Study on Impact Evaluation of Implementation of Kayakalp: Swachhta Guidelines at Lord Mahavira Civil Hospital, Ludhiana

By

Sinia Bhardwaj

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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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 Dr. Sinia Bhardwaj student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at Punjab Health Systems Corporation – Lord Mahavira Civil Hospital, Ludhiana from February1, 2018 to April 30, 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.

14-5-2018

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No. PHSC/QA/18/ 1591 Dated 1.5.18

TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Sinia Bhardwaj 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

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "A Study on Impact Evaluation of Implementation of Kayakalp Swacchta guidelines at Lord Mahavira Civil hospital,Ludhiana"

Signature of student

ACKNOWLEDGEMENT

I owe a great debt to all professionals at **Punjab Health Systems Corporation and Lord Mahavira Civil Hospital Ludhiana** for generously sharing their knowledge and time, which inspired me to do my best during this project study.

My heartfelt gratitude to **Dr. Parvinder Pal Kaur** (Assistant Director- PHSC)**,Dr. Beant Kaur (DMC- Ludhiana)** and **Dr. Geeta (** SMO LMCH) for showing their keen interest in the study and for sharing their views in spite of their very busy schedule. It has been my privilege to work under their dynamic supervision at the Hospital.

I am extremely grateful to my mentors at the organization, **Dr. Hitinder Kaur** (SMO-MCH) and **Dr.Seema Chopra** (Hospital Nodal Officer-Quality Assurance and Kayakalp**)**) for the constant support and encouragement. This study would not have been possible without her support.
I express my warm veneration towards the hospital clinical as well as support staff, for their valuable guidance throughout the entire course of study to its completion.

My sincere gratitude to **Dr. Ashok Kaushik** (Dean-Academics, IIHMR, Jaipur) for his relentless support and guidance. My regards go to my guide at institute **Mr. S.P. Chattopadhyay** for his very helpful attitude and valuable suggestions.

I would like to express my heartless thanks to my parents for their moral support, which always inspires me to perform best. And finally credit goes to all my friends' colleagues who helped me in this study.
Sincerely

Sincerely,
Dr. Sinia Bhardwaj
MBA-HM (2016-2018)

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LIST OF ABBREVIATIONS

MOHFW	Ministry Of Health and Family Welfare
GOI	Government of India
DH	District Hospital
SDH	Sub Divisional Hospital
CHC	Community Health Centre
PHC	Primary Healthy Centre
UPHC	Urban Primary Health Centre
NHM	National Health Mission
NRHM	National Rural Healthy Mission
NUHM	National Urban Health Mission
PHSC	Punjab Health Systems Corporation
NHSRC	National Health Systems Resource Centre

PROJECT TITLE: "A STUDY ON IMPACT EVALUATION OF IMPLEMENTATION OF KAYAKALP: SWACCHTA GUIDELINES AT LORD MAHAVIRA CIVIL HOSPITAL, LUDHIANA"

I .INTRODUCTION

Swachh Bharat Abhiyaan was introduced by the Prime Minister of India on October 2, 2014 to encourage cleanliness in public places. For health facilities, cleanliness and hygiene play a vital role not only by preventing spread of infection but a positive experience for the patients and the visitors.

Keeping this in view, MOHFW, GOI launched KAYAKALPo n May 15, 2015 to promote cleanliness and augment the quality of public healthcare facilities.

Kayakalp-Swacchta guidelines have been issued by MOHFW along with the award scheme to serve as an encouraging factor for the public healthcare facilities.

Objective of the award scheme

- To promote cleanliness, hygiene and Infection Control Practices in Public Health Care Facilities.
- To give incentives and recognition to the public healthcare facilities that show exemplary performance
- To build a culture of ongoing assessment and peer review

KAYAKALP ASSESSMENT PROCESS

The assessment process for Kayakalp ranking involves four steps:

1. **Preliminary Internal Assessment**
    - Scoring Done by hospital staff
    - Gaps are found
    - Gaps fulfillment is done

2. Final Internal Assessment

- Scoring done by the same team

3. Peer Assessment

- The facilities are assessed by the other hospital teams from the district and the scoring is done

4. External Assessment

- Only the facilities obtaining 70% in peer assessment, qualify for this step
- Done by a team of experts nominated by the State

After these four steps, the facilities are ranked on the basis of scores obtained in external assessment and the ones obtaining maximum scores are declared the winners and awarded accordingly.

Apart from these, all the facilities scoring above 70% in external assessment are given Rupees 3 Lakhs and a motivational Certificate of Commendation.

Award Scheme

Figure 1

Criteria to apply for the scheme

- Infection Control Committee has been constituted in the facility
- A mechanism of periodic internal/peer assessments
- 70% score in peer assessment

AWARD INCENTIVES

Facilities	Award prize	Commendation
District Hospitals	First Position – Rupees 50 Lacs Second Position- Rupees 20 Lacs	Rupees 3 lacs
CHC & SDH	First Position- Rupees 15 Lacs Second Position- Rupees 10 Lacs	Rupees 1 lac
PHC	Rupees 2 lacs	Rupees 50,000

Table 1

SCORING OF THE CHECKLIST

REFERENCE NO.	CRITERIA	WEIGHTAGE
A to G		**600**
A	**HOSPITAL UPKEEP**	**100**
A1	Pest and animal control	10
A2	Landscaping & Gardening	10
A3	Maintenance of open areas	10
A4	Facility appearance	10
A5	Infrastructure maintenance	10
A6	Illumination	10
A7	Maintenance of Furniture & fixture	10
A8	Removal of Junk Material	10
A9	Water conservation	10
A10	Work place management	10
B	**SANITATION AND HYGIENE**	**100**
B1	Cleanliness of circulation area	10
B2	Cleanliness of wards	10
B3	Cleanliness of Procedure areas	10
B4	Cleanliness of Ambulatory areas	10
B5	Cleanliness of Auxiliary areas	10
B6	Cleanliness of Toilets	10
B7	Use of standard materials and equipments for cleaning	10
B8	Use of standard methods of cleaning	10

B9	Monitoring of cleanliness activities	10
B10	Drainage and sewage management	10
C	**WASTE MANAGEMENT**	**100**
C1	Segregation of Biomedical Waste	10
C2	Collection and transportation of Biomedical waste	10
C3	Sharp management	10
C4	Storage of Biomedical waste	10
C5	Disposal of biomedical waste	10
C6	Management of hazardous waste	10
C7	Solid general waste management	10
C8	Liquid waste management	10
C9	Equipments and supplies for biomedical waste management	10
C10	Statuary compliances	10
D	**INFECTION CONTROL**	**100**
D1	Hand hygiene	10
D2	Personal Protective Equipment	10
D3	Personal Protective Practices	10
D4	Decontamination and cleaning of instruments	10
D5	Disinfection and sterilisation of instruments	10
D6	Spill management	10
D7	Isolation and barrier nursing	10
D8	Infection control Program	10
D9	Hospital Acquired Infection Surveillance	10
D10	Environment Control	10

E	**HOSPITAL SUPPORT SERVICES**	**50**
E1	Laundry and linen management	10
E2	Water Sanitation	10
E3	Kitchen services	10
E4	Security services	10
E5	Outsourced services management	10
F	**HYGIENE PROMOTION**	**50**
F1	Community monitoring and patient participation	10
F2	Information, Education and Communication	10
F3	Leadership and team work	10
F4	Training and capacity building	10
F5	Staff hygiene and dress code	10
G	**BEYOND HOSPITAL BOUNDARY**	**100**
G1	Promotion of swacchta in surrounding areas	10
G2	Coordination with local institutions	**10**
G3	Alternative financing and support mechanism	10
G4	Leadership and governance in surrounding areas	10
G5	Approach road to health facility	10
G6	Cleanliness of surrounding areas	10
G7	Public amenities in surrounding areas	10
G8	Aesthetics of surrounding area	10
G9	General waste management in surrounding areas	10
G10	Maintenance of Surrounding area	10

Table 2

Institutional framework for implementation of Kayakalp

1. **National Level**
   The National Committee is chairpersoned by the MD to amke any decisions from time to time.
2. **State Level**
   State Level Award Committee ia constituted under the ChairmanshiP Of Mission Director, NHM
   The committee constitutes of :
   - Assistant Director Quality Assurance and Kayakalp
   - Officers from SQAC
   - Medical superintendents of Medical Colleges and Hospitals
   - Representatives from Public Engineering Department
   - Representatives from Pollution control Board
   - Representatives from Water and Sanitation Department
   - Representatives from NGOs

External Assessment Team

Each team will consist of 3 members, one of them would be independent i.e. not from the government

- State Program Officers
- Trained Internal and External assessors for NQAS (The External assessors are trained by NHSRC)
- Faculty from Medical Colleges and Hospitals
- Retires Senior Health Officials

3. **District Level Nomination Committee**
    - Civil Surgeon
    - Deputy Medical Commissioner
    - Senior Medical Officers
    - District Program Officers
    - District Nodal Officer
    - Assistant Hospital Administrator

4. **Facility Level Team**
    - Senior Medical Officer
    - Incharge OT
    - Incharge Obstetrics and Gynaecology
    - Incharge Anaesthesiologist
    - Hospital Administrator
    - Incharge Nursing
    - Incharge Lab
    - Incharge Transport
    - Incharge Store
    - Incharge Records

AWARD DECLARATION

- Awards distributed at a State Level Ceremony
- 75% cash award will go to Rogi Kalyan Samities for investments in improving the amenities.
- 25% of the cash award to the facility team as incentives
- The State will provide the budget for this under their PIP(Program Implementation Plan)

II. OBJECTIVES

General

To implement Kayakalp- Swacchta guidelines in District Hospital Ludhiana and study the impact of implementation of the guidelines on Cleanliness, hygiene, waste management and infection control practices in the hospital and the cleanliness practices beyond the hospital boundary.

Specific

- To do the gap closures according to the initial assessment and achieve more than 75% score in order to be able to achieve good scores in peer assessment(more than 70%) and qualify for the external assessment
- To recommend strategies for improving the level of cleanliness in the hospital and beyond its boundary.

III. LITERATURE REVIEW

Kayakalp: Impact of Swachh Bharat Abhiyan on cleanliness, infection control & hygiene promotion practices in District Hospitals ,Chhattisgarh

Dr Apurva Tiwari , Ankita Tiwari

Cleanliness and hygine practices in healthcare set ups are important factors while judging the quality of services provided by them. Such Practices had always been a setback in paradigm of public healthcare

Kayakalp has proved to be a boon in up gradation of public hospitals in terms of cleanliness , hygiene & infection Control practices in state of Chhattisgarh .Kayakalp census 2015-16 clearly highlights the impact of this incentivized approach creating a competitive clean culture in public hospitals which was once considered as a distant milestone to achieve

Assessment of Swacchta Guidelines Implementation at Government District Teaching Hospital, Kodagu District, Karnataka State using KAYAKALP Assessment Tool

Shivaraj B Mallappa, Parvathy T Somaiah

Action plan for financial and non financial areas needs work out. Non financial areas can be improved by implementing the guidelines strictly. Active participation of staff and public can improve the health facility.

Baseline and Impact Assessment of Interventions on Cleanliness, Hygiene and Sanitation Practices in Sub-District Hospital, Rajpura

Dr. Babandeep kaur

The study design was pre-test and post-test study. The data was collected from direct observation, staff interview, patient/relative interview and record review which was recorded in checklist of Kayakalp for public health facilities in Civil Hospital Rajpura, Punjab. Further after assessing the gaps, second assessment was done after implementation of action plans.

Results of the above analysis suggested that initially the average score for the hospital came out to be 67.0% and then after the implementation of the action plan it was observed that the score increased to 79.0% at the end of 3 months.

Kayakalp - Swacchta Guidelines for Public Health Facilities,MOHFW,GOI

Ministry of Health And Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment.

Kayakalp-swachh-swasth-sarvatra, MOHFW, GOI

The scheme is intended to encourage and incentivize Public Health Facilities (PHFs) in the country to demonstrate their commitment for cleanliness, hygiene and infection control practices.

. The objectives of the award scheme isto inculcate a culture of ongoing assessment and peer review of performance related to hygiene, to incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control, cleanliness and sanitation, to create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

IV.STUDY METHODOLOGY

The study was carried at Lord Mahavira Civil Hospital, Ludhiana from February 1, 2018 to April 30, 2018.

District Hospital Ludhiana caters to around 7000 Outpatient load, 4000 Inpatient load and 800 deliveries a month. Cleanliness was a major concern in the hospital due to huge rush daily. Thus Kayakalp was implemented with the aim of improving cleanliness and overall sanitation of the hospital .

The implementation of Kayakalp guidelines was also done during the year 2017 also but due to inadequate efforts put in (due to absence of any administrator to look upon the process), the score was just 42% so the implementation was done again this in order to improve the Kayakalp scores above 70% and qualify for external assessment.

- Study area –Lord Mahavira Civil Hospital , Ludhiana.
- Study design – Observational Study
- Data Collection– Direct Observation, Record Review and Interview(Staff, patient and patient attendants)
- Data analysis – Using Microsoft Excel.
- Duration of Study**:** 3 months
- PARAMETERS ASSESSED

The parameters on which the performance of the facility would be judged are as follows:

1. Hospital/Facility Upkeep
2. Sanitation and hygiene
3. Waste Management
4. Infection control
5. Support Services
6. Hygiene Promotion

Data Collection Method :- Qualitative& Quantitative data collected through survey questionnaire, record and personal interview of the staff, patients as well attendents.

1. Collection through direct observations.
2. Interacting with the patients or the attendants of the patients of this hospital.
3. Interacting with the staff of this hospital
4. Information obtained through Hospital records.
5. Information gathered through internet.

Scale for rating responses

- 2 Marks for Full Compliance
- 1 Mark For Partial Compliance
- 0 Mark for Nil Compliance

Source of Information for secondary data

- Feedback forms
- Various Hospital records
- Previous study report if any

PRELIMINARY INTERNAL ASSESSMENT

This was the first assessment done from February 5,2018 to February 28, 2018

Data interpretation and results (From First assessment)

- Total Score after First Assessment : 52.7%
- Score for hospital upkeep : 38%
- Score for sanitation and hygiene : 48%
- Score for waste management : 92%
- Score for infection control : 52%
- Score for Support services : 72%
- Score for hygiene promotion : 26%
- Score for cleanliness beyond hospital boundary : 37%

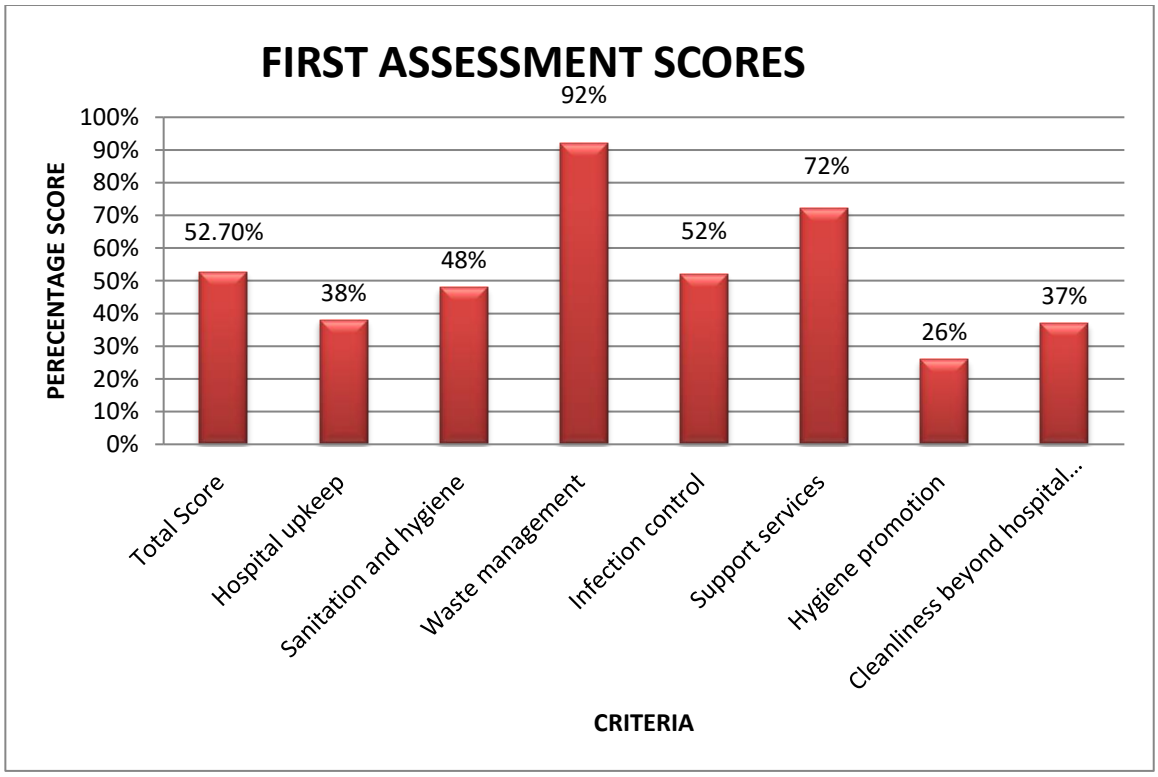

Figure 2

PRIORITY AREAS

Defined in the order in which improvements are needed to be made

The areas which require major improvement to achieve 70% score are (**PRIORITY A**)

1. Hygiene Promotion
2. Cleanliness beyond hospital boundary
3. Hospital upkeep

The areas which require some improvements to achieve 70% score are (**PRIORITY B)**

1. Sanitation and hygiene
2. Infection control

The areas which donot require any further interventions (**PRIORITY C**)

1. Support services
2. Waste Management

GRAPH SHOWING SCORES OF HYGIENE PROMOTION AS PER PRELIMINARY ASSESSMENT

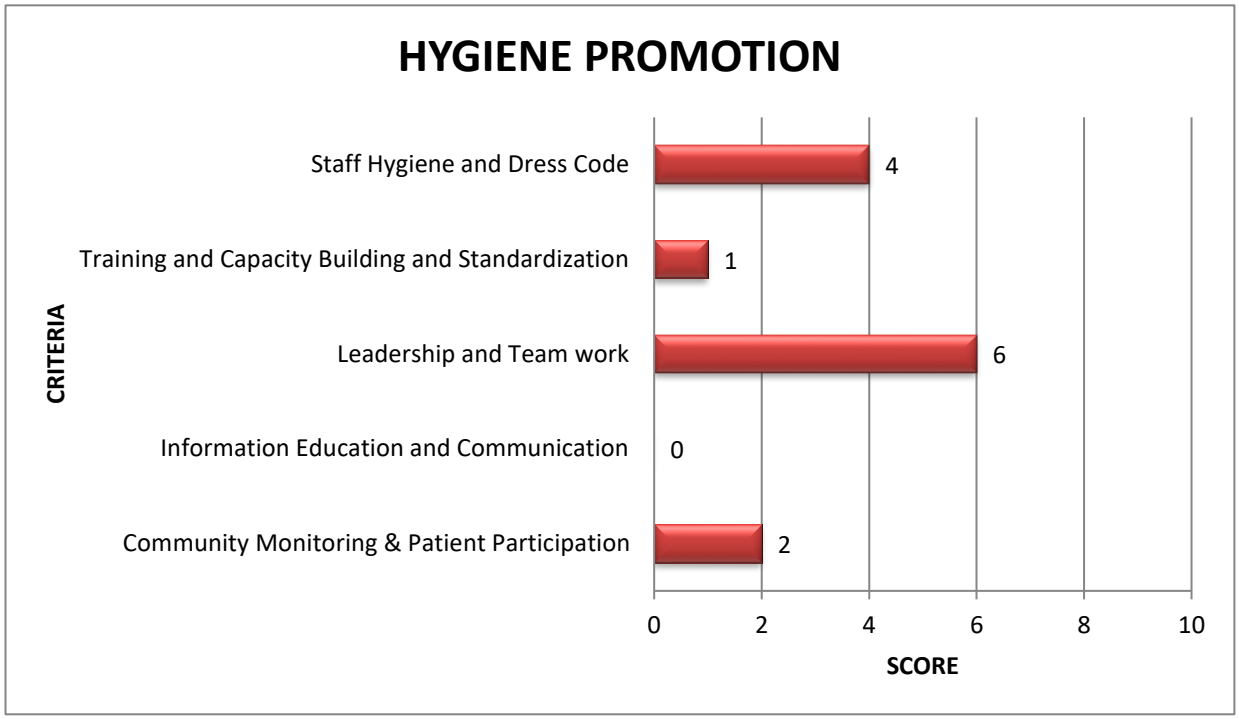

Figure 3

Major Gaps found w.r.t Hygiene Promotion

- IEC material for hygiene promotion is not displayed at points of use.
- Staff training w.r.t. Infection control measures, Hand washing methods, Moments of hand washing etc. and maintaining training records
- Active Participation of community and Rogi kalyan Samiti members for maintaining and monitoring the cleanliness in the hospital premises.
- Patient education w.r.t. their roles and responsibilities regarding cleanliness
- Defined Grievance Redressal Mechanism and display of IEC related to it.
- Constitution and effective operationalisation of Infection control committee.

GRAPH SHOWING SCORES OF CLEANLINESS BEYOND HOSPITAL BOUNDARY AS PER PRELIMINARY ASSESSMENT

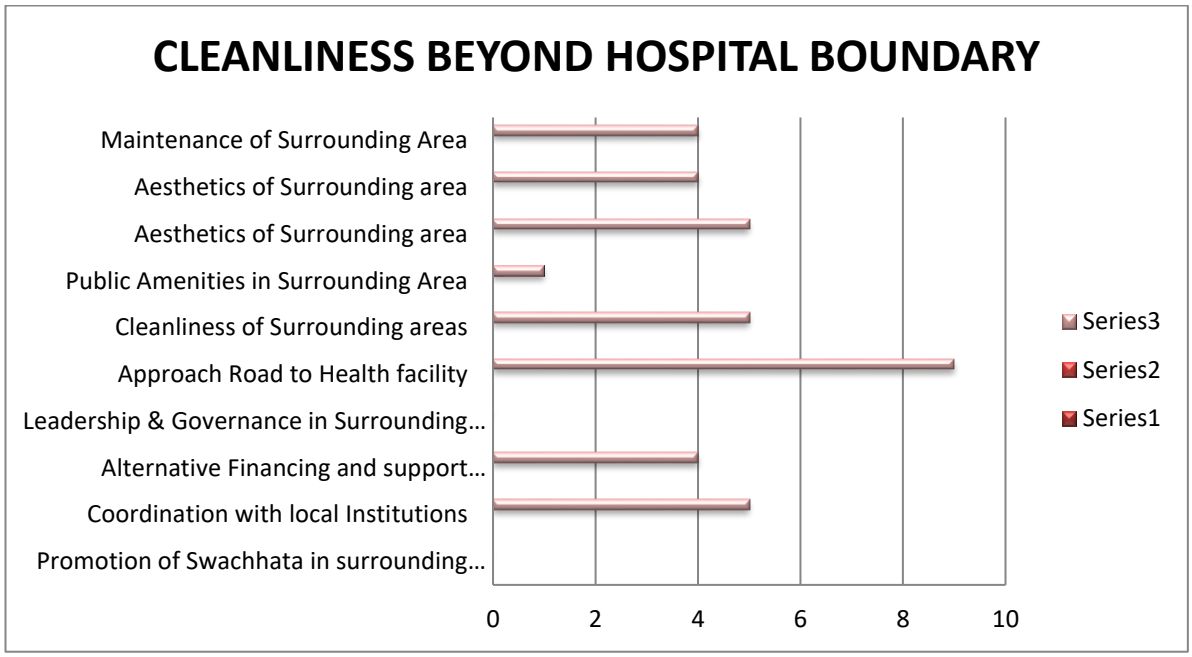

Figure 4

Major Gaps w.r.t. Cleanliness Beyond Hospital Boundary

- Lack of community awareness activities for maintaining cleanliness
- Swacchta Pakhwadas not conducted periodically
- Lack of Coordination with NGOs,municipal corporation for sanitation and hygiene improvement.
- Less attraction of the firms for CSR activities
- Lack of activities for maintaining cleanliness, safety and hygiene in the surroundings of hospital

GRAPH SHOWING SCORES OF HOSPITAL UPKEEP AS PER PRELIMINARY ASSESSMENT

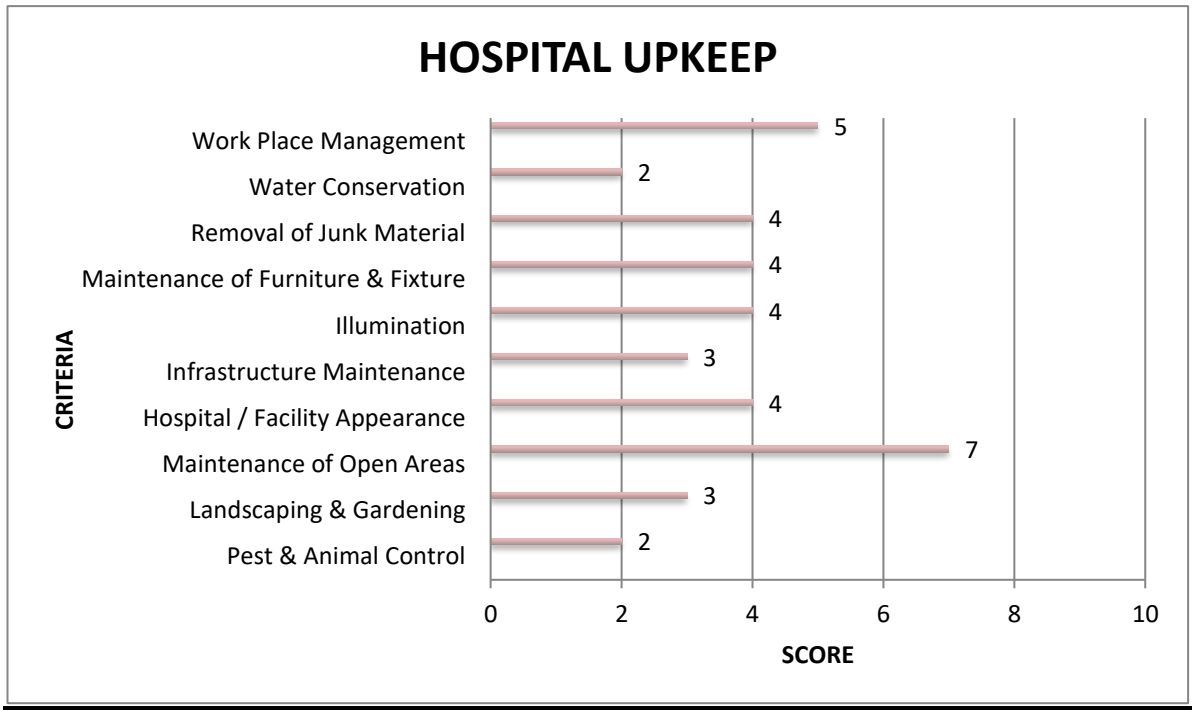

Figure 5

Major Gaps w.r.t Hospital Upkeep

- Lack of measures for pest control, anti termite treatment, mosquito free environment, cattle and dog trapping.
- Landscaping of the open areas not optimum
- Painting of the interiors and exteriors of the hospital to be done : walls, roofs, doors,windows etc.
- Herbal garden not present
- Fencing of the gardens absent
- Broken furnitures, fixtures, doors, windows etc
- unwanted posters
- Uniform signage system absent
- Faulty electrical fittings and wires
- Inadequate illumination in many areas
- Junk in open areas
- Water Conservation methods absent

GRAPH SHOWING SCORES OF SANITATION AND HYGIENE AS PER PRELIMINARY ASSESSMENT

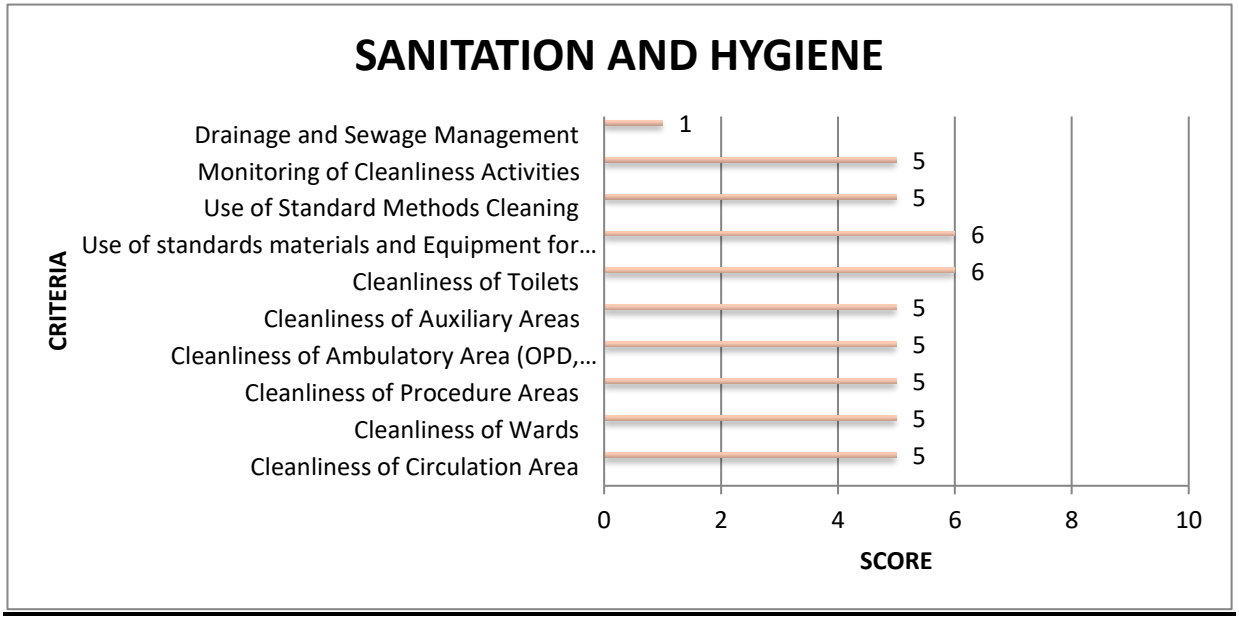

Figure 6

Major gaps w.r.t. Sanitation and hygiene

- Dirt, grease , stains, cobwebs, birdnests at multiple locations in the hospital.
- Housekeeping doesnot follow any checklist and also no defined schedule of cleaning and dusting is followed properly
- Staff doesn't know the correct method of dilution of cleaning agent
- Staff doesn't follow unidirectional mopping
- Drainage system is open which leads to blockages and overflow of the drains

GRAPH SHOWING SCORES OF INFECTION CONTROL AS PER PRELIMINARY ASSESSMENT

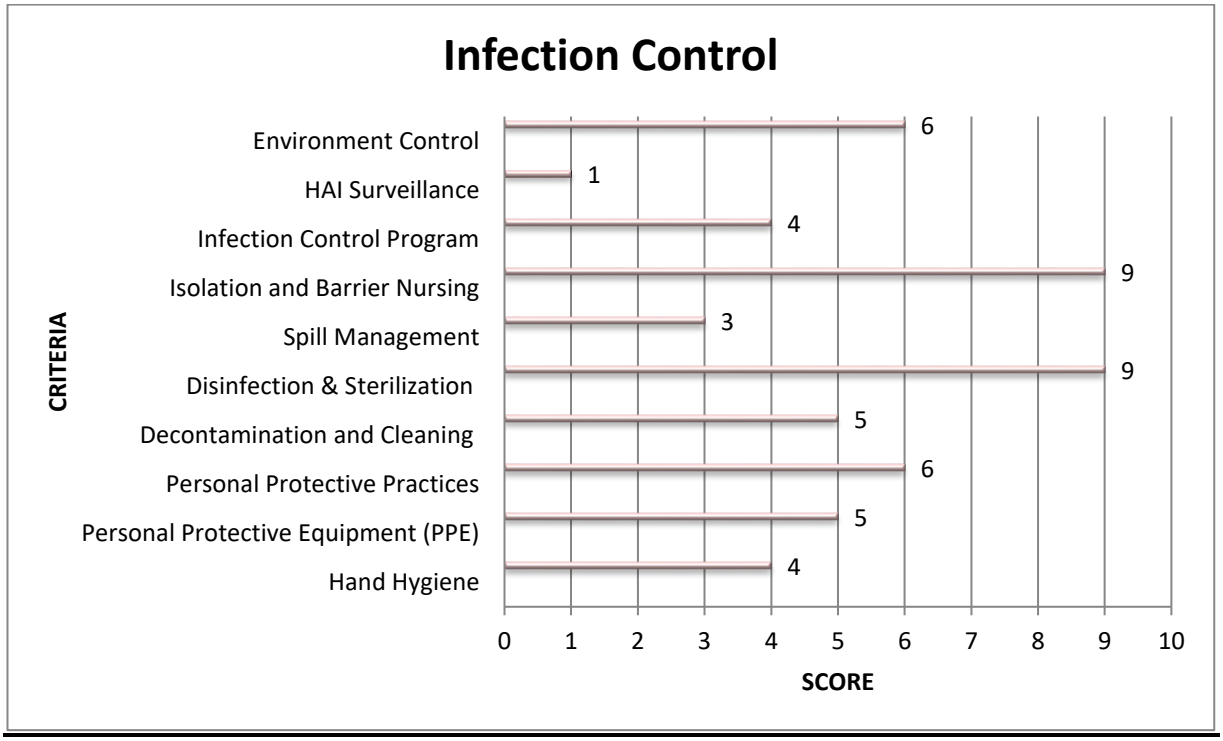

Figure 7

Major Gaps found w.r.t. Infection Control

- Infection Control Committee not constituted .
- IEC not displayed at points of use
- Staff not trained for hand hygiene and use of PPE
- Staff not rained for decontamination of instruments
- Staff not trained for spill management
- Lack of adequate space doesnot allow minimum distance between beds
- No surveillance done for HAI
- Temperature and pressure not maintained in OT

GRAPH SHOWING SCORES OF SUPPORT SERVICES AS PER PRELIMINARY ASSESSMENT

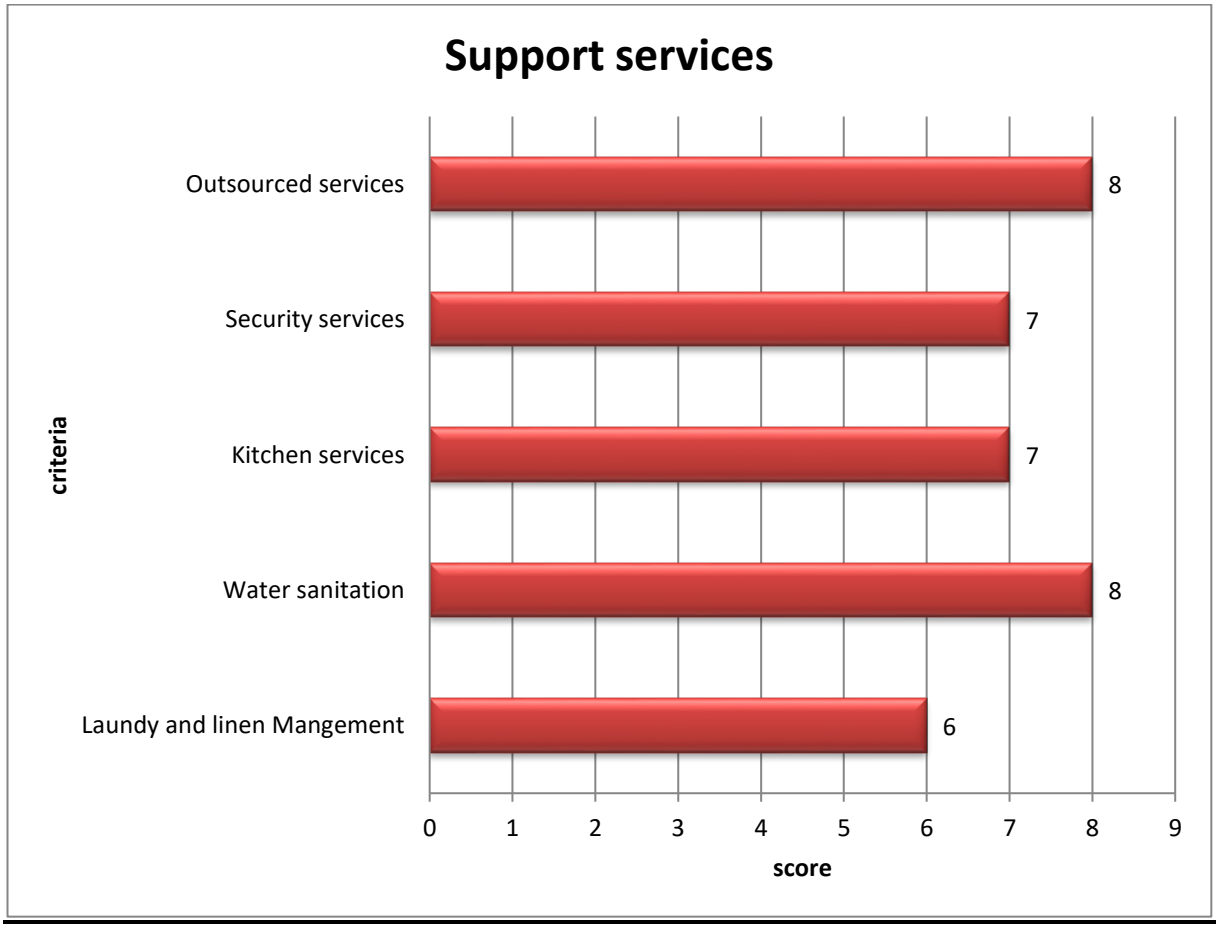

Figure 8

Major gaps w.r.t. Support Services

- Linen gets patchy because the staff doesnot know how much concentration of hypochlorite is to be used
- Quality of water not checked periodically
- Performance monitoring and evaluation of the outsourced staff is not done periodically

GRAPH SHOWING SCORES OF WASTE MANAGEMENT AS PER PRELIMINARY ASSESSMENT

Figure 9

Major gaps w.r.t. Waste management

- No innovative measures like Vermicomposting etc are taken into play
- The hospital doesn't maintain its website, hence annual reports cannot be updated .

ACTIVITIES CARRIED OUT BY HOSPITAL AUTHORITIES TO IMPLEMENT KAYAKALP- SWACCHTA GUIDELINES

These activities were carried out by the hospital authorities after gap analysis from the Preliminary internal assessment.

These gaps were fulfilled during the period March 1, 2018 to April 20, 2108

1. The Security Supervisor was instructed to keep an eye on the entry of dogs in the premises. In case of failure in doing so, the contractual security staff would be held responsible .
2. Rodent sprays were purchased and used wherever needed. There was a areas.
3. Wire meshes of the windows were replaced in case of faulty meshes and new meshes were placed wherever needed.
4. The front of the facility is undergoing landscaping by a charitable trust Ludhiana Ladies Club
5. Gardener was outsourced for a week . In collaboration with the permanently employeed gardener, they cut all the overgrown shrubs, branches of trees and the wild vegetation.
6. Fencing of all the gardens was done
7. A Herbal Garden was made
8. Abandoned part of the building present on the second floor in the old wing is undergoing construction and will be used as an administrative department (not yet finalized)
9. The walls of both the wings (interiors and exteriors) were painted again in order to get rid of the chipped off plaster .
10. All the outdated posters removed and wall writings washed or painted.

11. The Underlying causes of seepage in various areas takien into account and corrected by the plumber.(Wherever correction was not possible, the toilets have been closed till the time any solution is found)
12. An electrician was outsouced who in collaboration with the permanent employee electrician, ensured the correction of all electronic faults, loose hanging wires etc
13. Parking space was demarcated for staff, patients/patient attendants and higher authorities

14. Illumination was checked using the luxometer app and wherever needed the new light bulbs (LED Bulbs) were placed in order to obtain optimum illumination and energy efficiency.

Wards	100 lux
Nursing Station	150-300 Lux
Procedure Areas	300 Lux
Toilets	100 Lux

15. Carpenter was outsourced in order to repaiir the broken doors and windows , broken chairs, stools etc

16. Broken Window glasses were replaced .

17. All the torn mattresses were repaired and tailored covers were made and put on them.

18. All the rusted patient beds , trolleys, wheel chairs and stretchers were painted and the wheels were lubricated.

16. Broken beds were repaired and the ones grossly damaged were discarded and replaced.

17. The repaired furniture, doors and windows were painted .

18. A room on the second fllor of the new building was identified to be used as a junk room and all the junk lying here and other in the hospital was collected here. (The items not of any further use were condemned in accordance with the condemnation policy).

19. The outsourced plumber repaired all the leaking taps , overflowing tanks and dysfunational cisterns .

20. IEC regarding water conservation was displayed.

21. The staff was given training for managing workplace (5S).

22. The Contractual Housekeeping was called on two consecutive Sundays for cleaning any dirt, grease , stains, cobwebs, bird nests etc

23. A housekeeping checklist for cleaning was made and housekeeping staff was instructed to display the same in every toilet, ward, OPD, OT, labour room, laboratory, emergency room, radiology department. The same was to be filled by the staff by the morning, evening and night housekeeping staff and countersigned by the housekeeping supervisor at 10 AM , 2 PM and 8 PM.

The same to be countersigned by the nursing matron on daily basis .

24. Housekeeping staff was given training for the dilution of hypochlorite .

25. Housekeeping staff was giving training regarding three bucket system of cleaning and mopping directions.

26. IEC regarding 6 Hand washing steps and 5 moments of hand washing to be displayed at all points of use.

27. Alcohol based hand rub made available.

28. Staff trained for 6 steps of hand washing and 5 moments of hand wshing.

29. Staff trained for when and how to wear PPE.

30. Contractual housekeeping staff instructed to issue the annual stock of the PPE material for the class 4 staff as per the contract.

31. Staff trained for spill management.

32. IEC regarding spill management displayed at all points of use.

33. Infection control committee was constituted.

34. Infection control nurse was assigned the duty of daily monitoring of infection control practices.

35. Periodic Quality Check of water was done by municipal corporation.

36. IEC regarding Swachh Bharat Abhiyaan displayed within the facilities' premises.

37. Swacchta Pakhwada was observed in the hospital from April 1 to April 15.

38. Local NGOs were involved in the cleanliness drives.

39. Vardhman donated various essentail equipments under CSR.

FINAL INTERNAL ASSESSMENT

After the gap closures, Re assessment was done in order to quantify the improvements. The final assessment was done from April 26 to April 30, 2018

Data interpretation and results (From second assessment)

- Total Score after First Assessment : 79.8%
- Score for hospital upkeep : 82%
- Score for sanitation and hygiene : 84%
- Score for waste management : 92%
- Score for infection control : 88%
- Score for Support services : 82%
- Score for hygiene promotion : 84%
- Score for cleanliness beyond hospital boundary : 50%

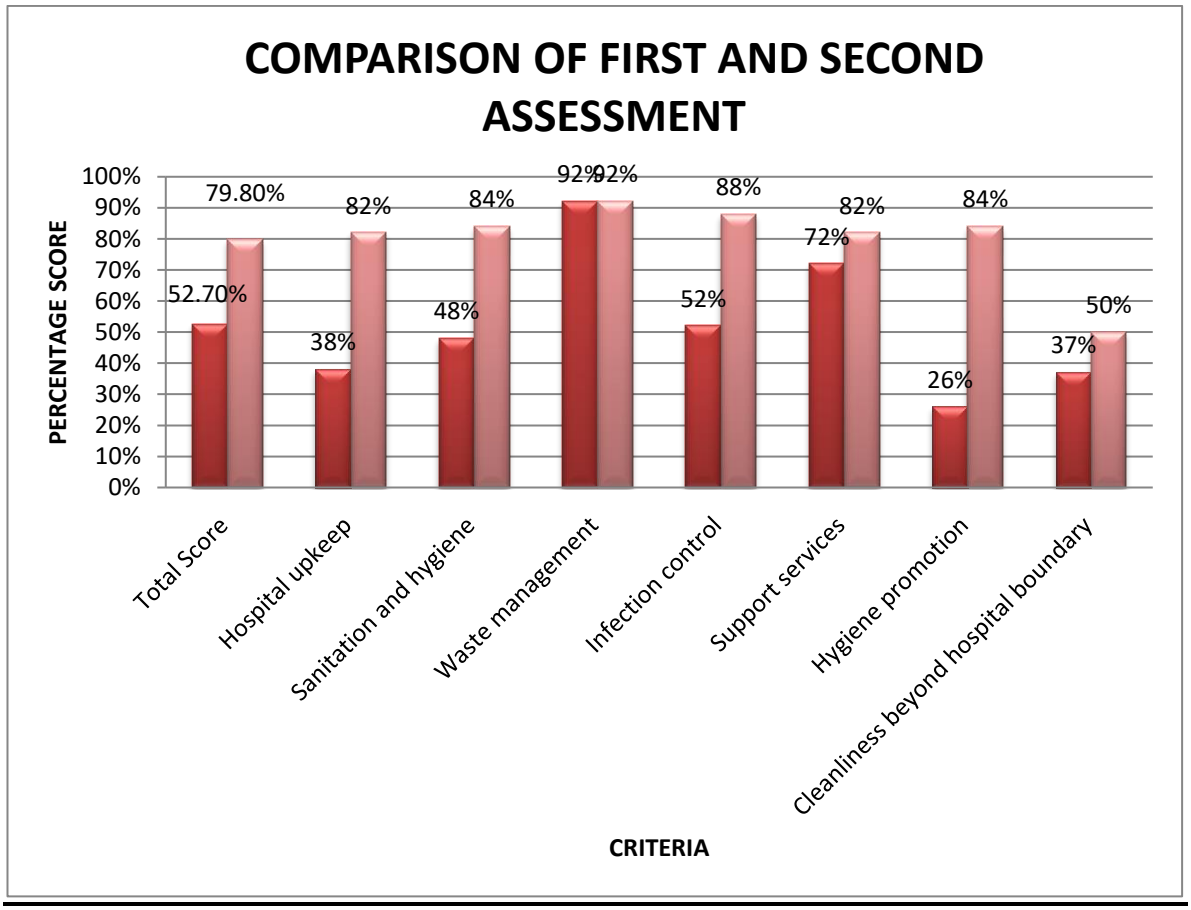

Figure 10

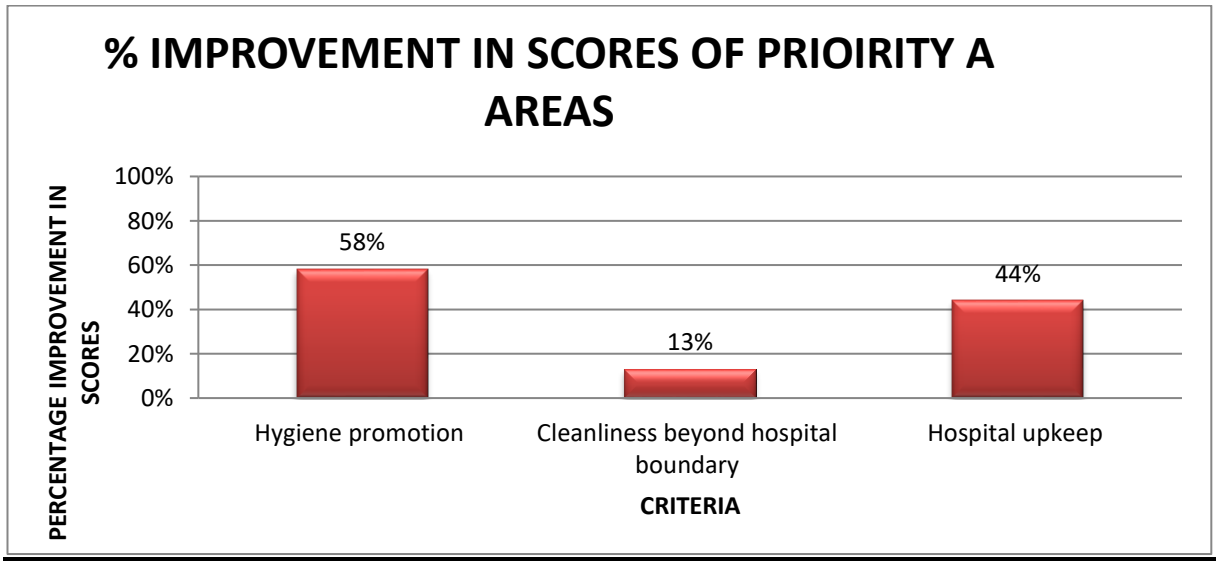

Figure 11

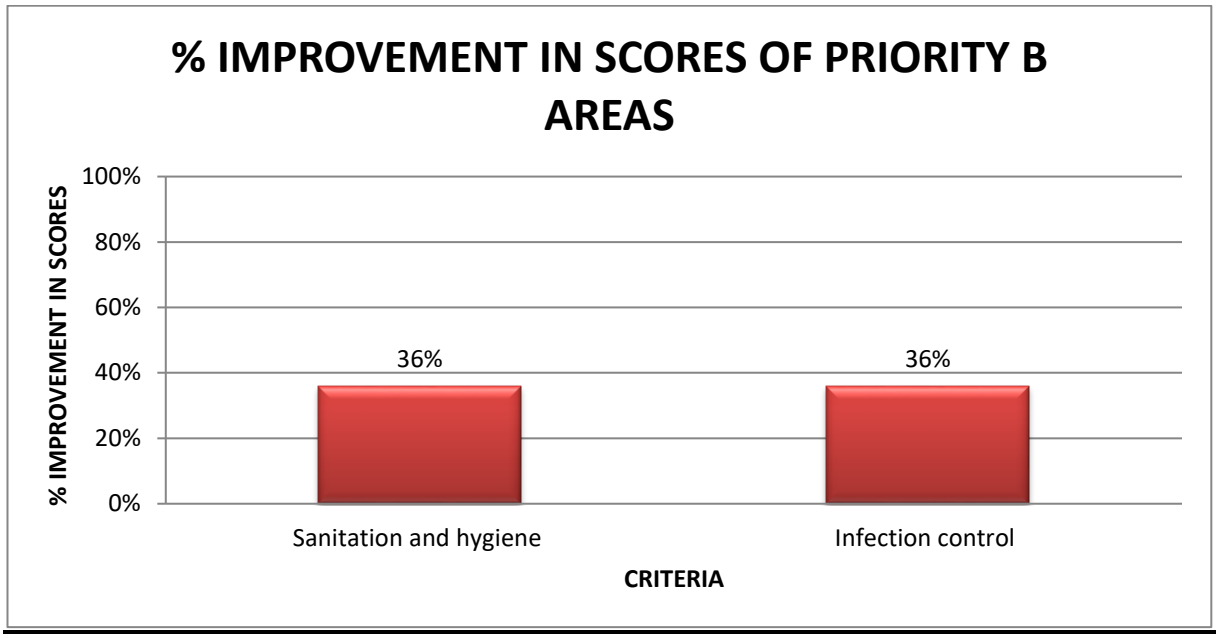

Figure 12

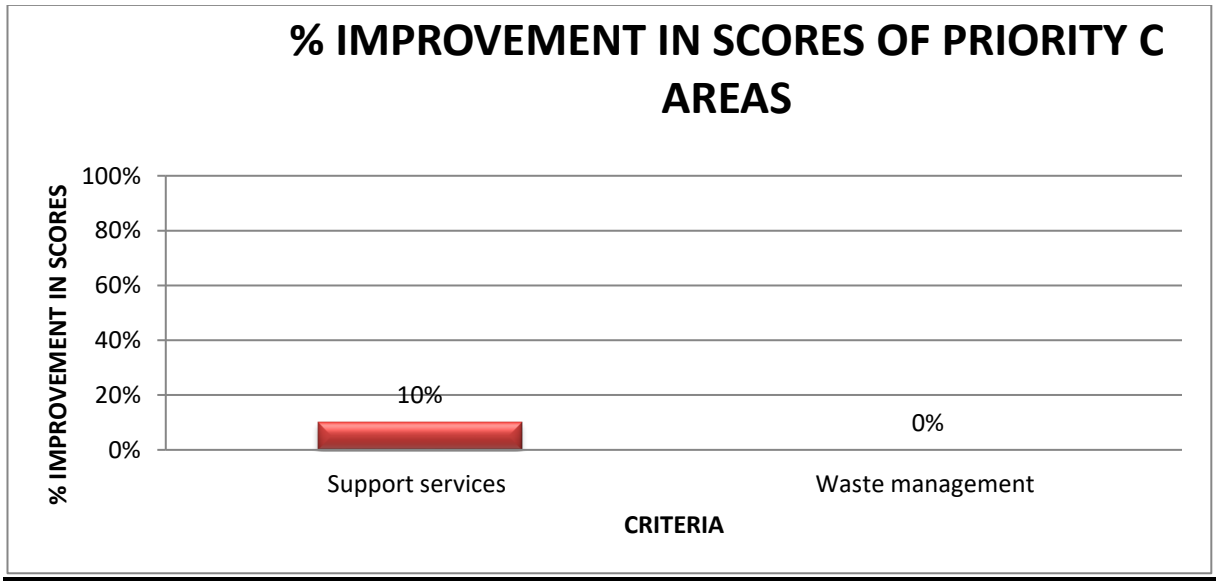

Figure 13

Conclusion

- Implementation of Kayakalp Swacchta guidelines helped in improving the overall cleanliness in the hospital but due to constraints of finances and manpower, the cleanliness beyond the hospital boundary couldn't be improve much.
- The areas which showed major improvements after the implementation of Kayakalp are Hygiene promotion (score increased by 58 %) , Hospital upkeep (score increased by 44%), sanitation and hygiene (score increased by 38%), Infection Control (score increased by 38%).
- The improvements were at par with the priority areas decided after Preliminary internal assessment i.e.

  The priority A areas which needed major improvements, showed major improvements The Priority B areas which needed moderate amount of improvements , underwent good percentage of improvement.

  The priority C areas which didn't require any interventions, underwent minimal improvements
- The only area which did not improve as per the Priority decided is Cleanliness Beyond Hospital Boundary

RECOMMENDATIONS (Activities to be undertaken by the hospital authorities for further improvement of Kayakalp Score)

1. Cattle trap to be installed near the left side of the entry side .
2. Board of the hospital name which illuminates at night , to be displayed
3. The height of boundary wall to be increased in order to overcome daily complaints of thefts and IV drug abusers entering the premises.
4. Rain water harvesting system to be constructed.
5. The open drainage system has to be closed (Open drainage system is leading to blockage and overflow)
6. Innovative measures like Vermicomposting to be taken into action
7. Website of the hospital to be designed .
8. Local governance bodies, NGOs and RKS to be involved in monitoring the cleanliness of hospital at predefined intervals.
9. Nursing staff to be sensitized and conviced for following the dress code.
10. Identity cards to be made available to the staff.

APPENDIX 1 (KAYAKALP CHECKLIST FOR DISTRICT HOSPITALS)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A.	**HOSPITAL / FACILITY UPKEEP**				
A1	**Pest & 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 uilding' 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 & 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	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.		

	every surgery				
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	SI/OB	Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.		

	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		
C10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016	RR	Check following records - a. Yearly Health Check-up record of all handlers b. BMW training records of all staff (once in year training) c. Immunisation records of all waste handlers d. Records of operations of Autoclave and other equipment for last five years		
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	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.		

	innovative manners				
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	Compliance
	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	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.	

	surrounding area			
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 dust bins garbage Storage areA	OB/SI/RR	Check for condition of dust bins (breakage, foul smell) and garbage storage area (covered, no strayanimals)	

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3. http://nhm.gov.in/images/pdf/in-focus/Swachhta_Abhiyaan_Guidelines.pdf
   Swacchta Guidelines for Public Health Facilities
   (Ministry of Health and Family Welfare,GOI)