Study on Pre-Assessment Method and Fulfilling the Gaps of District Hospital Nawashahrin Relation to Standards of Kayakalp Program

By

Shubhra

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Shubhra student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Punjab Health Systems Corporation from 1st Feb 2018 to 30th April 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
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May 17, 2018

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No. PHSC/QA/18/ 1587 Dated 1.5.18

TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Shubhra student of MBA in Hospital and Health Management, IIHMR Jaipur has successfully completed three months dissertation in health facility as allotted under Punjab Health Systems Corporation, Punjab from 01.02.2018 to 30.04.2018.

During the dissertation the student's performance was satisfactory.

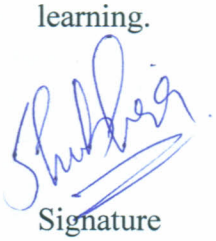
We wish her success in all her future endeavors.

(Varun Roojam) I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A study on Pre- Assessment method and fulfilling the gaps of District Hospital Nawanshahr in relation to standards of Kayakalp Programme and submitted by Dr. Shubhra Enrollment No. IIHMR-U/01/2016-18/0500 under the supervision of Dr. Alok Kumar Mathur forward of MBA in Hospital and Health carried out during the period from 1st Feb 2018 to 30th April 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

Content

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A Dissertation is a wonderful opportunity for self-learning and self development. I am very thankful to have some wonderful people to guide me in the completion of this Project.

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A genuine thanks to my guide my Mentor Dr. Alok Kumar Mathur for his helpful attitude and valuable suggestions.

DECLARATION

I hereby declare that this Project Report titled **A study on pre assessment method and fulfilling the gaps of district hospital nawashahr in relation to standards of kayakalp program** submitted by me to the IIHMR University, Jaipur , is a bonafide work done by me and it is not submitted to any other University or Institution for the award of any degree diploma /certificate or published any time before.

INTRODUCTION

PUNJAB HEALTH SYSTEMS CORPORATION

The Punjab Health Systems Corporation was enacted through a special Act of Legislation to provide for the constitution of a Corporation for establishing, expanding, improving and administering medical care in the State of Punjab. The Managing Director is the Executive officer of the Corporation and implements the decisions of the Board of Directors and exercises general control and supervision over the hospitals under PHSC. There are 176 Health Institutions under PHSC, out of which are 21 District Hospitals, 2 Special Hospitals, 34 Sub-divisional Hospitals and 119 Community Health Centers. A wide spectrum of health care facilities, preventive, primitive and curative, is provided in these institutions.

The Department of Health and Family Welfare, Punjab, organized a Workshop from 27th to 29th April, 1995 at Kharar in which 33 Senior Doctors including the Director Health Services, all Civil Surgeons, the Deputy Directors and Senior Medical Officers and senior Administrators/ Managers participated. Different groups deliberated on policy issues, surgical, medical and laboratory services and identified the categories of services to be provided at CHC, Sub-Divisional and District Hospitals including requirements in terms of staff, space, instruments and equipment.

The Workshop adopted the following resolution: "The group is of the considered and genuine opinion that there should be a fully autonomous and self-sufficient Corporation named Punjab Health Systems Corporation. This Corporation should be headed by a Chairman, who shall be the Secretary, Health and Family Welfare, Punjab.

Introduction

CIVIL HOSPITAL NAWANSHAHR, PUNJAB

Brief description about study area: - This study was conducted in Civil Hospital, Nawanshahr, Punjab the hospital located near the Chandigarh road with available modes of transportation. In the hospital campus, residential facilities are available only for the trainee nurses. Parking place inside the hospital campus is also available.

- A clean hospital environment is essential for the health and well-being of patient, staff and visitors.
- Cleanliness, hygiene and sanitation are most important aspects of controlling hospital acquired inspection.

- Provide patients and visitors with a positive experience and encourage molding behavior related to clean environment.
- To compliment this effort, the ministry of Health and Family Welfare, Government of India launched a national initiative (KAYAKALP), awarding those public health facilities and demonstrate high level of cleanliness, hygiene and infection control.

Abstract:

Background: - Civil hospital Nawanshahr is a 200 bedded hospital. It is one of the hospitals which are focused for KAYAKALP program in the state of Punjab. Civil hospital Nawanshahr got 1st prize in KAYAKALP program and won 50 lakhs rupees. A baseline assessment of the available facilities was carried out for each objective element of the KAYAKALP checklists and the gap analysis was done. Aim of the study was to firstly bring out the present situation and the gap areas, then on the basis of the findings, make an action plan to fulfill those gaps.

Objective of the study

- To compare the standards given for each objective of KAYAKALP checklist and assess the existing service
- To make action plan for bridging the gap.
- To see the impact of the intervention through the action plan

Research Methodology

Study type

Descriptive cross sectional study

Data Collection

Primary data: - KAYAKALP tool kit was used and assessment was done by direct observation.

The scoring pattern was used 2 = full compliance, 1 = partial compliance, 0 = non compliance

Secondary data: - Hospital documents review, Clinical record review, Research articles.

Results

Initially present situation and gaps was identified based on KAYAKALP checklist and average score was calculated. On the basis of these findings an action plan was developed for 3 months in order to fulfill those gaps. Then at the end of the 3 months again self-assessment was done to see the impact of investigation in terms of average score. Results of the above analysis suggested that initially the percentage for the hospital came to be 73% and then after the implementation of the action plan it was observed that the score increased to 84% at the end of the 3 months.

Conclusion

Improvement in score was there but still works needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliance before pre assessment.

List of table

Abbreviations

BMW – Biomedical Waste Management

CSSD- Central Sterile Supply Department

DH- District Hospital

GOI- Government of India

ICU- Intensive Care Unit

IEC- Information, Education and Communication

IPHS- Indian Public Health Standards

NGO- Nongovernmental organization

OPD- Out Patient Department

OT- Operation Theatre

PHSC- Punjab Health System Corporation

PPE- Personal Protective Equipment

LITERATURE REVIEW

The Swacch Bharat Abhiyan 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 to meet the healthcare needs of large segments of the population. Cleanliness and hygiene in hospital are critical in preventing infection and also provide patients and visitors with a positive experience and encourages moulding behavior related to clean environment. Swacchta guidelines for public health facilities are being learned separately.

Gap analysis is a component of the NABH accreditation program. The goal of gap analysis is to identify the gap between the optimized allocations. Gap analysis refers o a study where hospital compares the present policy, procedure, SOP's .

According to National Guideline for clean hospitals, patients shed microorganisms into the health care environment, particularly if they are coughing, sneezing or having diarrhea. Bacteria and viruses may survive for weeks or months on dry surface or environment of the patient(the space around the patient that may be touched by a patient and may also be touched by the health care providers). The designation of the patient environment varies depending upon the nature of the health care organization and nature of the patient. Improving cleaning practices in hospials and other health care organization will contribute controlling health care associated infection and cases.

American journal of infection control 2010:- Elsevier:- Recent studies using direct convert observations or a fluorescent targeting method have consistently confirmed that most neared patient surfaces are not being cleaned in accordance with existing hospital accordance with hospital policies while other studies have confirmed that patient admitted to rooms previously occupied by patients with hospitals pathogens have a substantially greater risk of acquiring the studies that have shown disinfection cleaning can be improve on average more than 100% over baseline, and that such improvement has been associated with a decrease in environmental contamination of high touch surfaces, support the benefit of decreasing environmental contamination of such surfaces. This review clarifies the differences between measuring cleanliness versus cleaning practice; addresses the critical aspects of evaluating disinfection hygiene in light of guidelines and standards analyzes current hygienic practice monitoring tools; and recommends elements that should be included in an enhanced monitoring program.

Laura Y. Sifuentes PhD, Charles P. Gerba PhD, Ilona Weart BS, Kathleen Engelbreht MS, **David W. Koenig PhD** conducted study on Microbial contamination of hospital reusable cleaning towels. In the 10 hospitals participating in this study, almost all (93%) sampled cleaning towels contained viable microorganisms even after laundering. There were significant differences among hospitals in terms of the numbers and types of microorganisms recovered.

Possible explanations for these findings include the substantial variation in laundering and cleaning practices among the hospitals as well as variations in methods of disinfectant application, towel materials, and conditions for storage of the cleaning towels, resulting in habitats more or less conductive to microbial proliferation. The questionarre data facilitated comparison of different factors influencing the microbial loads of cleaning towels used in the study hospitals. Significant differences in the presence of bacteria and mold were observed based on the disinfectant application method used. Spraying of towels with a power sprayer was associated with a higher microbial load then soaking, likely because spraying does not completely saturate the towel fibres with disinfectant . But even though soaking resulted ina smaller overall microbial load on the towels, coliforma were still isolated from the disinfectant buckets.

HEI Annual Report 2013-2014:- Cleaning (patient equipment and ward environments): Many examples of patients were seen. Domestics and nursing staff work as a team to make wards and departments safe clean. Generally, nursing staff are responsible for cleaning wards and departments. For nursing staff, this includes managing any blood or body fluid spillages. However, issues were found with cleanliness on inspection. It was found on occasion where some cleaning responsibilities were not clear between nursing and domestic staff, for example clean" between patient use. It was also found that the cleanliness of patient equipment was not always being monitored effectively to ensure it was clean and ready for use.

Stephanie J Dancer, Liza F White, Jim Lamb, R Kirsty Gtrvan and Charls Robertson : In a prospective cross-over study conducted in a UK hospital found and enhanced cleaning was associated with a 32.5% reduction in levels of microbial contamination of hand touched dirt when wards received enhanced cleaning.($P<0.0001$: 95% CI 7.75% 42.9%). Genotyping identified indistinguishable from both hand-touch sites and patients.there was a 26.6% reduction in new metlecillin s.aureus infections on the wards receiving extra cleaning despite higher meticillin resistant and aureus patient days and based upon some new methicillin resistant s. aureus infections seen during routine cleaning we expected 13 new infections during enhanced cleaning periods rather than the four that actually occurred. Clusters of new methicillin resistant S. aureus infections were identified 2 to 4 weeks after the cleaner left both wards. Enhanced cleaning saved the hospital 30,000 to 70,000 dollars.

According to **journal of hospital infection (2001),** good hospital hygiene is an integral and important component of a strategy for preventing hospital-acquired infections. They include: cleaning and decontamination; laundary and housekeeping ; safe collection and disposal of general and clinical waste; kithchens and food hygiene.

Problem statement

To assess the existing service delivery system of the hospital and identify the areas and fulfilling the gaps and make improvement to enhance the compliance of standards for KAYAKALP program in the hospital.

Objectives of the study

- To compare the standards given for each objective of KAYAKALP checklist and assess the existing service delivery system of the hospital.
- To make an action plan for bridging the gap areas based on priotrization.
- To see the impact of the intervention through the action plan.

Research methodology

Study type: - Descriptive cross sectional study

Location of study: - District hospital Nawanshahr

Data collection:-

- **Primary data:-** KAYAKALP tool kit is used and assessment is done by direct observation.

  The scoring patterns used:-
  2 = full compliance
  1 = partial compliance
  0 = non compliance

- **Secondary data:-** Hospital documents review and clinical record review

Tools used

Checklists was prepared according to the 6 standards of the KAYAKALP program and based on that checklist, gap analysis was done. All observation were made in 2 parts;

- Bringing out the current situation of the hospital

- Comparison in respect to KAYAKALP standards

Standards wise compliance/partial compliance non compliance on KAYAKALP standards were used to assess the present situation.

Action plan made to conclusively remove the non compliance.

Gap Analysis

Table 1

	Standard A: Hospital/Facility Upkeep	SCORE
A1	Pest and Animal Control	6
A2	Landscape & Gardening	8
A3	Maintenance of Open area	9
A4	Hospital/Facility Appearance	8
A5	Infrastructure Maintenance	7
A6	Illumination	6
A7	Maintenance of Furniture and Fixture	7
A8	Removal of Junk material	10
A9	Water Conservation	8
A10	Work Place Management	5
	Total Scores	74

Objective 1: Stray animals such as dogs, cats etc are found within the premises. Non availability of mosquitoes nets for staff and patients.

Objective 2: No gardner is appointed for maintaining the grass beds and checking the wild vegetation. There is no Herbal garden in the facility.

Objective 3: Wild vegetation and water logging is visible in some of open areas.

Objective 4: The colour of the name board of the hospital has faded away and as per State's policy some of the signage's are missing. It is also seen that the interior walls of the patient care areas have chipped off plaster and paint is faded in most of the areas.

Objective 5: Entry gate is present but is not of adequate height. Similarly parking area is present but there is no demarcated parking area for Ambulance, staff and patients.

Objective 6: Lightning arrangements are adequate in most of the areas of the hospital

Objective 7: Patient trolleys and wheel chairs are not well maintained as wheels are not properly aligned and are broken. Some of the bed mattresses are also torn and not clean.

Objective 8: Junk material is seen in the open and corridor areas of the hospital. There is no demarcated place for keeping the condemned material.

Objective 9: Dysfunctional taps are found in toilets of male and female wards. There is no periodical inspection/policy for checking water supply system.

Objective 10: There is no proper work place management and the things are kept in haphazard manner in working stations. No training/IBC gives to the staff for sorting of the things in systemized manner.

Table 2

	Standard B: Sanitation & Hygiene	score
B1	Cleanliness of Circular Area	7
B2	Cleanliness of Wards	7
B3	Cleanliness of Procedure Areas	9
B4	Cleanliness of Ambulatory Area(OPD, Emergency, Lab)	8
B5	Cleanliness of Auxiliary Areas	8
B6	Cleanliness of Toilets	7
B7	Use of standards materials and equipment's for cleaning	8
B8	Use of Standard Methods Cleaning	9
B9	Monitoring of Cleanliness Activities	7
B10	Drainage and Sewage Management	8
	Total Score	78

Objective 1: Although the circulation area is cleaned by the housekeeping staff but cobwebs and stains can be seen on the roof and the walls of the areas.

Objective 2: Strains and cobwebs are found on the walls of ward areas. There is no record/checklist to see the frequency of mopping done in the areas.

Objective 3: Unlike the circulation areas and ward area, procedure areas (OT, Labor room) are clean but housekeeping checklist is not maintained.

Objective 4: The condition of ambulatory area (Emergency, Laboratory, Radiology, OPD) is not good as seepage, dirt etc. is seen on floor and walls.

Objective 5: Kitchen is not present but other auxiliary areas (Pharmacy, Mortuary, Office area) have dirt, cobwebs, stains etc on the walls. No housekeeping records/checklist available.

Objective 6: Stains, Foul odor, wet floor, dysfunctional taps seen in the toilets.

Objective 7: Adequate cleaning material and chemical (Phenyl for , Carbolic Acid) is available in the hospital. But carts for carrying the buckets not available.

Objective 8: 3 bucket system for mopping is not used and brooms are used in some of patient care areas.

Objective 9: Although matron checks the cleaning of the areas but there is no separate policy/record/checklist for keeping a regular check on cleaning activites.

Objective 10: The drainage system is well maintained in the hospital but regular cleaning is not done.

Table 3

	Standard C: Waste Management	Score
C1	Segregation of Biomedical Waste	8
C2	Collection and Transportation of Biomedical Waste	8
C3	Sharp Management	7
C4	Storage of Biomedical Waste	8
C5	Disposal of Biomedical Waste	8
C6	Management Hazardous Waste	8
C7	Solid General Waste Management	10
C8	Liquid Waste Management	6
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	8
	Total Score	65

Objective 1: There is protocol for segregation of biomedical wastes but it is not properly followed. No training/IBC activity is carried out in the premises.

Objective 2: Collection and transportation of the waste is done using a biomedical waste trolley. There are separate colour coded bins for different categories of wastes. But separate dirty corridor not present.

Objective 3: Sharp management is not proper. No standard procedure in case of needle stick injuries and staff is not aware what to do in case it happens.

Objective 4: There is no proper room for storage of Biomedical waste.

Objective 5: There is proper disposal of Biomedical Waste and the hospital has a contact with a common treatment facility.

Objective 6: Staff is not aware of blood spill management, mercury spill management etc. No protocols for management of hazardous wastes.

Objective 7: General and infectious wastes are segregated and have separate storage areas. There are removed regularly by an outsourced agency.

Objective 8: There is no septic tank as per specifications for liquid waste management in the hospital.

Objective 9: Adequate equipment are available in the hospital for Biomedical waste management.

Objective 10: Hospital does not has a valid authorization for Biomedical waste management from pollution control board. There is a proper designated person for monitoring of Biomedical waste management.

Table 4

	Standard D: Infection Control	Score
D1	Hand Hygiene	9
D2	Personal Protective Equipment (PPE)	9
D3	Personal Protective Practices	6
D4	Decontamination and Cleaning of Instruments	10
D5	Disinfection & Sterilization of Instruments	9
D6	Spill Management	5
D7	Isolation and Barrier Nursing	6
D8	Infection Control Program	6
D9	Hospital Acquired Infection Surveillance	4
D10	Environment Control	8
	Total Score	68

Objective 1: Non availability of liquid antiseptic hand wash and alcohol based hand rub. There is need to train staff regarding hand washing techniques and when to wash hands. Also hand washing instructions should be displayed at all the points of use.

Objective 2: Use of personal protective equipment like gloves, masks not used by nursing and support staff. Heavy duty gloves and gum boots not used by waste handlers.

Objective 3: Proper training and sensitization of staff is required regarding usage of protective equipment and standard precaution to be followed.

Objective 4: Staff knows how to prepare chlorine solution for cleaning but cleaning protocol is not properly used.

Objective 5: No proper recommendation for sterilization and disinfectant of the instruments.

Objective 6: Staff is not aware and requires training for spill management.

Objective7: There is no separate room for infectious patients. Protocols for restriction area is not followed , for example- resticritions of foot wears in critical area (OT, Labor room)

Objective 8:- Hospital have infection control committee. But there minutes of meeting are not recorded. There is no review for the meeting.

Objective 9: There is no surveillance system for infection control. There is no reporting or documentation of the hospital acquired infection cases.

Objective 10:- Zoning of OT areas (maternity OT) need to be done.and proper air conditioning should be done to maintain air pressure.

	Standard E Support Services	Score
E1	Laundry Services and Linen Management	10
E2	Water Sanitation	08
E3	Kitchen Services	00
E4	Security Services	05
E5	Out-sourced Services Management	07
E6	Total Score	30

Objective 1: There is adequate stock of linen as per hospital requirements and bed sheets are washed, and changed regularly

Objective 2: The facility receives adequate amount of water. There are also storage tanks to supply the water for 24 hours. However there is no periodic check to detect the quality of water and also water is not available in patient toilet and blood blank.

Objective 3: Kitchen Services not available.

Objective 4: There are no security personnel but are required for highly critical areas like Labor room, Emergency and also for OPD to control the heavy flow of patients.

Objective 5: There is a valid contract for house keeping services and BMW Management but there is no record/register maintained to evaluate the performance of the contractor.

Table 6

	Standard F: Hygiene Promotion	Score
F1	Community monitoring and Patient Participation	08
F2	Information, Education and Communication	09
F3	Leadership and teamwork	05
F4	Training and capacity building and Standardization	07
F5	Staff Hygiene and Dress Code	05
	Total Score	34

Objective 1: There is no feedback system/survey conducted in the hospital to evaluate the services given to the patients. Also local NGOs need to be involved in maintaining the cleanliness of the hospital.

Objective 2: More IBC activities need to be done especially regarding cleanliness of public toilets and hand washing

Objective 3: Infection control Committee need to be committed so to regularly monitor the infection control practices.

Objective 4: SOPs need to be documented for cleanliness and upkeep of the facility . Also there should be proper trainings of the staff and record maintained.

Objective 5: There is no dress code policy followed in the hospital. Most of the hospital staff members are not having their identity cards.

Table 7

	Beyond Hospital Boundary	Score
G1	Promotion of Swachhata in surrounding areas	08
G2	Coordination's with local Institutions	08
G3	Alternative Financing and Support Mechanism	06
G4	Leadership & Governance in Surrounding area	09
G5	Approach road to health facility	10
G6	Cleanliness of Surrounding Area	05
G7	Public amenities in Surrounding Area	04
G8	Aesthetics of Surrounding Area	08
G9	General waste management in surrounding	07
G10	Maintenance of Surrounding Area	09
	Total score	74

Objective 1: There is no activities done for the awareness of cleanliness by the organization.

Objective 2: Facility didn't coordinate with the local municipal corporation.

Objective 3: facility is not participating with the local communities for awareness of cleanliness.

Objective 4: there is no conservation of water in the facility; attendants and patients didn't close the tap. There are no activities done to aware people about water conservation.

Objective 5: Street lights of functional road which approaches the hospital do not work.maintainence of the street light should be done.

Objective 6: boundary area of the hospital is not clean and very untidy. There should be availability of dustbin.

Objective 7: There is no public toilet in the surrounding area of the hospital. Attendants, drivers, shopkeepers using the toilet which is present in the hospital.

Objective 8: attendants and patients spoiling the greenery of the hospital. Permanent gardner should be higher for the maintenance of the garden in the hospital

Objective 9:- Hospital is not collaborating with any municipal corporation. Facility should initiate collaboration with the municipal corporation.

Objective 10:- Surrounding area is not clean. Training of the autodrivers about cleanliness and aware them about the cleanliness drive

ACTION PLAN

Here, in the gaps are identified will be taken up strategically and short term. Long term goals will be identified by knowing the gaps of the hospital. Special attention on the guest at the facility levels given and based on prioritization action plan is made.

Following are the parameters

1. Clearly state the action required to remove a particular non- compliance.
2. Identify the person who would be responsible for the removal of the non-compliance.
3. He/she would be given the target for removal of the non-compliance.
4. Evidence that noncompliance will removed.

There are 6 standards in KAYAKALP program and these are taken up separately in management implementation plan

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	Standard A:- Hospital upkeep	
s.no	Action required to remove a particular non compliance	Responsible person
1.	Order of availability of adequate stock of mosquito net	Store incharge
2.	Appointment of permanent gardner	Hospital administrator along with senior medical officer
3.	Well demarcated area for ambulance , patients and staff	Hospital administrator
4.	Documentation of the condemned materials and separate area for keeping the condemned junk materials	Hospital administrator along with storage incharge
5.	Display of water conservation for	

	STANDARD B:- Sanitation and hygiene	
S.no.	Action required to remove a particular non-compliance	Responsible person
1.	Checklist for monitoring the effectiveness of housekeeping services.	Nursing sister
2.	Periodic training to staff regarding general housekeeping and BMW waste management	Nursing sister
3.	Adherence to hand hygiene guidelines and display of IEC material as various points of use	Hospital administrator
4.	Adherence to cleaning, disinfection and sterilization practices	Nursing sister
5.	Adequate and appropriate facilities for hand washing in all patient care areas accessible to healthcare providers and patients.	Store incharge

	STANDARD C:- Waste Management	
S.NO.	Action required to remove a particular non-compliance	Responsible Person
1.	Proper IEC material to be displayed at various BMW collection points are numbering of points.	Nursing sister along with Hospital Administrator
2.	A proper BMW storage room with lock and key and biohazard sign display on the door.	Hospital Administrator
3.	Septic tanks/Double sinks for treatment of liquid waste	Hospital administrator along with nursing sister
4.	To get proper authorization for BMW management from state pollution control board	Nodal officer along with Hospital Administrator

	Standard D:- Infection control	
S.no.	Action required to remove a particular non- compliance	Responsible person
1.	Formation of infection control committee	Hospital Administrator along with Senior Medical Officer
2.	Infection control nurse to be made	Nursing Sister
3.	The management makes available resources required for infection control program	Senior Medical Officer along with Nursing Sister
4.	Training and display of 6 steps of hand washing at various point of use	Nursing sister
5.	Display of poster/ IEC material when to hand wash, spill management and mercury spill management	Nursing sister
6.	Availability of personal protection equipment for the staff	Store In charge
7.	Separate slippers and racks for critical areas like Lab room, OT etc.	Hospital administrator

	Standard E:- Support services	
S.NO.	Action required to remove a particular non compliance	Responsible person
1.	Availability of water at all point of use	Nursing sister
2.	Appointment of security guards at critical location	Senior Medical Officer
3.	Proper record maintaining the adherence to linen and laundry management process	Nursing sister

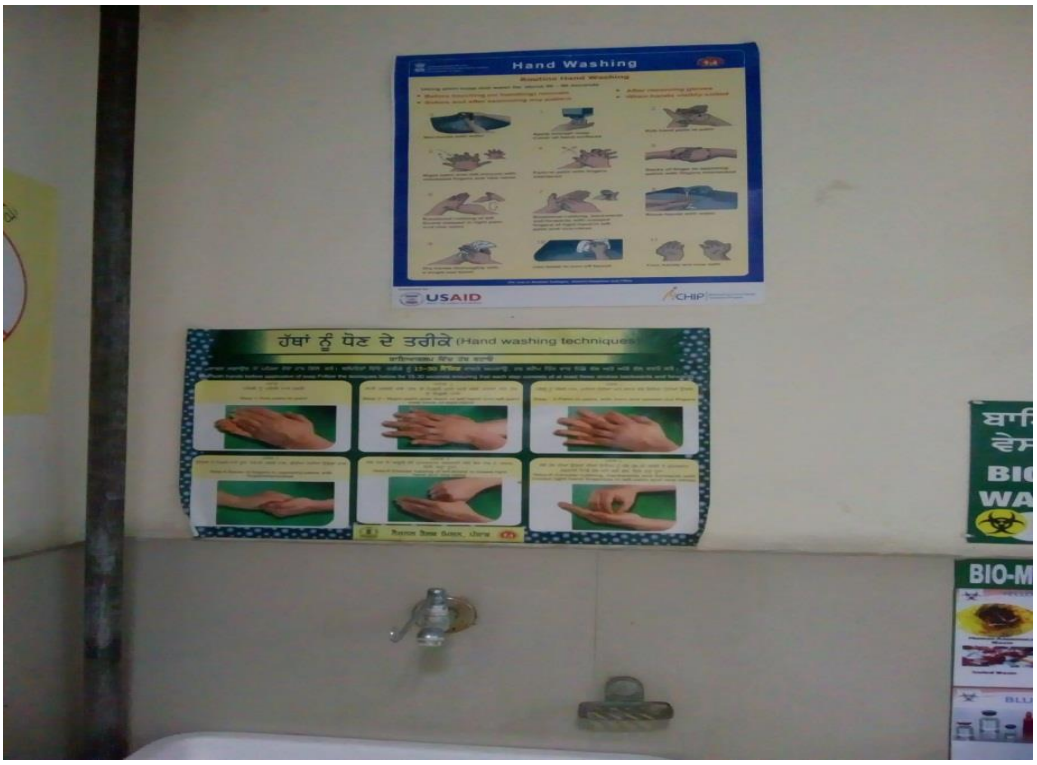
	Standard F :- Hygiene Promotion	
S.no.	Action required to remove a particular non-compliance	Responsible person
1.	Involvement of local NGO's on cleanliness of hospitals.	Hospital administrator along with Senior medical officer
2.	IEC material regarding sanitation and hygiene material to be displayed at various points in the hospital	Hospital administrator along with nursing sister
3.	Designation of dress code for housekeeping staff	Hospital administrator
4.	Issuing of identity cards to all medical staffs	Hospital administrator along with nursing sister
5.	Periodic training to be given regarding infection control and cleanliness in the hospital	Hospital administrator along with quality nodal officer

	Standard G:- Beyond hospital boundary	
S.no.	Action required to remove a particular non-compliance	Responsible person
1.	Community awareness by organizing physical activities	Hospital administrator along with nursing sister
2.	The facility coordinates with other department for improving sanitation and hygiene in the surroundings	Nursing sister along with senior medical officer
3.	To supervise and monitor activities related to cleanliness, sanitation, and hygiene in surrounding area	Hospital administrator along with nursing sister
4.	Area around the facility is clean, neat and tidy	Hospital administrator along with senior medical officer and nursing sister
5.	Surroundings areas are well maintained	Nursing sister along with senior medical officer.

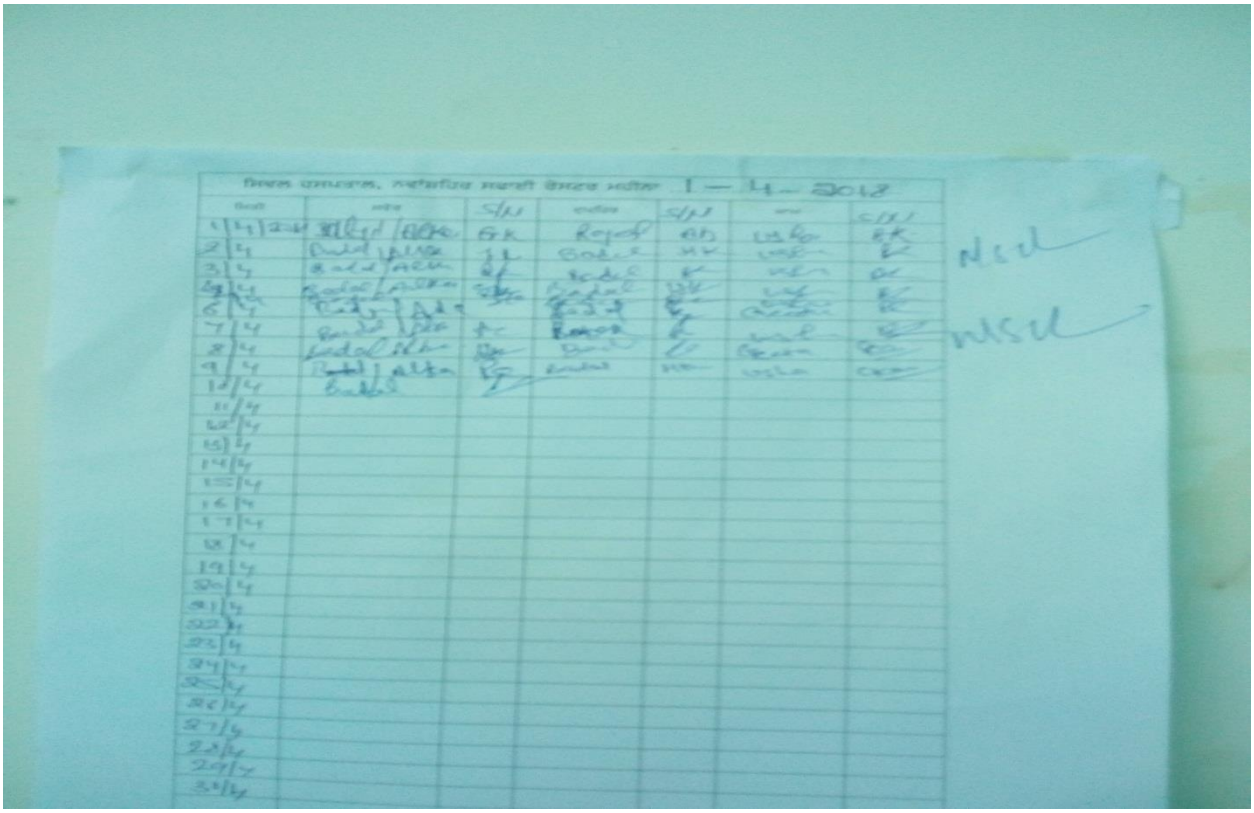
Awareness of cleanliness by doing nukkad natak

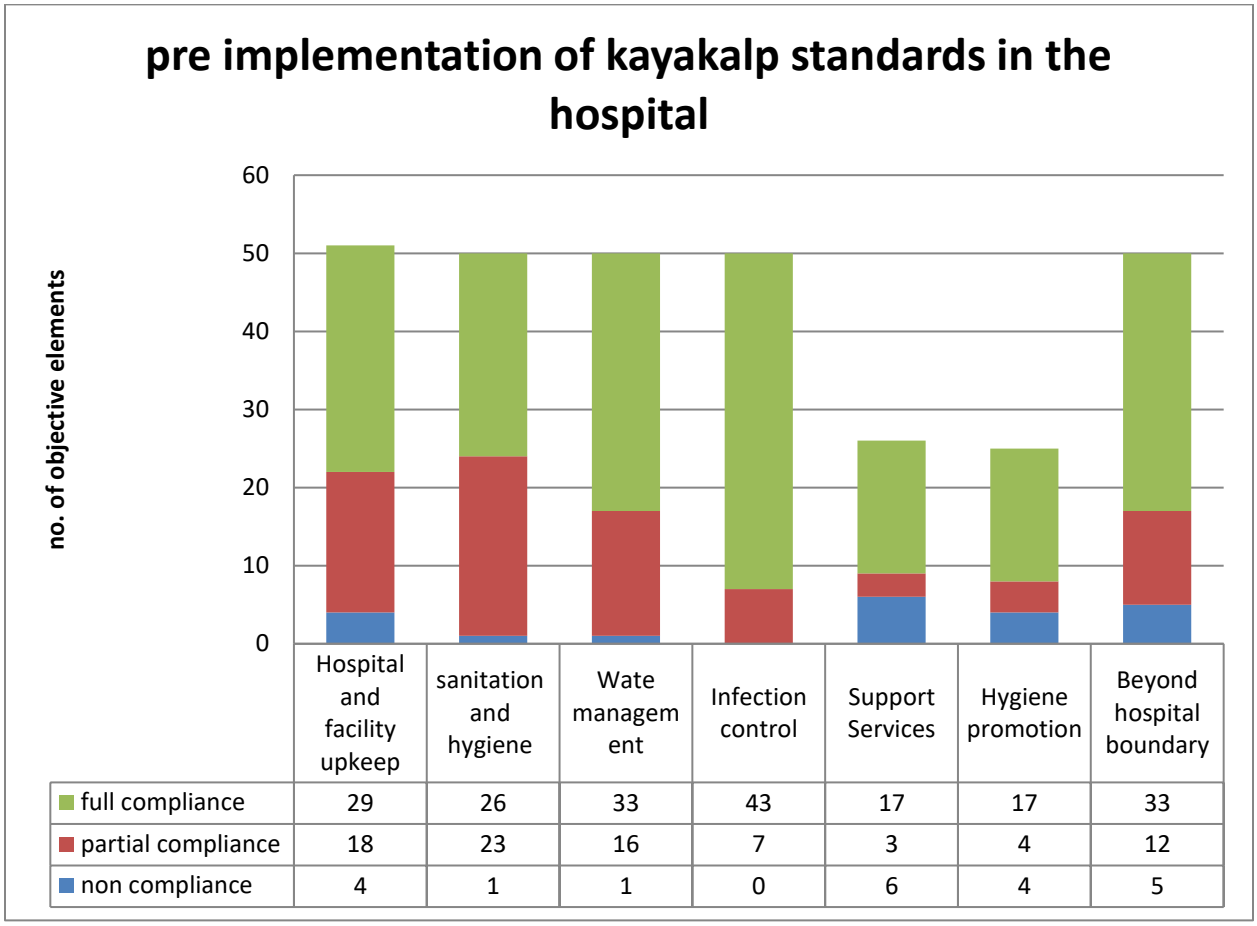
Training of staff on quality tools.

IEC material displayed in the hospital

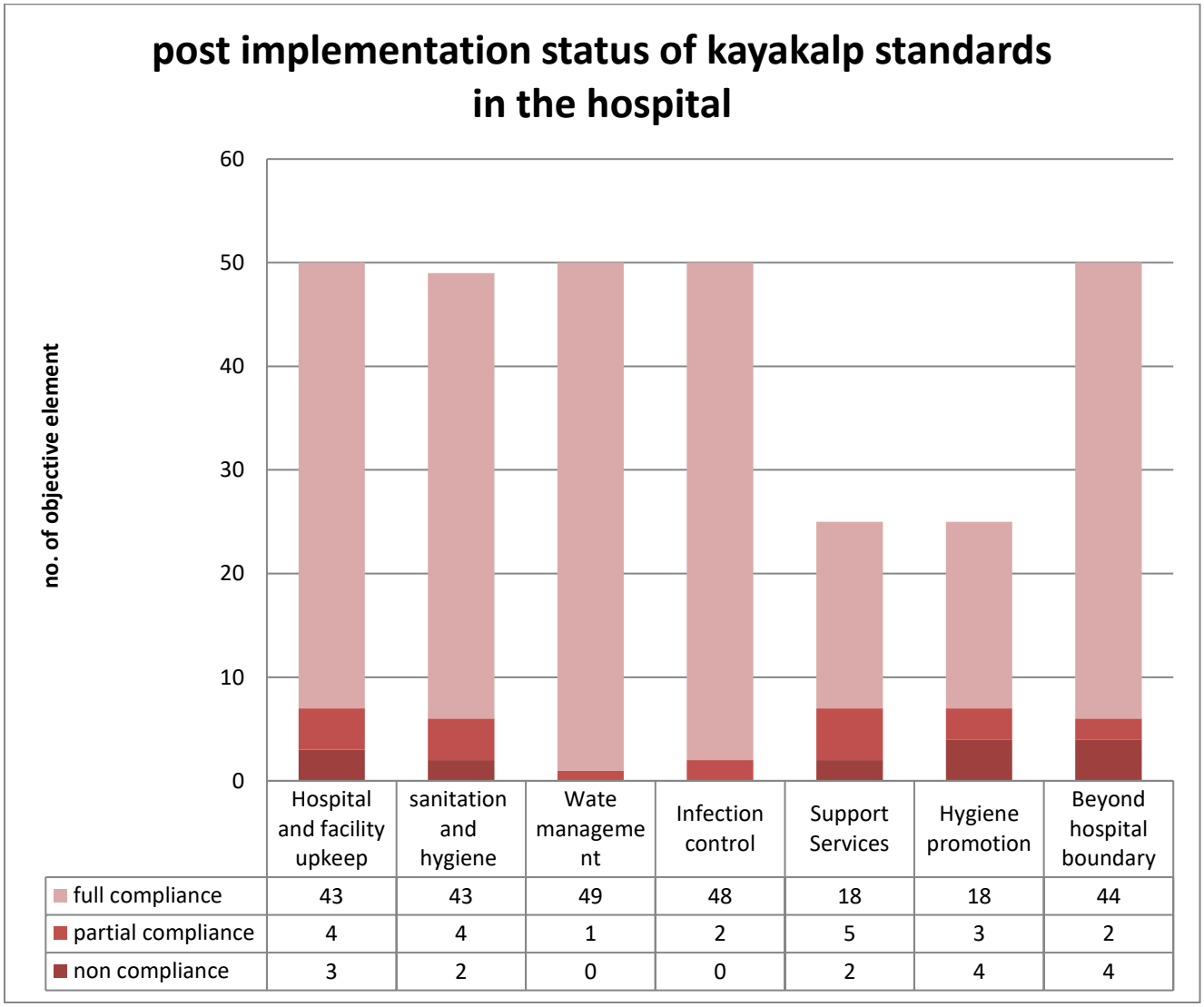


Maintainece of the checklist





The above figure represents the number of objective elements of each standard falling into the category of compliance, non-compliance and partial compliance with Kayakalp standards before implementing of action plan.



The above graph represents the number of objective element falling into the standard category of full compliance, partial compliance, and non-compliance with kayakalp standards after implementation of action plan.

Comparison between scores and percentage

s.no	Standards	Score(before)	Score (after)
1.	Hospital/facility upkeep	82	90
2.	Sanitation and hygiene	80	88
3.	Waste management	80	84
4.	Infection control	80	86
5.	Support services	38	40
6.	Hygiene promotion	35	41
7.	Beyond hospital boundary	38	41
	Total score obtained	433	470
	Maximum score	600	600
	Percentage	72%	80%

Interpretation from the above table

Overall score raised from 72% to 80%

Standard A: - score is raised from 82 to 90

- Maintenance has been taken for mosquito free environment and maitainence of the greenery of the hospital.
- Maintenance of leaking taps.

Standard B :- score is raised from 80 to 88

- Checklist for monitoring the effectiveness of housekeeping services.
- Periodic training to staff regarding general housekeeping and BMW waste management
- Adherence to hand hygiene guidelines and display of IEC material as various points of use
- Adherence to cleaning, disinfection and sterilization practices
- Adequate and appropriate facilities for hand washing in all patient care areas accessible to healthcare providers and patients.

Standard C:- Score is raised from 80 to 84

- Proper IEC material to be displayed at various BMW collection points are numbering of points.
- A proper BMW storage room with lock and key and biohazard sign display on the door.
- Septic tanks/Double sinks for treatment of liquid waste
- To get proper authorization for BMW management from state pollution control board

Standard D :- Score is raised from 80 to 86

- Formation of infection control committee
- Infection control nurse to be made
- The management makes available resources required for infection control program
- Training and display of 6 steps of hand washing at various point of use The management makes available resources required for infection control program

Standard E :- Score is raised from 38 to 40

- Availability of water at all point of use
- Appointment of security guards at critical location
- Proper record maintaining the adherence to linen and laundry management process

Standard F. - Score is raised from 35 to 41

- Involvement of local NGO's on cleanliness of hospitals
- IEC material regarding sanitation and hygiene material to be displayed at various points in the hospital
- Designation of dress code for housekeeping staff

Standard G :- Score is raised from 38% to 41%

- Community awareness by organizing physical activities
- The facility coordinates with other department for improving sanitation and hygiene in the surroundings
- To supervise and monitor activities related to cleanliness, sanitation, and hygiene in surrounding area
- Area around the facility is clean, neat and tidy
- Surroundings areas are well maintained

ANNEXURE

	HOSPITAL/FACILITY UPKEEP		
A1.	**PEST AND ANIMAL CONTROL**		
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.
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
A1.3	Pest Control Measures are 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 a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets c. Wire Mesh in windows d. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled e. No water collection for mosquito breeding within the premises
A2	**Landscaping & Gardening**		

A2.1	Facility's front area is landscaped	OB	Frontage 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	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants
A3	**Maintenance of Open Areas**		
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.
A 3.3	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	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas
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.
A4	**Hospital / Facility Appearance**		

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.
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 signage system in the Hospital	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme.
A 4.5	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.
A5	**Infrastructure Maintenance**		
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. Wall is painted in uniform colour
A.5.5	Hospital has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically

A6	**Illumination**		
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.
A6.2	Adequate illumination in Indoor Areas	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at Nursing station and 100 Lux in the wards
A6.3	Adequate illumination in Procedure Areas (Labour Room/ OT)	OB	Check for Adequate lighting arrangements The illumination should be 300 Lux in procedure areas. Toilets should have at least 100 lux light.
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated
A6.5	Use of energy efficient bulbs	OB	Check that hospital uses energy efficient bulb like CFL or LED for lighting purpose within the Hospital Premises
A7	**Maintenance of Furniture & Fixture**		
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	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.
A8	**Removal of Junk Material**		
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 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
A8.5	Hospital has documented and implemented Condemnation policy	SI/RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it
A9	**Water Conservation**		
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns
A9.3	There is a system of periodical inspection for water wastage	OB	Check if staff have been assigned duty for periodical inspection of leaking taps, etc.
A9.4	Hospital promotes water conservation	SI/OB	Check if IEC material is displayed for water conservation, and staff & users are made aware of its importance

A 9.5	Hospital has a functional rain water harvesting system	OB/SI	Check if Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity
A10	**Work Place Management**		
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, work bench, 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	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner. The place has been demarcated for keeping different articles
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, 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
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.5's')

B	**SANITATION AND HYGIENE**		
B1.	**CLEANLINESS OF CIRCULATION AREA**		
B1.1	No dirt/Grease/Stains 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.
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
B2	**Cleanliness of Wards**		
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
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

B3	**Cleanliness of Procedure Areas**		
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, 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.
B4	**Cleanliness of Ambulatory Area (OPD, Emergency, Lab)**		
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	Observe and ask the staff about frequency for cleaning
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records
B5	**Cleanliness of Auxiliary Areas**		

B5.1	No dirt/Grease/ Stains/ Garbage in Auxiliary Area	OB	Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, for any visible or tangible dirt, grease, stains, etc.
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.
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
B6	**Cleanliness of Toilets**		
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	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation
B7	**Use of standards materials and Equipment for Cleaning**		

B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records.
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 Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts.
B7.5	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement. Hospital with a size of more than 300 beds should have mechanized mopping machine.
B8	**Use of Standard Methods Cleaning**		
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process
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.

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.
B9	**Monitoring of Cleanliness Activities**		
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month
B9.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. 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 Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist.

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.
B10.	**Drainage and Sewage Management**		
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 of water or debris in it
B10.3	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises.
B10.4	No blocked/ over-flowing 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.
C	**Waste Management**		
C1	**Implementation of Biomedical Waste Rules 2016**		
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes in the rule vis~a~vis Biomedical Waste Rule 1998.	SI/OB	A copy of the Biomedical waste management rules is available at the facility.

C1.2	The facility has implemented Biomedical Waste Rules	OB/SI/RR	Interview the concerned personnel and verify following actions - a. Change in colour scheme b. Linkage with CWTF, if located within 75 kms OR Approval for Deep Burial pit c. 'On-site' pre-treatment of laboratory waste before handing over to the CTF Operator
C1.3	The facility has started undertaking actions, which are to be complied by March 2017	SI/RR	Please 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 by March 2018	SI/RR	Please check the records and interview the personnel to ascertain that the hospital has started actions for followings - a. Procurement of Non-chlorinated bags b. Development of Website and uploading of Annual Report c. Actions for meeting emission standards as given in BMW Rules 2016.
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
C2	**Segregated Collection and Transportation of Biomedical Waste**		
C2.1	Segregation of BMW is done as per BMW management rule,2016	OB/SI	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 point of use.
C2.3	The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CWTF 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.
C3	**Sharp Management**		
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is pre-treated either with 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave,
C.3.2	Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016	OB/SI/ RR	Verify that all glassware is stored in a Cardboard with Blue coloured marking and later sent for recycling
C3.3	The Staff uses needle cutters for cutting/burning the syringe hub	OB/SI	Observe that needle cutters are available at every point of waste generation and also being used
C.3.4	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.

C3.4	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
C4	**Storage of Biomedical Waste**		
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 CWTF vehicle to reach the storage area un-hindrance. The storage area does not pose any threat to patients, indoor & outdoor both.
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
C5	**Disposal of Biomedical waste**		

C5.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF 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
C5.2	Recyclable waste is disposed as per procedure given in the BMW 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. Alternatively it can also be sent for energy recovery or road construction. Ascertain that waste is never sent for incineration or land-fill site.
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Rules 2016	OB/RR	Located away from the main building and water source, A pit or trench should be approx. 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 CTF, then a deep burial pit is not required.(Give Full Compliance)
C5.4	Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration.

C5.5	Discarded / contaminated linen is disposed as per procedure given in the BMW Rules 2016	OB/SI/RR	Check that discarded linen, mattresses & bedding contaminated with blood or body fluid is subjected to disinfection by non-chlorinated disinfection (e.g. Hydrogen Peroxide) followed by incineration. Alternatively it can be shredded or mutilated.
C6	**Management Hazardous Waste**		
C6.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management
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.)
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	SI	Should not be drained in sewage untreated
C6.3	Disposal of Lab reagents	SI/RR	As per instructions of the manufacturer
C7	**Solid General Waste Management**		
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, Cafeteria
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

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.
C8	**Liquid Waste Management**		
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	Check the availability of ETP or a system for treatment with Chlorine Solution
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.
C9	**Equipment and Supplies for Bio Medical Waste Management**		
C9.1	Availability of Bins and liners for segregated collection of waste at point of use	OB/SI/ RR	One set of bins and liners of appropriate size at each point of generation for Biomedical and General waste and its supply record
C9.2	Availability of Needle/ Hub 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	Please look at availability of PPE (cap, mask, gloves, boots, goggles) for waste handlers and its supply record
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
C10	**Statuary Compliances**		
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 - a. Office order for constitution of committee or its review by existing committee - Quality Committee/ infection control committee b. Frequency of committee meetings - at least 6 monthly c. 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

D	**Infection Control**		
D1	**Hand Hygiene**		
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 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	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 moments of hand washing).
D2	**Personal Protective Equipment (PPE)**		

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
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.
D3	**Personal Protective Practices**		
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
D4	**Decontamination and Cleaning of Instruments**		

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
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)
D5	**Disinfection & Sterilization of Instruments**		
D5.1	Adherence to Protocols for autoclaving	SI/OB	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) Linen - 121 C, 15 Pound for 30 Minutes
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling or Chlorine 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.
D6	**Spill Management**		
D6.1	Staff is aware of how manage 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
D7	**Isolation and Barrier Nursing**		
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	A distance of 3.5 Foot is maintained between two beds in wards
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.
D8	**Infection Control Program**		
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting

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	Hospital staff has been immunized against Hepatitis B
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
D9	**Hospital Acquired Infection Surveillance**		
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
D10	**Environment Control**		
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 availability of air conditioner
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily

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.
E	**SUPPORT SERVICES**		
E1	**Laundry Services & Linen Management**		
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
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI/PI	Observe the condition of linen in use in the wards, Accident & Emergency Department, other patient care area, etc.
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily. Please interview the patients as well.
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how is the soiled linen handled at the facility. It should be removed immediately and sluiced and disinfected immediately
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition
E2	**Water Sanitation**		
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply). or the 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	The hospital should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.
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.

E3	**Kitchen Services**		
E3.1	Hospital kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Hospital kitchen is functional in a separate building 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 smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen.
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	OB	Check that adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils.
E4	**Security Services**		
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-authorised 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.
E5	**Out-sourced Services Management**		
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Please check contract document of all out-sourced services
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	Look for the penalty clause in the contract and how often it has been used
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
F	**Hygiene Promotion**		
F1	**Community Monitoring & Patient Participation**		
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	SI/RR	Check if there is a feedback system for the patients. Verify the records
F2	**Information Education and Communication**		
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 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 is 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.
F3	**Leadership and Team work**		
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities
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
F4	**Training and Capacity Building and Standardization**		
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if training need assessment has been done
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records

F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users
F5	**Staff Hygiene and Dress Code**		
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented
F5.2	Nursing staff adhere to designated dress code	OB	Observation
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

Ref. No.	Criteria	Assessment Method	Means of Verification
	Beyond Hospital Boundary		
G1	**Promotion of Swachhata in surrounding area**		
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 ''Swachh Bharat Abhiyan'' and ''Kayakalp''.

G1.2	Implementation of IEC activities related to ' Swachh Bharat Abhiyan'	OB/RR/SI	Advertisement in news-papers/ electronic media, distribution of booklets/ pamphlets, posters/wall writing for promotion of use of toilets, hand washing, safe drinking water and tree plantation, etc.
G1.3	Community awareness by organising physical activities	RR/SI	Like rally, marathon, Swachhata walk, human Chain, etc.

G1.4	Community awareness by organising cultural programs	RR/SI	Like street plays/Nukar Natak/ folk arts/folk-music, etc.
G1.5	Community awareness through competition and rewards	RR/SI	Like essay writing/poem/slogan writing/painting etc.
G2	**Coordination with local Institutions**		
G2.1	The Facility coordinates with the local Municipal corporation/ PRI for improving the sanitation and hygiene	SI/RR	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.
G2.2	The Facility has linkage with Local NGOs, who work in the area of water, sanitation and hygiene	SI/RR	Check for evidence of coordination with NGOs for improving sanitation and hygiene in the vicinity of the facility. Also look at collaborative action for maintenance of Public Conveniences, etc.
G2.3	The Facility coordinates with nearby market welfare associations, Resident Welfare associations, etc. for improving & maintaining sanitation and hygiene in surrounding area	SI/RR	Look for evidence of collective action such as cleaning of drains, Swachhata Pakhwara, maintenance of parking space, orderly arrangement of hawkers (outside the facility), removing cattle nuisance, etc.

G2.4	The Facility coordinates with nearby schools & colleges, National Service Scheme, NSG (National Scouts and Guides), NCC (National Cadet Core), etc. for promotion of hygiene & sanitation	SI/RR	Look for evidence of collective action such as cleaning of drains, Swachhata Pakhwara, IEC Campaign, Plantations drive, etc. in near vicinity of the health facility
G2.5	The Facility coordinates with other Department 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
G3	**Alternative Financing and support Mechanism**		
G3.1	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
G3.2	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.
G3.3	The Facility endeavours to attract support from the local support	RR/SI	Look for evidence that local leaders such as MPs, MLAs, Municipal counsellors, Panchayat members, individual donations, etc. have supported the health facility in its cleanliness drive efforts either in cash or in kind.

G3.4	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.
G3.5	Facility coordinate with local school/ college	RR/SI	Look for evidence that local School/College has implemented 'Swachh Bharat-Swachh Vidyalaya' initiative through coordinated efforts
G4	**Leadership & Governance in Surrounding area**		
G4.1	Surrounding area is declared Open Defecation Free	SI/RR	Check district/ward/block is declared ODF
G4.2	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.
G4.3	Promotion of water conservation	OB	Self-closing taps in drinking water area are in use; Evidence of IEC on water conservation
G4.4	Measure to control air pollution in surrounding area	OB/PI	Check for any poisonous pollutant emitting establishments, chimneys, etc. in near vicinity
G4.5	Measure to control noise pollution in Surrounding area	OB/PI	Check for presence of noise causing factories, highway, etc. in the vicinity of the facility and installation of noise reduction measure
G5	**Approach Road to Health facility**		

G5.1	On the way signage's are available	OB	Check for directional signage with name of the facility on the approach road.
G5.2	No unauthorised encroachments alongside of approach road	OB/SI	Check for any unauthorised encroachment/vendors/ shops alongside the approach road.
G5.3	Approach roads are even and free from pot-holes	OB/SI	Check that approach roads are clean and free from pot-holes, water stagnation
G5.4	Approach roads are wide enough for smooth traffic flow	OB/SI/PI	Free to-and-fro movements of ambulances and other hospital vehicles
G5.5	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.
G6	**Cleanliness of Surrounding areas**		
G6.1	Area around the Facility is clean, neat & tidy	OB	Check for any litter/garbage/refuse in the surrounding area
G6.2	No water logging in surrounding area.	OB	Check for evidences of water accumulation or any potential mosquito breeding place
G6.3	All drains and sewer are covered.	OB	Check for open manhole and overflowing drains.
G6.4	Footpaths and pavements are clean	OB	Check for dust, garbage, outgrown weeds, moss on footpaths and pavements.
G6.5	Exterior of hospital boundary wall is painted and maintained	OB	Exterior of boundary wall is clean and of uniformed colour. No unwanted posters on exterior of hospital boundary wall.
G7	**Public Amenities in Surrounding Area**		
G7.1	Availability of Public toilets in surrounding Area	OB	Check for separate toilets for male and female and they are conveniently located and clean.

G7.2	Availability of urinals in surrounding area	OB	Check that urinals are conveniently located and they are clean
G7.3	Public toilets & urinal in surrounding areas are clean	OB	Check for regular water supply, dry floor and no foul smell from toilets.
G7.4	Presence of safe drinking water facility outside the health facility	OB	Check for its presence & functionality and safety & potability of water.
G7.5	Availability of adequate parking stand	OB/SI	Check for parking stand for auto/ rickshaw/taxi etc., and they are not parked haphazardly.
G8	**Aesthetics of Surrounding area**		
G8.1	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.
G8.2	There are no stray animals in surrounding area	OB/SI	Observe for the presence of stray animals such as pigs, dogs, cattle, etc.
G8.3	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are well illuminated with street lights
G8.4	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.
G8.5	No loose hanging wires in and around the bill-boards, electric poles, etc	OB	Check for any loose hanging wires
G9	**General Waste Management in surrounding**		
G9.1	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

G9.2	Segregation of general waste is done	OB	Check content of recyclable and Biodegradable bins to ascertain their usage
G5.3	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.
G5.4	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.
G5.5	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.
G10	**Maintenance of Surrounding Area**		
G10.1	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas
G10.2	Vector control measures are taken for disease prevention.	RR/SI	Regular fogging, DDT Spray, Gambusia (mosquito fish) in ponds and other water bodies.
G10.3	Regular cleaning of drains	RR/SI	At least twice in a year and before onset of monsoon.
G10.4	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.
G10.5	Periodic cleaning of dust bins and garbage storage area	OB/SI/RR	Check for condition of dust bins (breakage, foul smell) and garbage storage area (covered, no stray animals)