface cleaning in procedure areas.	SI/RR	<ol style="list-style-type: none"> <li>1. Availability of carbolic Acid/ Aldehyde &amp; other chemicals e.g. Bacillocid for surface cleaning in procedure areas-(Labour Room)</li> <li>2. Check for adequacy of the supply. Verify with the records for stock-outs, if any</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.3	Availability of Cleaning Equipment	SI/OB	Check the: <ol style="list-style-type: none"> <li>1. Availability of mops, brooms, collection buckets etc. as per requirement.</li> <li>2. Storage area/Janitor room for cleaning equipment is clean and dry</li> </ol>	
<b>B8</b>	<b>Use of Standard Methods for Cleaning</b>			
B8.1	Use of Three bucket system for cleaning	SI/OB	<ol style="list-style-type: none"> <li>1. Check if cleaning staff uses three bucket system for cleaning. First mop the area with the warm water and detergent solution.               <ul style="list-style-type: none"> <li>• After mopping clean the mop in plain water and squeeze it.</li> <li>• Repeat this procedure for the remaining area.</li> <li>• Mop area again using sodium hypochlorite 1% after drying the area.</li> </ul> </li> </ol> Ask the cleaning staff about the process.	
B8.2	Use unidirectional method and outward mopping	SI/OB	Ask the cleaning staff to demonstrate, how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room. Separate mop is used for the Procedure area.	
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they use brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B9</b>	<b>Monitoring of Cleanliness Activities</b>			
B9.1	Use of Housekeeping Checklist	OB/RR	Check for: 1. Housekeeping Checklist is displayed in Toilet and updated daily (check records for at least one month) 2. Cleaning schedule for each area has been prepared, approved and disseminated to the concerned persons	
B9.2	Periodic Monitoring of Housekeeping and Bio medical waste management activities	SI/RR	Periodic Monitoring is done by MOIC or trained designated person. Please check record of such monitoring	
B9.3	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. PHC administration take feedback from cleaning staff about efficacy of the solution and take corrective action if required.	
<b>B10.</b>	<b>Drainage and Sewage Management</b>			
B10.1	Availability of closed drainage system with adequate gradient	OB/SI	Check, PHC should have a closed drainage system or else drains should be properly covered.	
B10.2	Availability of connection with Municipal Sewage System/ soak pit/ septic tank	OB/SI	Check if PHC sewage has a connection with municipal system. If there is no access to municipal system, there should be septic tank. Check condition of septic tank e. g. Periodicity of cleaning, mosquito proofing of manhole, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B10.3	No blocked/ overflowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	
<b>C</b>	<b>WASTE MANAGEMENT</b>			
<b>C1</b>	<b>Segregation of Biomedical Waste</b>			
C1.1	Segregation of BMW is done as per BMW management rule, 2016*	OB/SI	Anatomical waste and soiled dressing material are segregated in Yellow Bin General and infectious waste are not mixed	
C1.2	Display of work instructions for segregation and handling of Biomedical waste	OB	Check for instructions for segregation of waste in different colour coded bins are displayed at point of use.	
C1.3	Check if the staff is aware of segregation protocol	SI/OB	Ask staff about the segregation protocol. (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)	
<b>C2</b>	<b>Collection and Transportation of Biomedical Waste</b>			
C2.1	The facility has linkage with a CBWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CBWTF In absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.	
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	
C2.3	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if transportation of waste from clinical areas to storage areas is done in covered trolleys / Bins. Trolleys used for patient shifting should not be used for transportation of waste.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C3</b>	<b>Sharp Management</b>			
C3.1	Disinfection of Broken/Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check such waste is pre-treated either with 1-2% Sodium Hypochlorite for 30 minutes or by autoclaving/ microwave/ hydroclave and sent for recycling	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
C3.3	Staff is aware of needle stick injury Protocol	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. There should be functional linkage to DH / SDH/ CHC for PEP follow-up and check records of such referrals and follow-up	
<b>C4</b>	<b>Storage of Biomedical Waste</b>			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/handing over to Common Bio wasteTreatment Facility.	
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CBWTF within 48 hour of generation. Check the record especially during holidays	
C4.3	Access to waste storage facility is secured	OB	Observe the display of Biohazard symbol at storage areas Check that the BMW storage is situated away from the main building and is kept under lock and key	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C5</b>	<b>Disposal of Biomedical waste</b>			
C5.1	PHC has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority	
C5.2	Recyclable waste is disposed as per procedure given in the Bio-Medical Waste Management Rules, 2016*	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.)	
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Management Rules 2016*	OB/RR	Located away from the main PHC building and water source, A pit or trench should be dug about two meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil. Secured from animals . If waste disposed through CBWTF, then a deep burial pit is not required. (Give Full Compliance)"	
<b>C6</b>	<b>Management Hazardous Waste</b>			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free give full compliance)	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C6.2	Disposal of used Disinfectant solution like Glutaraldehyde, Lab reagents and liquid laboratory waste	SI	Check for: 1. Used disinfectants are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF. 2. Liquid from laboratories are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF	
C6.3	Disposal of Expired or discarded medicine	SI/RR	Returned back to manufacturer or supplier Alternatively handed over to CBWTF Operator for incineration at temperature > 12000C	
<b>C7</b>	<b>Solid General Waste Management</b>			
C7.1	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable general waste.	
C7.2	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	
C7.3	Innovations in managing general waste	OB/SI/ RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
<b>C8</b>	<b>Liquid Waste Management</b>			
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same.	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI/RR	Check for the procedure - staff interview and direct observation	
C8.3	The facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C9</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			
C9.1	Availability of Bins and non-chlorinated liners for segregated collection of waste at point of use	OB/SI	1. Check for availability foot operated bins and non-chlorinated plastic bags/liners of appropriate size at each point of generation for Biomedical waste 2. Check for adequate availability of bins and liners	
C9.2	Availability of Needle cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C9.3	Availability and supply of personal protective equipment	OB/SI	1. Check the availability of PPE (cap, mask, gloves, boots, goggles) for cleaning and waste handlers and its supply record 2. Check there is no stockout of PPE	
<b>C10</b>	<b>Statutory Compliances</b>			
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	
C10.2	PHC submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30th June every year.	
C10.3	PHC maintains records, as required under the Biomedical Waste Management Rules 2016*	RR	Check following records- a. Yearly Health Check-up record of all handlers b. BMW training records of all staff (once in year training) c. Immunisation records of all waste handlers	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D</b>	<b>INFECTION PREVENTION &amp; CONTROL</b>			
<b>D1</b>	<b>Hand Hygiene</b>			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Staff is aware of standard hand washing protocol	SI	<ol style="list-style-type: none"> <li>1. Ask facility staff to demonstrate steps of hand wash</li> <li>2. Check staff is aware of 5 moments of hand washing (before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient, after touching a patient's surroundings)</li> </ol>	
<b>D2</b>	<b>Personal Protective Equipment (PPE)</b>			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks ,Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps , Lab coat and aprons in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D3</b>	<b>Personal Protective Practices</b>			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	Correct method of wearing and removing PPEs	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves, caps and masks etc.	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
<b>D4</b>	<b>Decontamination and Cleaning of Instruments</b>			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution & its frequency.	
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	
D4.3	Decontamination and cleaning of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D5</b>	<b>Disinfection &amp; Sterilization of Instruments</b>			
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	<ol style="list-style-type: none"> <li>1. Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped)</li> <li>2. Linen - 121 C, 15 Pounds for 30 Minutes.</li> <li>3. Check if the staff know the protocol for sterilization of the laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours or as per manufacturer instructions</li> </ol>	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	<ol style="list-style-type: none"> <li>1. Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, OR soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.</li> </ol>	
D5.3	Use of autoclave tape for monitoring of sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Lock)	
<b>D6</b>	<b>Spill Management</b>			
D6.1	Staff is aware of management of small spills	SI	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	
D6.3	Spill management protocols are displayed at points if use	SI/OB	Check for display	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are separated from other patients	
D7.2	Maintenance of adequate bed to bed distance in wards	OB	Check for: 1. A distance of 3.5 Foot is maintained between two beds in isolation wards 2. Each bed has only one patient"	
D7.3	Restriction of external foot wear in critical areas	OB/SI	External foot wear are not allowed in labour room, OT etc.( As Applicable)	
<b>D8</b>	<b>Infection Control Program</b>			
D8.1	Infection Control Committee is constituted and functional in the PHC	RR/SI	Check for the enabling order and minutes of the meeting	
D8.2	Antibiotic Policy is implemented at the facility	RR/SI	Check if the PHC has documented Anti biotic policy and doctors are aware of it.	
D8.3	Immunization and medical check-up of Service Providers	RR/SI	PHC staff has been immunized against Td, Hepatitis B Check for the records and lab investigations of staff	
<b>D9</b>	<b>Hospital Acquired Infection Surveillance</b>			
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check that the facility has list of all notifiable disease needs immediate/ periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP/IHIP and AEFI Surveillance.	
D9.3	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
<b>D10</b>	<b>Environment Control</b>			
D10.1	Cross-ventilation at Patient Care areas (ward, labour room and dressing room)	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	
D10.3	Adequate number of Air-exchange in Laboratory	OB/SI	Please check availability and serviceability of exhaust fan in the laboratory	
<b>E</b>	<b>SUPPORT SERVICES</b>			
<b>E1</b>	<b>Laundry Services &amp; Linen Management</b>			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI	Check the stock position and its turn-over during last one year in term of demand and availability	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E1.2	Hygiene and quality of linen is maintained	OB/SI	1. Bed-sheets and pillow cover are stain free and clean in the wards, Labour Room, etc. 2. Linen is not torn or damaged	
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily or between each patient. Please interview the patients as well.	
<b>E2</b>	<b>Water Sanitation</b>			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Check for: 1. At least 200-250 litres of water per bed per day is available (if municipal supply) 2. Water is available on 24x7 basis at all points of usage 3. Hospital has pumping or boosting arrangements	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	1. The hospital should have capacity to store at least three days of water requirement Water tank is cleaned at three monthly interval and records are maintained. 2. Check the area around water tap is fenced making the tap stand area inaccessible by the animals	
E2.3	Drinking Water is tested and chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples drawn at the consumer's end.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E3</b>	<b>Pharmacy and Stores</b>			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/ racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Medicines and consumables are stored away from water and sources of heat, direct sunlight etc. Medicines are not stored at floor and adjacent to wall	
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers and Ice packs are clean Check there is a practice of regular cleaning. Check vaccines are kept in sequence Check work instruction for storage of vaccines are displayed at point of use	
E3.3	Cold storage equipment are not used for storing other items, than vaccine .	OB/SI	Check eatables are not kept in ILR/Deep Freezers	
<b>E4</b>	<b>Security Services</b>			
E4.1	One Security Guard per shift	OB	Check for the presence of one security personnel at PHC every shift	
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E4.3	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB/SI	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	
<b>E5</b>	<b>Outreach Services</b>			
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	Check the records and ask staff	
E5.2	ASHA's are promoting cleanliness and hygiene practices	SI	Check for ASHA's counsel mothers for hand hygiene, toilets, water sanitation etc.	
E5.3	Medical officers monitor cleanliness and hygiene of outreach sessions and HWC-sub centres.	RR/ SI	Check with medical officers and records of monthly meeting "Swachh Baharat Abhiyan" has been followed up during monthly meetings with extension workers like MPW, ASHA, ANM etc.	
<b>E6</b>	<b>Patient Conveniences</b>			
E6.1	Availability of adequate number of toilets	SI/RR	1. Check for 2 or more toilets in the outpatient setting & one toilet per 6 beds in IPD. 2. Look for separate toilets for staff in proximity to the duty area.	
E6.2	Availability of hand hygiene stations near the toilets	OB	Check for availability of functional hand hygiene area within 5 meter of the toilets	
E6.3	Menstrual hygiene needs are addressed	OB/SI	At least one toilet has provision for sanitary napkins to ensure menstrual hygiene needs	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F</b>	<b>HYGIENE PROMOTION</b>			
<b>F1</b>	<b>Community Monitoring &amp; Patient Participation</b>			
F1.1	Local community and organisations are involved in monitoring and promoting cleanliness	SI/RR	Members of RKS and Local Governance bodies monitor the cleanliness of the PHC at pre-defined intervals Local NGO/ Civil Society Organizations/Panchayati Raj Institution are involved in cleanliness of the PHC	
F1.2	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.3	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	1. Check if there is a feedback system for the patients. 2. Verify the records that analysis of patient feedback received is done & action are taken in lowest performing attributes. 3. Look for the records of action plan closure & its status	
<b>F2</b>	<b>Information Education and Communication</b>			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in PHC premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhata Abhiyan/ water pollution/ reuse of water etc. is displayed within the facilities' premises	OB	Should be displayed prominently in local language	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F2.3	IEC regarding use of toilets is displayed within PHC premises	OB	Should be displayed prominently in local language	
<b>F3</b>	<b>Leadership and Team work</b>			
F3.1	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	(1) Verify Constitution of committee and its functioning from the records (2) Roles and responsibilities of different members are assigned and communicated (3) Check members are aware of their roles and responsibilities.	
F3.2	PHC has a system of reviewing and improving the gaps identified for cleanliness and Biomedical waste management including WASH	SI/RR	1) The committee check the cleanliness and Biomedical Waste management compliance regularly (2) All the non-compliance are enumerated, and improvement plans are prepared and action is taken.	
F3.3	PHC leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	
<b>F4</b>	<b>Training and Capacity Building and Standardization</b>			
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records. Check staff are trained at the time of induction and at least once in every year	
F4.2	Infection control Training has been provided to the staff	SI/RR	Verify with the training records. Check staff are trained at the time of induction and at least once in every year	
F4.3	PHC has documented Standard Operating procedures for Cleanliness, Bio-Medical waste management, Infection Control and procurement of PPE	RR	Check availability of SOP with respective users	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F5</b>	<b>Staff Hygiene and Dress Code</b>			
F5.1	Check PHC have adequate staff for maintaining cleaning activities	SI/RR	Check facility has adequate staff for maintaining cleanliness, hygiene and bio-medical waste management activities	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	(1) Check dress code policy is available and adhered to. (2) Check about personal hygiene and clean dress of staff.	
F5.3	Identity cards and name plates have been provided to all staff	OB	Check staff uses I Card and name plate	
<b>G</b>	<b>BEYOND HOSPITAL BOUNDARY</b>			
<b>G1</b>	<b>Promotion of Swachhata &amp; Coordination with Local bodies</b>			
G1.1	Local community actively participates during Swachhata Pakhwara(Fortnight)	RR/SI	Local community is actively involved in administration of "Swachhata Pledge" and distribution of caps/T-shirts/ badge with cleanliness message and logos of "Water Conservation", "Air & Noise Pollution" and "Kayakalp".	
G1.2	Implementation of IEC activities related to ' Swachh Bharat Abhiyan'	OB/RR/SI	Advertisement in newspapers/electronic media, distribution of booklets/pamphlets, posters/wall writing-promoting use of toilets, hand washing, safe drinking water and tree plantation, etc.	
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/ Swachhata walk/human chain, street plays, essay/poem/slogan/painting competition, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.4	The Facility coordinates with local Gram Panchayat/Urban local bodies and NGOs for improving Swachhata in vicinity of the health facility	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water sanitation , PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc., which contributes strengthening towards of hygiene & sanitation	
<b>G2</b>	<b>Leadership &amp; tapping alternative source of funding for Swachhata</b>			
G2.1	The Facility has undertaken initiative for community mobilization in the surrounding for improving Swachhata	SI/RR	Check for any mobilization activities in line with VISHWAS campaign initiated by MoHFW, involving VHSNC/MAS/RKS/JAS	
G2.2	The Facility endeavours to attract financial support from other organisations	RR/SI	Look for evidence that the health facility has been supported by other organisations such as Industry, Business houses, NGOs, Rotary & Lions clubs, market associations, welfare associations etc. for improving the cleanliness in the surroundings	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.3	Facility endeavours to attract financial support from local support	RR/SI	Look for evidence that local MPs/MLAs/ Municipal Councillors/ Panchayat Members/ Zila Parisad/ individual donations have supported health facility in its cleanliness efforts.	
G2.4	Facility support the local school/ college in improving their cleanliness	RR/SI	Look for evidence that local School/College has implemented 'Swachh Bharat-Swachh Vidyalaya' initiative through coordinated efforts	
G2.5	The facility engages the local Community for reducing household pollutions in the vicinity	RR/SI	Look for evidence that the facility has engaged in reducing household level pollution in near vicinity of the health facility – Presence of community bins for segregated collection of general (biodegradable & recyclable), Compost-pits, Roll-out of PM Ujjwala Scheme in nearby slum, etc.	
<b>G3</b>	<b>Cleanliness of approach road and surrounding area</b>			
G3.1	Area around the facility is clean, neat and tidy	OB	Check for: 1. Any litter/garbage/ outgrown weeds/moss in the surrounding area, footpaths and pavements 2. No water logging in the surrounding area 3. Access, directional signage, and name of facility in approach road to PHCs is available	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G3.2	Exterior of hospital boundary wall is painted and maintained	OB/SI	(1) The exterior of the boundary wall is clean, free from solid waste, stagnant water, no animal and human faeces in and around the boundary wall (2) It is of uniform colour—no unwanted posters on the exterior of the boundary wall. (3) Exterior of the boundary walls are painted innovatively, displaying messages of cleanliness, hygiene & Go Green concept etc.	
G3.3	Approach road are even and free from pot-holes	OB/SI	Check that approach roads are clean and free from pot-holes and water stagnation	
G3.4	All drains/sewer are covered.	OB	Check for open manhole and overflowing drains.	
G3.5	Functional street lights are available on the approach road	OB/SI	Check for street lights and their functionality. Trees or other buildings should not be blocking the lights.	
<b>G4</b>	<b>Public Amenities in Surrounding Area</b>			
G4.1	Availability of Public toilets/ Urinal in surrounding Area	OB	Check for availability separate toilets/ Urinal for male and female. Check that no foul smell come from the toilets	
G4.2	Such toilets/Urinal are neat & clean	OB	Check availability of water and level of cleanliness	
G4.3	Presence of Safe Drinking Water facility outside the boundary wall	OB	Check for its presence and functionality	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G4.4	Availability of adequate parking facilities for Public Transport such as Cycle Rickshaw, Tanga, Auto, Taxi	OB	Check signage & parking space: Also check that such transports are parked haphazardly	
G4.5	Vendors & hawkers have designated place outside the facility	OB/SI	Check for the availability of designated place for vendors & hawkers and cleanliness	
<b>G5</b>	<b>Aesthetics of Surrounding area</b>			
G5.1	Parks and green areas in the surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G5.2	There are no stray animals in surrounding area	OB/SI	Observe for the presence of stray animals such as pigs, dogs cattle, etc.	
G5.3	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are well illuminated with street lights	
G5.4	No unwanted/ broken/torn/ loose hanging posters/ billboards.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
G5.5	No loose hanging wires in and around bill boards, electrical polls etc.	OB	Check for any loose hanging wires	
<b>G6</b>	<b>Maintenance of surrounding area and Waste Management</b>			
G6.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby market	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G6.2	Availability of garbage storage area/ compost pit	OB	Garbage storage area is away from residential/ commercial areas and is covered/ fenced. It is not causing public nuisance. In rural set-up there should be a compost pit.	
G6.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing waste e.g. Vermicomposting/ Re-cycling of papers/ Waste to energy/Compost Activators, etc.	
G6.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas. Vector control measures like Regular fogging, DDT Spray, Gambusia (mosquito fish) in ponds and other water bodies done for disease prevention.	
G6.5	Regular repairs and maintainance of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done and current condition of the road- pot-holes, broken footpath etc.	



## Section C: Assessment Tool for PHC (without Beds)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A</b>	<b>APHC/UPHC UPKEEP</b>			
<b>A1</b>	<b>Pest &amp; Animal Control</b>			
A1.1	No stray animals within the facility premises	OB/SI	<ol style="list-style-type: none"> <li>1. Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff.</li> <li>2. Check at the entrance of facility that cattle trap has been provided.</li> <li>3. Look for the breach in the boundary wall, if any</li> </ol>	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and interview the staff about its usage	
<b>A2</b>	<b>Landscaping &amp; Gardening</b>			
A2.1	Front area/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/ green area are secured with fence	
A2.2	Internal Roads and pathways are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A3</b>	<b>Maintenance of Open Areas</b>			
A3.1	There is no abandoned / dilapidated building / unused structure within the premises	OB	Check for presence of any 'abandoned building' and unused temporary structure within the premises. Give full compliance if the existing abandoned building is identified and marked and not in use.	
A3.2	No water logging in open areas and the facility buildings are vector- breeding proof	OB	1. Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, rainwater etc 2. Look for tyres, flower pots etc., for accumulation of stagnant water.	
<b>A4</b>	<b>APHC/UPHC Appearance</b>			
A4.1	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and that the building is painted/ whitewashed in a uniform approved colour scheme. The paint has not faded away. Check for the presence of any outdated posters, IEC material & boards etc	
A4.2	Name of the PHC is prominently displayed at the entrance and have uniform signage system	OB	1. Name of the PHC is prominently displayed as per the state's policy. 2. The name board of the facility is well-illuminated at night. 3. Check that all signages (directional & departmental) and information is displayed in the local language. 4. Uniform colour scheme id followed	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A5</b>	<b>Infrastructure Maintenance</b>			
A5.1	PHC Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the PHC. Periodic Maintenance is done.	
A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour. Check that there is no rusting of the gates. All the gates (entry, exit or any other gates) are painted and functional.	
<b>A6</b>	<b>Illumination</b>			
A6.1	Adequate illumination in inside and outside of the PHC area	OB	Check for adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC Check that the PHC front, entry gate and access road are well illuminated	
A6.2	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	
<b>A7</b>	<b>Maintenance of Furniture &amp; Fixture</b>			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted / varnished	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.2	Patients' & staff furniture is in good condition	OB	<ol style="list-style-type: none"> <li>1. Check that Patient beds, examination couches, stools, etc., are not rusted and are painted.</li> <li>2. Mattresses are clean and not torn</li> <li>3. Trolleys, Stretchers, Wheel Chairs, etc., are well maintained( As applicable)</li> <li>4. Check the furniture at the nursing station, duty room, offices, etc. painted/polished and clean. Check, the furniture is not broken &amp; rusted</li> </ol>	
<b>A8</b>	<b>Removal of Junk Material</b>			
A8.1	No junk material within APHC/ UPHC premises	OB	Check if unused/ condemned articles and outdated records/ broken furniture are kept in the Nursing stations, OPD clinics, Injection rooms, Dressing Rooms, stairs, open areas, rooftops, balconies etc.	
A8.2	PHC has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
<b>A9</b>	<b>Water Conservation</b>			
A9.1	Piped Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank has functional float-valve.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A9.2	Preventive measures are taken to reduce wastage and reuse of water	SI/OB	Check any innovative practices such as : <ol style="list-style-type: none"> <li>1. Landscaped area is planted with drought-tolerant plants (e.g. Cactus, Palm, Bougainvillea, snake plant, lavender etc.)</li> <li>2. Installation of self-closing taps</li> <li>3. Recycling and reusing wastewater for gardening, toilet flushing, etc.</li> <li>4. Installation of dual flush toilets</li> <li>5. Availability of rainwater harvesting system</li> </ol>	
<b>A10</b>	<b>Work Place Management</b>			
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	
A10.2	The Staff arranges the useful articles, records in a systematic manner and labelled	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B</b>	<b>SANITATION &amp; HYGIENE</b>			
<b>B1</b>	<b>Cleanliness of Circulation Area (Corridors, Waiting area, Lobby, Stairs)</b>			
B1.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Vegetation/ Dust on the walls and roof in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask cleaning staff about the frequency of cleaning in a day. Verify with Housekeeping records. Corridors are rigorously cleaned with scrubbing/flooding once a month	
<b>B2</b>	<b>Cleanliness of OPD Clinic</b>			
B2.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ Vegetation's on walls and roof in OPD	OB	Check floors and walls of the OPD for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of OPD for any Cobweb, Bird Nest, vegetation, etc.	
B2.2	OPD are cleaned at least twice in a day with wet mop	OB/SI	Ask cleaning staff about the frequency of cleaning in a day. Verify with Housekeeping records. Clinics are rigorously cleaned with scrubbing/flooding once a month	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B3</b>	<b>Cleanliness of Procedure Areas(Dressing Room, Immunization, Injection Room, Labour Room (if available))</b>			
B3.1	No dirt/Grease/ Stains and Cobwebs/Bird Nest/ Dust/ vegetation's on walls and roof in Procedure area	OB	Check that floors and walls of Procedure area like Labour Room, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B3.2	Procedure area are cleaned at least twice in a day	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list. Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect the cleaning procedure	
<b>B4</b>	<b>Cleanliness of Lab and Pharmacy</b>			
B4.1	No dirt/Grease/ Stains and Cobwebs/Bird Nest/ Dust/ Vegetation on walls and roof in lab and pharmacy area	OB	Check that floors and walls of Lab and Pharmacy for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B4.2	Lab and Pharmacy area are cleaned at least once in the day with wet mop	OB/SI	Ask cleaning staff about the frequency of cleaning in a day and also verify with check-list & housekeeping records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B5</b>	<b>Cleanliness of Auxiliary Areas( Office, Meeting Room, Staff Room, Record Room)</b>			
B5.1	No dirt/Grease/ Stains and Cobwebs/Bird Nest/ Dust/ vegetation on walls and roof in Auxiliary area	OB	Check that floors and walls of office, Meeting Room, Staff Room Record room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B5.2	Ambulatory and auxiliary areas are cleaned at least once in a day with a wet mop	SI/RR	Ask cleaning staff about the frequency of cleaning in a day. Verify with Housekeeping records	
<b>B6</b>	<b>Cleanliness of Toilets</b>			
B6.1	No dirt/Grease/ Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in the toilets Check for any foul smell in the toilets	
B6.2	Toilets have running water and functional cistern	OB/SI	Ask cleaning staff to operate cistern and water taps	
<b>B7</b>	<b>Use of standards materials and Equipment for Cleaning</b>			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	<ol style="list-style-type: none"> <li>1. Check for good quality, eco-friendly PHC cleaning solution, preferably an ISI mark. The composition and concentration of the solution are written on the label.</li> <li>2. Check with cleaning staff if they are getting an adequate supply. Verify the consumption records.</li> <li>3. Check if the cleaning staff is aware of the correct concentration and dilution method for preparing the cleaning solution.</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.2	Availability of Cleaning Equipment	SI/OB	<ol style="list-style-type: none"> <li>1. Check the availability of mops, brooms, collection buckets etc. as per requirement.</li> <li>2. Storage area/Janitor room for cleaning equipment is clean and dry</li> </ol>	
<b>B8</b>	<b>Use of Standard Methods for Cleaning</b>			
B8.1	Use of Three bucket system for cleaning	SI/OB	<ol style="list-style-type: none"> <li>1. Check if cleaning staff uses three bucket system for cleaning. First mop the area with the warm water and detergent solution. <ul style="list-style-type: none"> <li>• After mopping clean the mop in plain water and squeeze it.</li> <li>• Repeat this procedure for the remaining area.</li> <li>• Mop area again using sodium hypochlorite 1% after drying the area.</li> </ul> </li> </ol> <p>Ask the cleaning staff about the process.</p>	
B8.2	Use unidirectional method and out word mopping	SI/OB	<p>Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point.</p> <p>The mop should move from inner area to outer area of the room. Separate mop is used in the procedure area.</p>	
<b>B9</b>	<b>Monitoring of Cleanliness Activities</b>			
B9.1	Use of Housekeeping Checklist	OB/RR	<p>Check for:</p> <ol style="list-style-type: none"> <li>1. Housekeeping Checklist is displayed in Toilet and updated daily (check records for at least one month)</li> <li>2. Cleaning schedule for each area has been prepared, approved and disseminated to the concerned persons</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B9.2	Periodic Monitoring of Housekeeping and Bio medical waste management activities	SI/RR	Periodic Monitoring is done by MOIC or trained designated person. Please check record of such monitoring	
<b>B10.</b>	<b>Drainage and Sewage Management</b>			
B10.1	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if PHC sewage has a proper connection with a municipal drainage system. If there is no access to the municipal system, there should be a septic tank. Check the condition of the septic tank e. g. Periodicity of cleaning, mosquito proofing of the manhole, etc.	
B10.2	No blocked/ overflowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	
<b>C</b>	<b>WASTE MANAGEMENT</b>			
<b>C1</b>	<b>Segregation of Biomedical Waste</b>			
C1.1	Segregation of BMW is done as per BMW management rules 2016*	OB/SI	Check that Soiled Waste is collected in the yellow bin & bag. General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste	
C1.2	Check if the staff is aware of segregation protocols	SI/OB	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C2</b>	<b>Collection and Transportation of Biomedical Waste</b>			
C2.1	The PHC's waste is collected and transported by CBWTF operator	OB	Check for records of linkage with CBWTF operator or has functional deep burial pits within the facility.	
C2.2	The waste is transported in closed bag & trolley	OB	Check availability of trolley for transportation to collection point.	
<b>C3</b>	<b>Sharp Management</b>			
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check such waste is pre-treated either with 1-2% Sodium Hypochlorite for 30 minutes or by autoclaving/ microwave/ hydroclave and sent for recycling	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
<b>C4</b>	<b>Storage of Biomedical Waste</b>			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/ handing over to Common bio waste Treatment Facility.	
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CBWTF within 48 hour of generation. Check the record especially during holidays	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C5</b>	<b>Disposal of Biomedical waste</b>			
C5.1	PHC has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms.	
C5.2	Facility manages recyclable waste as per approved procedure Bio-Medical Waste Management Rules, 2016*	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.)	
<b>C6</b>	<b>Management Hazardous Waste</b>			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)	
C6.2	Disposal of hazardous chemicals	SI	Hazardous chemicals like Glutaraldehyde, Lab Reagents Should not be drained in sewage untreated. Used disinfectants and liquid waste from the laboratory are collected separately and pre-treated prior to mixing with the rest of the wastewater from HCF.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C7</b>	<b>Solid General Waste Management</b>			
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	
C7.2	Innovations in managing general waste	OB/SI/ RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
<b>C8</b>	<b>Liquid Waste Management</b>			
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same.	
C8.2	The facility has treatment facility for managing infectious liquid waste	OB/SI/RR	Check the availability of effluent treatment system.	
<b>C9</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			
C9.1	Availability of Bins and non-chlorinated liners for segregated collection of waste at point of use	OB/SI	<ol style="list-style-type: none"> <li>1. Check for availability foot operated bins and non-chlorinated plastic bags/liners of appropriate size at each point of generation for Biomedical waste</li> <li>2. Check for adequate availability of bins and liners</li> </ol>	
C9.2	Equipment and Supplies for Infection control & Bio Medical Waste Management	OB/SI	<ol style="list-style-type: none"> <li>1. Availability of PPE</li> <li>2. Availability of Needle/ Hub cutter and puncture-proof boxes</li> <li>3. There is no stockout of PPE</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C10</b>	<b>Statutory Compliances</b>			
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	
C10.2	PHC maintains records, as required under the Biomedical Waste Rules 2016*	RR	Check following records - a. Annual report submission (before 30th June) b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records of all waste handlers	
<b>D</b>	<b>INFECTION PREVENTION &amp; CONTROL</b>			
<b>D1</b>	<b>Hand Hygiene</b>			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	
D1.2	Staff is adheres to hand washing protocol	SI	1. Ask facility staff to demonstrate steps of hand wash 2. Check staff is aware of 5 moments of hand washing (before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient, after touching a patient's surroundings) 3. Check that Hand washing instructions are displayed preferably at all points of use	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D2</b>	<b>Personal Protective Equipment (PPE)</b>			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks ,Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps , Lab coat and aprons as applicable	
<b>D3</b>	<b>Personal Protective Practices</b>			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
<b>D4</b>	<b>Decontamination and Cleaning of Instruments</b>			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution & its frequency	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	1. Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. 2. Check that instruments are cleaned thoroughly with water and soap before sterilization 3. Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D5</b>	<b>Disinfection &amp; Sterilization of Instruments</b>			
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	1. Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degrees C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) 2. Linen - 121 C, 15 Pounds for 30 Minutes. 3. Check autoclaving records for use of sterilization indicators (signal Lock)	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	1. Check with the staff to process about of High-Level disinfection using Boiling for 20 minutes with the lid on, OR soaking in 2%Glutaraldehyde/ Chlorine solution for 20 minutes.	
<b>D6</b>	<b>Spill Management</b>			
D6.1	Staff is aware of management of small spills	SI	Check for adherence to protocols	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in OPD area	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in OPD area	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	
<b>D9</b>	<b>Hospital Acquired Infection Surveillance</b>			
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP/IHIP and AEFI Surveillance.	
<b>D10</b>	<b>Environment Control</b>			
D10.1	PHC ensure the provision of Cross-ventilation in OPDs	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E</b>	<b>SUPPORT SERVICES</b>			
<b>E1</b>	<b>Laundry Services &amp; Linen Management</b>			
E1.1	Hygiene and quality of linen is maintained	RR/SI	<ol style="list-style-type: none"> <li>1. Check that linen such as table cloth, bedsheets, curtains etc. are clean and spotless</li> <li>2. Linen is not torn or damaged</li> </ol>	
E1.2	Arrangements for washing linens	OB/SI	<ol style="list-style-type: none"> <li>1. Check facility has in-house or outsourced arrangements for washing linens at least once in a week.</li> <li>2. Check facility has adequate stock of linen</li> </ol>	
<b>E2</b>	<b>Water Sanitation</b>			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	<ol style="list-style-type: none"> <li>1. Water is available on 24x7 basis at all points of usage</li> <li>2. Hospital has pumping or boosting arrangements</li> </ol>	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	<ol style="list-style-type: none"> <li>1. The hospital should have capacity to store at least three days of water requirement.</li> <li>2. The water tank is cleaned at three monthly intervals, and records are maintained.</li> <li>3. Check that the area drinking water points are accessible to all.</li> <li>4. The area around the taps is fenced, making the tap stand area safe and inaccessible to the animals.</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E3</b>	<b>Pharmacy and Stores</b>			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Medicines and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers, Refrigerators and Ice packs are clean Check if there is a practice of regular cleaning. Cold storage equipment are not been used for purpose other than storing drugs and vaccines.	
<b>E4</b>	<b>Security Services</b>			
E4.1	Presence of security Guard	OB	Check for the presence of at least one security personnel at PHC	
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours.	
<b>E5</b>	<b>Outreach Services</b>			
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	1. Check for 1 or more toilets in the outpatient setting 2. Availability of separate toilet for staff in proximity to the duty area. 3. Provision for sanitary napkins to ensure menstrual hygiene needs.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E5.2	Availability of hand hygiene stations near the toilets	OB	Check for availability of functional hand hygiene area within 5 meter of the toilets	
<b>E6</b>	<b>Patient Conveniences</b>			
E6.1	Availability of adequate number of toilets	SI/RR	<ol style="list-style-type: none"> <li>1. Check for 1 or more toilets in the outpatient setting</li> <li>2. Availability of functional hand hygiene area in the near vicinity of the toilet</li> </ol>	
E6.2	Menstrual hygiene needs are addressed	OB/SI	At least one toilet has provision for sanitary napkins to ensure menstrual hygiene needs	
<b>F</b>	<b>HYGIENE PROMOTION</b>			
<b>F1</b>	<b>Community Monitoring &amp; Patient Participation</b>			
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.2	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	<ol style="list-style-type: none"> <li>1. Check if there is a feedback system for the patients.</li> <li>2. Verify the records that analysis of patient feedback received is done &amp; action are taken in lowst performing attributes.</li> <li>3. Look for the records of action plan closure &amp; its status</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F2</b>	<b>Information Education and Communication</b>			
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language	
F2.2	IEC regarding Swachhata Abhiyan/water pollution/reuse of water and use of toilets etc. is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
<b>F3</b>	<b>Leadership and Team work</b>			
F3.1	Cleanliness and infection control committee has been constituted	RR/SI	(1) Verify the Constitution of the committee and its functioning from the records (2) Roles and responsibilities of different members are assigned and communicated (3) Check members are aware of their roles and responsibilities.	
F3.2	Facility has a system of reviewing and improving the gaps identified for cleanliness and Biomedical waste management, including WASH	SI/RR	(1) The committee check and review the cleanliness and Biomedical Waste management compliance regularly (2) All the non-compliance are enumerated, and improvement plans are prepared and action is taken.	
<b>F4</b>	<b>Training and Capacity Building and Standardization</b>			
F4.1	Infection Control and Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records. Check staff are trained at the time of induction and at least once in every year	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F4.2	PHC has documented Standard Operating procedures for Cleanliness, Bio-Medical waste management, Infection Control and procurement of PPE	RR	Check availability of SOP with respective users	
<b>F5</b>	<b>Staff Hygiene and Dress Code</b>			
F5.1	Check facility has adequate staff for maintaining cleaning activities	OB/SI	Check facility has adequate staff for maintaining cleanliness, hygiene and bio-medical waste management activities	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	(1) Check dress code policy is available and adhered to. (2) Check about personal hygiene and clean dress of staff.	
<b>G</b>	<b>BEYOND HOSPITAL BOUNDARY</b>			
<b>G1</b>	<b>Promotion of Swachhata &amp; Coordination with Local bodies</b>			
G1.1	Local community actively participates during Swachhata Pakhwara (Fortnight)	RR/SI	Local community is actively involved in administration of "Swachhata Pledge" and distribution of caps/T-shirts/ badge with cleanliness message and logos of "Water Conservation", "Air & Noise Pollution" and "Kayakalp".	
G1.2	Implementation of IEC activities related to ' Swachh Bharat Abhiyan'	OB/RR/SI	Advertisement in newspapers/electronic media, distribution of booklets/pamphlets, posters/wall writing-promoting use of toilets, hand washing, safe drinking water and tree plantation etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/Swachhata walk/human chain/street plays/essay/poem/slogan/painting competition etc.	
G1.4	The Facility coordinates with local Gram Panchayat/ Urban local bodies and NGOs for improving the sanitation and hygiene	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	The Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water sanitation, PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc. SUDA/ DUDA, Department of Urban Development, which contributes to strengthening towards of hygiene & sanitation	
<b>G2</b>	<b>Cleanliness of approach road and surrounding area</b>			
G2.1	Area around the facility is clean, neat & tidy	OB	1. Check for any litter/garbage/refuse and water logging in the surrounding area, footpaths and pavements of the facility. 2. No water logging in surrounding area	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.2	Access & directional signages are available for PHC	OB/SI	Check for directional signage with name of the facility on the approach road.	
G2.3	Approach road is even and free from pot-holes	OB/SI	Check that approach road are clean and free from pot-holes, water stagnation	
G2.4	All drain and sewer are covered.	OB	Check for open manhole and overflowing drains.	
G2.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality. Trees or other buildings should not be blocking the lights.	
<b>G3</b>	<b>Aesthetics and amenities of Surrounding area</b>			
G3.1	Parks and green areas of surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G3.2	No unwanted/ broken/ torn / loose hanging posters/ billboards.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, loose hanging wires etc.	
G3.3	Exterior of hospital boundary wall is painted and maintained	OB	(1) The exterior of the boundary wall is clean, free from solid waste, stagnant water, no animal and human faeces in and around the boundary wall  (2) Exterior of the boundary walls are painted innovatively, displaying messages of cleanliness, hygiene & Go Green concept etc.	
G3.4	Availability of public toilets in surrounding area	OB/SI	Check for separate toilets for male and female and they are conveniently located and clean. Check that no foul smell come from the toilets	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G3.5	Availability of adequate parking stand in surrounding area	OB/SI	Check for parking stand for auto/ rickshaw/taxi etc., and they are not parked haphazardly.	
<b>G4</b>	<b>Maintenance of surrounding area and Waste Management</b>			
G4.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby market	
G4.2	Availability of garbage storage area	OB	Garbage storage area is away from residential/ commercial areas and is covered/fenced. It is not causing public nuisance.	
G4.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
G4.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas. Vector control measures like Regular fogging, DDT Spray, Gambusia (mosquito fish) in ponds and other water bodies done for disease prevention.	
G4.5	Regular repairs and maintained of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done, details of the repair and current condition of the road-pot-holes, broken footpath etc.	



## Section D: Assessment Tool for Ayushman Arogya Mandir- Sub Centre

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A</b>	<b>SUB CENTRE / AYUSHMAN AROGYA MANDIR UPKEEP</b>			
<b>A1</b>	<b>Pest &amp; Animal Control</b>			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff. Also look at the breach, if any, in the boundary wall and presence of secured gate.	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility ( Presence of Pests ,Record of Purchase/availability of Pesticides and availability of the rat trap) and interview the staff.	
<b>A2</b>	<b>Landscaping, Gardening &amp; Yoga</b>			
A2.1	Surrounding area/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed.	
A2.2	Demarcated place/ room for Yoga is well maintained	OB	Check Yoga room/ space is available and demarcated. Check space is adequate and clean.	
<b>A3</b>	<b>Maintenance of Open Areas</b>			
A3.1	Approach walkway from gate to the facility is even and clean	OB	Check that walkway is even and non-slippery and well maintained	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, pipe leakage, rainwater etc. Look for any stagnant water in tyres, flower pots, etc.	
<b>A4</b>	<b>Hospital/Facility –Appearance</b>			
A4.1	Walls are well-plastered, painted and name of the facility is displayed	OB	Check that the wall plaster (internal and external wall) is not chipped off and the building is painted with yellow colour wall & Brown colour windows. The paint has not faded away. The name of the Centre is prominently displayed.	
A4.2	Branding of Ayushman Arogya Mandir has been under taken as per current guideline.	OB	Check for:- 1- Outer surface of the building is yellow with specified shade. 2- Windows & their frame in the brown specified shade. 3- Six illustrations drawn on the façade. 4- Logo of NHM and Ayushman Bharat.	
<b>A5</b>	<b>Infrastructure Maintenance</b>			
A5.1	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Centre. Periodic Maintenance is done.	
A5.2	Centre has intact boundary wall/ Fencing and functional gates at entry	OB	Check that there is a proper boundary wall/ fencing of adequate height without any breach. Check that there is no rusting of the gates. All the gates (entry, exit or any other gates) are painted and functional.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A6</b>	<b>Illumination</b>			
A6.1	Adequate illumination in inside and outside of the Centre	OB	Check for Adequate lighting arrangements through natural light or electric bulbs(CFL/LED) inside Centre . Check that Centre front, entry gate and access road are well illuminated.	
A6.2	Use of energy efficient bulbs	OB	Check thatCentre uses energy efficient bulb like CFL or LED for lighting purpose within the Centre Premises	
<b>A7</b>	<b>Maintenance of Furniture &amp; Fixture</b>			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted / varnished.	
A7.2	furniture and fixtures are in good condition.	OB	Check that the Examination table, foot Step, Table, Chair, stool, etc., are not rusted and are painted. The mattresses are clean and not torn Almirah, Fans, Tube lights etc., are well maintained( As applicable)	
<b>A8</b>	<b>Removal of Junk Material</b>			
A8.1	No junk material within centre premises	OB	Check if unused/ condemned articles, and outdated records are kept in the haphazard manner.	
A8.2	Centre has system for removing junk materials	OB/SI	Check for any system of removing junk from Centre with support from PHC	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A9</b>	<b>Water Conservation</b>			
A9.1	Piped water supply is adequate in Quantity & Quality	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank is covered.	
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	
<b>A10</b>	<b>Work Place Management</b>			
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the Staff, how frequently they sort and remove unnecessary articles from their work place.. Check for presence of unnecessary articles.	
A10.2	The Staff arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	
<b>B</b>	<b>SANITATION AND HYGIENE</b>			
<b>B1</b>	<b>Cleanliness of Circulation Area (Corridors, Patient Waiting area)</b>			
B1.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the circulation area	OB	Check that floors and walls of Corridors, Waiting area etc for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area for any Cobweb, Bird Nest, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask the staff about frequency of cleaning in a day.	
<b>B2</b>	<b>Cleanliness of Clinic room</b>			
B2.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the Clinic room	OB	Check floors and walls of the clinic room for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of clinic for any Cobweb, Bird Nest, vegetation, etc.	
B2.2	Clinic room is cleaned at least once in a day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day.	
<b>B3</b>	<b>Cleanliness of Procedure Areas (Laboratory/Diagnostic)</b>			
B3.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the procedure area	OB	Check that floors and walls of storage for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.	
B3.2	Procedure area are cleaned at least once in a day and as required	OB/SI	Ask staff about frequency of cleaning in a day	
<b>B4</b>	<b>Cleanliness of Storage Space</b>			
B4.1	No dirt, grease, stains, cobwebs, bird nest, dust, vegetation on walls and roof in the storage space.	OB	Check that floors and walls of storage for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.	
B4.2	Storage space are cleaned at least once in the day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B5</b>	<b>Cleanliness of Roof top</b>			
B5.1	No dirt, cobwebs, bird nest, junk articles on roof top	OB	Check roof top of the Centre for any dirt, Cobweb, Bird Nest, etc. Check for any junk articles on roof top	
B5.2	Roof top are cleaned at least once in the month	SI/OB	Ask staff about frequency of cleaning	
<b>B6</b>	<b>Cleanliness of Toilets</b>			
B6.1	No dirt/Grease/ Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, or water accumulation in the toilets Check for any foul smell in the Toilets Floors of Toilets are dry, crack free and without residue water accumulation	
B6.2	Separate male & female toilets have running water and functional cistern	OB/SI	Check availability of separate male and female toilets Ask staff to operate cistern and water taps	
<b>B7</b>	<b>Use of standards materials and Equipment for Cleaning</b>			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality cleaning solution preferably an ISI mark. Composition and concentration of solution is written on label. Check with staff if they are getting adequate supply. Verify the consumption records. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.2	Availability of Cleaning equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.	
<b>B8</b>	<b>Use of Standard Methods for Cleaning</b>			
B8.1	Use of Two bucket system for cleaning	SI/OB	Check if cleaning staff uses two bucket system for cleaning. One bucket for Cleaning solution, second for wringing the mop. Ask the cleaning staff about the process, Disinfection and washing of mops after every cleaning cycle	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.	
<b>B9</b>	<b>Monitoring of Cleanliness Activities</b>			
B9.1	Monitoring of cleanliness by Community Health officer (CHO) on daily basis	OB/RR	Ask Community Health officer (CHO) about monitoring mechanism of cleanliness. Check for records	
B9.2	Periodic Monitoring of Housekeeping and Bio medical waste management activities	SI/RR	Periodic Monitoring is done by MOIC or trained designated person. Please check record of such monitoring	
<b>B10.</b>	<b>Drainage and Sewage Management</b>			
B10.1	Availability of drainage and sewage system	OB/SI	Centre has a functional septic tank and soak pit within the premises.	
B10.2	No blocked/ overflowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked and they are covered.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C</b>	<b>WASTE MANAGEMENT</b>			
<b>C1</b>	<b>Segregation of Biomedical Waste</b>			
C1.1	Segregation of BMW is done as per BMW management rule 2016 including key changes as amendments	OB/SI	General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste	
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)	
<b>C2</b>	<b>Collection and Transportation of Biomedical Waste</b>			
C2.1	Centre waste is collected and transported in safe manner	OB	Check for records of linkage with CWTF operator or has functional deep burial pits within the facility which has approval of the prescribed authority.	
C2.2	The waste is transported in closed bag	OB	Check availability of bag for transportation of waste.	
<b>C3</b>	<b>Sharp Management</b>			
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check such waste is pre-treated either with 1-2% Sodium Hypochlorite for 30 minutes and sent for recycling	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C4 Storage of Biomedical Waste</b>				
C4.1	BMW should not be stored more than recommended time	OB	Check if facility has functional Deep burial and sharp pit, they should dispose BMW on daily basis/ Facility having linkage with CTF should not store BMW more than 48 hours	
C4.2	Facility for storage of BMW	SI/RR	Facility with deep burial and sharp pit not required any storage facility/ Facility with linkage to CTF requires an isolated place with separate bins for storage of BMW	
<b>C5 Disposal of Biomedical waste</b>				
C5.1	Centre has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and constructed as per the specifications given in Schedule-II, Standards for Deep burial given in Bio-Medical Waste Management Rules 2016	
C5.2	Recyclable waste is disposed as per procedure given in the Bio-Medical Waste Management Rules, 2016*	OB/SI	Check management of IV Bottles (Plastic), Syringes, etc. (shredding/mutilation or a combination of sterilization and shredding and handed over to registered recyclers are ensured after linkage with block PHC/CHC).	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C6</b>	<b>Management Hazardous Waste</b>			
C6.1	Staff is aware of Mercury Spill management	SI/OB	Ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)	
C6.2	Availability of Mercury Spill Management Kit	SI	Check availability of Mercury Spill Management Kit.(If facility is mercury free, give full compliance)	
<b>C7</b>	<b>Solid General Waste Management</b>			
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	
C7.2	The facility has introduced innovations in managing General Waste	OB/SI/ RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
<b>C8</b>	<b>Liquid Waste Management</b>			
C8.1	Facility has provision of liquid waste management	OB/SI/ RR	Check for onsite provision of liquid waste disinfection set-up	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI	Check for the procedure - staff interview and direct observation	
<b>C9</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			
C9.1	Availability of Bins and non-chlorinated liners for segregation of waste at point of use	OB/SI	1. Check for availability bins and non-chlorinated plastic bags/liners of appropriate size at each point of generation for Biomedical waste 2. Check for adequate availability of bins and liners	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C9.2	Equipment and Supplies for Infection control & Bio Medical Waste Management	OB/SI	<ol style="list-style-type: none"> <li>1. Availability of PPE</li> <li>2. Availability of Needle/ Hub cutter and puncture-proof boxes</li> <li>3. There is no stockout of PPE</li> </ol>	
<b>C10</b>	<b>Statutory Compliances</b>			
C10.1	Centre has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	
C10.2	Centre maintains records, as required under the Bio-Medical Waste Management Rules, 2016*	RR	Check following records- <ol style="list-style-type: none"> <li>a. Annual report submission</li> <li>b. Yearly Health Check-up record of all handlers</li> <li>c. BMW training records of all staff (once in year training)</li> <li>d. Immunisation records</li> </ol>	
<b>D</b>	<b>INFECTION CONTROL</b>			
<b>D1</b>	<b>Hand Hygiene</b>			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	
D1.2	Staff is adheres to hand washing protocol	SI	<ol style="list-style-type: none"> <li>1. Check display of Handwashing Instructions</li> <li>2. Ask facility staff to demonstrate steps of hand wash</li> <li>3. Check staff is aware of 5 moments of hand washing (before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient, after touching a patient's surroundings)</li> </ol>	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D2</b>	<b>Personal Protective Equipment (PPE)</b>			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks, gloves and aprons	SI/OB	Check, if staff uses mask, gloves, aprons as applicable	
<b>D3</b>	<b>Personal Protective Practices</b>			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
<b>D4</b>	<b>Decontamination and Cleaning of Instruments</b>			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D5</b>	<b>Reprocessing of reusable instruments and equipment</b>			
D5.1	Adherence to Protocols for items that come in contact with intact skin	SI/OB/RR	Check reusable instruments like thermometer, Stethoscope etc. are free from visible contamination and they are washed with soap and water before use.	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, OR soaking in 2% Glutaraldehyde/ Chlorine solution for 20 minutes.	
<b>D6</b>	<b>Spill Management</b>			
D6.1	Staff is aware of management of small spills	SI	Check for adherence to protocols	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in clinic room.	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	
<b>D8</b>	<b>Infection Control Program</b>			
D8.1	Monitoring of infection control practices	RR/SI	Check if the Centre has a system to monitor infection control practices by Community Health Officer (CHO), Village Health Sanitation and Nutrition Committee for at least in a month.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D8.2	Immunization and medical check-up of Service Providers	RR/SI	Check the record of staff, immunised against Td, Hepatitis B and medical check-up is done at least once a year.	
<b>D9</b>	<b>Surveillance Activity</b>			
D9.1	Surveillance activity at the centre	RR/SI	1. Check for surveillance about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness etc. 2. Check the system in place for early reporting to the concerned PHC as per IDSP/IHIP guidelines.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/ periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.	
<b>D10</b>	<b>Environment Control</b>			
D10.1	The HWC building is well-ventilated & have arrangement for cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for airborne infections have been taken	OB/SI	Check location of the Centre , it should be away from Garbage dump Cattle shed, Stagnant pool, Pollution from industry	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>E</b>	<b>SUPPORT SERVICES</b>			
<b>E1</b>	<b>Laundry Services &amp; Linen Management</b>			
E1.1	Hygiene and quality of linen is maintained	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless. Linen not torn or damaged	
E1.2	Arrangements for washing linens	OB/SI	Check facility has in-house or outsourced arrangements for washing linens at least once in a week.	
<b>E2</b>	<b>Water Sanitation</b>			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	(1) The Centre have capacity to store at least three days of water requirement (2) Water tank is cleaned at six monthly interval and records are maintained. (3) Check that the area drinking water points are accessible to all (4). The area around the taps is fenced, making the tap stand area safe and inaccessible to the animals.	
<b>E3</b>	<b>Storage Space</b>			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in Storage and drug store. Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E3.2	Cold storage equipment's are clean and managed properly	OB	Check refrigerators / Ice packs are clean Check if there is a practice of regular cleaning. Cold box are not been used for purpose other than storing drugs and vaccines.	
<b>E4</b>	<b>Housekeeping services</b>			
E4.1	Routine Cleaning of the facility at least once in a day	OB/RR	Wet mopping is done at least once in a day, preferably before the OPD hours	
E4.2	Thorough Cleaning of the facility fortnightly	SI/RR	Thorough cleaning with warm water and soap/ detergent	
<b>E5</b>	<b>Outreach Services</b>			
E5.1	Biomedical waste generated during outreach session are transported to the centre on the same day	RR/SI	1. Check for 1 or more toilets in the outpatient setting 2. Availability of separate toilet for staff in proximity to the duty area. 3. Provision for sanitary napkins to ensure menstrual hygiene needs.	
E5.2	Availability of hand hygiene stations near the toilets	OB	Check for availability of functional hand hygiene area within 5 meter of the toilets.	
<b>E6</b>	<b>Patient Conveniences</b>			
E6.1	Availability of adequate number of toilets	SI/RR	1. Check for 1 or more toilets in the outpatient setting 2. Availability of functional hand hygiene area in the near vicinity of the toilet	
E6.2	Menstrual hygiene needs are addressed	OB/SI	At least one toilet has provision for sanitary napkins to ensure menstrual hygiene needs	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F</b>	<b>HYGIENE PROMOTION</b>			
<b>F1</b>	<b>Community Monitoring &amp; Patient Participation</b>			
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.2	Patient rights and responsibility are displayed	SI/RR/OB	Check for IEC regarding the role and responsibility	
<b>F2</b>	<b>Information Education and Communication</b>			
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language	
F2.2	IEC regarding Swachhta Abhiyan/ water pollution/ reuse of water etc. is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
<b>F3</b>	<b>Leadership and Team work</b>			
F3.1	Staff worked as a team to improve sanitation and hygiene of the facility	SI/OB	(1) Ask staff about sanitation and hygiene (2) Roles and responsibilities of different members are assigned and communicated (3) Check members are aware of their roles and responsibilities.	
F3.2	Facility has a system of reviewing and improving the gaps identified for cleanliness and Biomedical waste management, including WASH.	SI/RR	(1) The committee check and review the cleanliness and Biomedical Waste management compliance regularly (2) All the non-compliance are enumerated, and improvement plans are prepared and action is taken.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>F4</b>	<b>Training and Capacity Building and Standardization</b>			
F4.1	Infection control & Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records. Check staff are trained at the time of induction and at least once in every year	
F4.2	PHC has documented Standard Operating procedures for Cleanliness, Bio-Medical waste management, Infection Control and procurement of PPE	RR	Check availability of SOP with respective users	
<b>F5</b>	<b>Staff Hygiene and Dress Code</b>			
F5.1	Check facility has adequate staff for maintaining cleaning activities	SI/RR	Check facility has adequate staff for maintaining cleanliness, hygiene and bio-medical waste management activities	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	
<b>G</b>	<b>BEYOND HOSPITAL BOUNDARY</b>			
<b>G1</b>	<b>Promotion of Swachhata &amp; Coordination with Local bodies</b>			
G1.1	Local community actively participates in VISHWAS campaign	RR/SI	Check for activities carried out under the leadership of VHSNCs for improving water, sanitation and hygiene situation during VISHWAS campaign.	
G1.2	Implementation of IEC activities related to 'Swachh Bharat Abhiyan'	OB/RR/SI	Check for any pamphlets/ Posters/wall writing-promoting use of toilets, hand washing, safe drinking water and tree plantation etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.3	The Facility coordinates with local Gram Panchayat and NGOs for improving the sanitation and hygiene	RR/SI	Look for evidence of collective action for improving water, sanitation and hygiene.	
G1.4	The Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on sanitation and hygiene promotions), Jal Shakti & PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc. which contributes strengthening towards of hygiene & sanitation	
G1.5	HWC undertake sanitation and hygiene promotion activities to generate awareness in community	SI/RR	<ol style="list-style-type: none"> <li>1. Look for evidence of collective action such as rallies, marathons, Swachhata walk, street plays/Nukar Natak/ drawing competitions, Plantation drives, etc., in their catering areas.</li> <li>2. Check that such drives are planned and conducted on World Environment Day (5 June). or Earth Day (22 April ) with the help of JAS/ local community</li> </ol>	
<b>G2</b>	<b>Cleanliness of approach road and surrounding area</b>			
G2.1	Area around the facility is clean, neat & tidy	OB	Check for any litter/ garbage/refuse and water logging in the surrounding area of the facility.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.2	On the way signages are available	OB/SI	Check for directional signage with name of the facility on the approach road.	
G2.3	Approach road is clean and even	OB/SI	Check that approach road are clean and even	
G2.4	All drain and sewer are covered.	OB	Check for overflowing drains surrounding the facility.	
G2.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality.	
<b>G3</b>	<b>Aesthetics and amenities of Surrounding area</b>			
G3.1	Parks and green areas of surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G3.2	No unwanted/ broken/ torn / loose hanging posters/ billboards.	OB	Check that facility surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, loose hanging wires etc.	
G3.3	Exterior of hospital boundary wall is painted and maintained	OB/SI	(1) The exterior of the boundary wall is clean, free from solid waste, stagnant water, no animal and human faeces in and around the boundary wall.  (2) Exterior of the boundary walls are painted innovatively, displaying messages of cleanliness, hygiene & Go Green concept etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G3.4	Availability of public toilets in surrounding area	OB/SI	Check for separate toilets for male and female and they are conveniently located and clean. Check that no foul smell in toilets	
G3.5	Availability of adequate parking stand in surrounding area	OB/SI	Check for parking stand for auto/ rickshaw/taxi etc., and they are not parked haphazardly.	
<b>G4</b>	<b>Maintenance of surrounding area and Waste Management</b>			
G4.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby area.	
G4.2	Availability of garbage storage area	OB	Garbage storage area is away from residential/ commercial areas and is covered/fenced. It is not causing public nuisance.	
G4.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
G4.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G4.5	Regular repairs and maintainance of roads	OB/SI/RR	Check current condition of the road	



## Methodology for calculating final weighted average Kayakalp score by incorporating performance under Mera-Aspataal

Kayakalp scheme aims to promote Cleanliness, Infection control and Hygiene in public healthcare facilities. Since its inception, the number of facilities participating in the program has been increasing manifold with every passing year with continuous efforts of facilities' Quality Teams, District and State Quality Committees.

While the efforts of all stakeholders are in unison to meet the objectives of the Kayakalp Scheme, it now becomes more pertinent to capture the **“Voice of Patients, the Health Seekers”** and utilise the same as one of the criteria for the result declaration.

In FY 2019-20, the Ministry of Health and Family Welfare included “Facility’s Mera Aspataal Score” as one of the criteria to arrive at the final Kayakalp score. This criterion is applicable only to the district hospitals (DH), and all DHs shall be assessed with these revised criteria.

The Kayakalp Incentives will be finalised based on the weightage average scores\* obtained under two criteria: -

- a) **Kayakalp External Assessment Score (Weightage - 85%)**
- b) **Percentage of patients dissatisfied with the Cleanliness of facilities under Mera Aspataal (Weightage - 15%)**

\*Revised criterion will be considered and evaluated only after External Assessment at the state level; weightage average score is not to be considered whilst internal and peer assessment of the district-level health facility. If any Hospital is not linked with Mera Aspataal, in that case only 85 % score the of external assessment score of that facility will be considered as a final score.



## Methodology for calculating the weightage average score of the facility under Kayakalp by the State: -

### Scores and Weightages

	Type of Score	Details	Weightage
A	Kayakalp score	Score obtained in external assessment	85%
B	Mera Aspataal Score	%age of patients dissatisfied with the cleanliness (minimum sample size is 30 patients' response)	15%

### How to Calculate

#### A. Kayakalp Score

Final score obtained after external assessment of the facilities.

#### B. Mera Aspataal Score

For calculating Mera Aspataal score, along with the score of the facility, we will also need the best and worst performing scores i.e., facility with Minimum percentage of patients dissatisfied with cleanliness and facility with Maximum percentage of patient dissatisfied with cleanliness.

$$\text{Mera Aspataal Score of Hospital can be calculated using the formula:} = \frac{\text{Max. \% age of dissatisfied patients in the state} - \text{\% of patient dissatisfied at a Hospital}}{\text{Max. \% of dissatisfied patients in the state} - \text{Min \% age of dissatisfied patients in the state}} \times 100$$

**For example,** Kayakalp external scores & Mera Aspataal score of 10 District level health facilities in a State are following:



District Level Health Facilities in State	Kayakalp External Score	Score of patients dissatisfied with cleanliness under Mera Aspataal in the District Hospital	**Maximum & Minimum Score of patients dissatisfied with cleanliness under Mera Aspataal in the State	Mera Aspataal Score of District Hospital
District Hospital –A	99	<b>16%</b>	Maximum Dissatisfaction Score = <b>42%</b> Minimum Dissatisfaction Score = <b>16%</b>	$(42-16/42-16) * 100 = 100$
District Hospital –B	95	19%		$(42-19/42-16) * 100 = 88.46$
District Hospital –C	93	21%		$(42-21/42-16) * 100 = 80.76$
District Hospital –D	85	28%		$(42-28/42-16) * 100 = 53.84$
District Hospital –E	82	30%		$(42-30/42-16) * 100 = 46.15$
District Hospital –F	79	33%		$(42-33/42-16) * 100 = 34.61$
District Hospital –G	77	36%		$(42-36/42-16) * 100 = 23.07$
District Hospital –H	72	<b>42%</b>		$(42-42/42-16) * 100 = 0$
District Hospital –I	77	Facility not linked with Mera Aspataal		NA
District Hospital –J	96	Facility not linked with Mera Aspataal		NA

*\*\* Historical data of last FY may be considered for identifying Max. and Min. % of dissatisfied patients.*



## Calculation of Final Score for Kayakalp Incentives: -

Dist. Level Health facilities	Mera Aspataal Score of District Hospitals (a)	15% weightage of Mera Aspataal score of Dist. Hospital (b)= (15/a)*100	Kayakalp External Score of District Hospital (c)	85% Weightage of Kayakalp external score of District Hospital (d)= (85/c)*100	Overall weighted average score of health facility under Kayakalp scheme (e)=(b+d)	Kayakalp Status (Pass or Fail)
District Hospital -A	100	15	99	84.15	15+84.15 =99.15	Pass
District Hospital -B	88.46	13.26	95	80.75	13.26+80.75 = 94.01	Pass
District Hospital -C	80.76	12.11	93	79.05	12.11+79.05 = 91.16	Pass
District Hospital -D	53.84	8.07	85	72.25	8.07+72.25 = 80.32	Pass
District Hospital -E	46.15	6.92	82	69.70	6.92+69.70 = 76.62	Pass
District Hospital -F	34.61	5.19	79	67.15	5.19+67.15 = 72.34	Pass
District Hospital -G	23.07	3.46	77	65.45	3.46+65.45 = 68.91	Fail
District Hospital -H	0	0	72	61.20	0 + 61.20 = 61.20	Fail
District Hospital -I	NA	0	77	65.45	0 + 65.45 = 65.45	Fail
District Hospital -J	NA	0	96	81.60	0 + 81.60 = 81.60	Pass

**Kayakalp Winner Facility in the State** = District Hospital-A with 99.15% score

**Kayakalp Runner Up Facility in the State** = District Hospital-B with 94.01% score

**Kayakalp commendation** = District Hospital C, D, E, F & J

**Not Qualified** = District Hospital G, H & I















**National Health Mission**  
 Ministry of Health and Family Welfare  
 Government of India