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NATIONAL HEALTH MISSION
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KAYAKALP कायाकल्प
Rejuvenating Public Healthcare Facilities

AWARD
TO PUBLIC HEALTH FACILITIES
KAYAKALP
2019

AWARD
to Public Health Facilities
KAYAKALP

2019

Ministry of Health and Family Welfare
Government of India

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Introduction

CHAPTER - I

Background

The Swachh 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 health care needs of large segments of the population. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. As the first principle of healthcare is "to do no harm" it is essential to have our health care facilities clean and to ensure adherence to infection control practices. Swachhta Guidelines for Public Health Facilities are being issued separately. To complement this effort, the Ministry of Health & Family Welfare, Government of India is launching a National Initiative to give Awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

Objectives

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

5. To link performance under 'Mera Aspataal' (Clients satisfaction) under Kayakalp scheme.

Scope

Based on scoring, using a specific standard protocol administered by an external Assessor Team, the awards would be distributed as follows:

- Best District Hospital for Category A State, Best two District Hospitals for Category B states and Best three District Hospital for Category C States in the eligible State (States with more than 10 Districts), as per details given in the Award Criteria.
- Best two Community Health Centres/Sub District Hospitals (limited to one in small states). Small States are those states & UTs, which have less than 10 Districts.
- One Primary Health Centre in every district.
- Best Health & Wellness Centre (functional in Sub Centre) for category 'A' district, best HWC and first runner-up for category 'B' district and best HWC and first & second runner-up for category 'C' district. Only those districts that have 10 HWC or more would be eligible.

Each facility will receive a cash award with a citation.

Awards Criteria

CHAPTER - II

The Awards would be finalized based on the weighted average Score obtained under two criterias:

1. Kayakalp Score.
2. Mera Aspataal Score.

For the current FY 2019-20, only District Hospitals would be evaluated using the above two criterias. Mera Aspataal Score to be considered and evaluated for the Kayakalp award at the state level, only after external assessment. Not to be considered whilst internal and peer assessment of the district hospital.

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

However, in subsequent years, other facilities like SDHs, CHCs, PHCs, HWCs and UPHCs would also be evaluated using both criterias 1 and 2 when all the facilities would be integrated with Mera Aspataal.

Criteria 1. Kayakalp scores obtained under following parameters:

a. Hospital/Facility Upkeep
b. Sanitation and hygiene
c. Waste Management
d. Infection control
e. Support Services
f. Hygiene Promotion
g. Cleanliness beyond Hospital/facility Boundary wall

(A weightage of 85% may be assigned to this criterion.)

Criteria II: - Performance of the health facility under 'Mera Aspataal'.

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

(A weightage of 15% may be assigned to this criterion.)

Methodology for calculating weightage average score is placed at Annexure-III

Score card for the award and tools for the facility assessment are given in the Annexure 'I' and Annexure 'II' respectively.

Criteria for Application to the Awards Scheme

Following are the prerequisites for applying for an award:

1. Constituted a Cleanliness and Infection Control Committee.
2. Instituted a mechanism of periodic internal assessment/peer assessment based on defined criteria.
3. Achieved at least 70% score in the criteria during the peer assessment process.

Selection of Facilities

1. The awards for individual public health facility will be given to those that score the highest based on a set of defined criteria. There will be three sub categories:

   a) **Best District Hospitals -** In the Eligible States (States with more than 10 Districts), the number of Awards is based on number of District Hospitals as per following details.

State	Number of District Hospitals	Number of Awards	Quantum of cash award
Category A	10 – 25	One award	Rs. 50.00 lakhs
Category B	26 – 50	1st Prize and one runner up prize	a. Rs. 50.00 lakhs – Winner, b. Rs. 20.00 lakhs – Runner-up
Category C	> 50	1st Prize and two runners-up prizes	a. Rs. 50.00 lakhs b. Rs. 20.00 lakhs – Ist Runner-up and c. Rs. 10.00 lakhs – IInd runner-up

- The Kayakalp winner awards for District Hospitals would not apply to States & UT with less than 10 Districts. However District Hospitals in such States & UTs would be eligible for Commendation award subject to such facilities scoring >70% on External Assessment.
- The winner and runner-up facilities in the previous year would have to show an improvement in the score by at least 5% from previous year scores. If the winner and runner-up facility does not meet the said criterion, then it would only receive the commendation award subject to facilities scoring >70%.

b) **Best CHC/SDH Award:** In large state (≥10 districts), the top two ranked CHCs/SDHs will receive an award of Rs. Fifteen and Ten Lakhs. For small states, there will be only one award for the best facility in this category.

c) **Best PHC Award:** In every district, the best PHC (24x7) will receive a cash award of Rs. Two Lakhs. *For those PHCs that are converted into Health and wellness centres will compete with other PHCs in the same category of PHCs for Kayakalp awards.*

d) Best Health & Wellness Centre:

Sub Centre operationalised as a Health and Wellness Centre:

The Kayakalp winner awards for Health and Wellness Centres would not apply to the districts, which have operationalized less than 10 Sub centres into Health and Wellness centres.

In the eligible districts (≥10 HWC), the number of Awards is based on number of HWCs operational in sub centres as per following details:

In a district that have operationalised at least 10 sub centres into Health and Wellness centres.

State	Number of HWCs Operational in Sub centres	Number of Awards	Quantum of cash award
Category A	10 – 25	One award	Rs. 1 Lakh
Category B	26 – 50	1st Prize and one runner up prize	a. Rs. 1 lakh – Winner, b. Rs. 50,000 – Runner-up
Category C	> 50	1st Prize and two runners-up prizes	a. Rs. 1 lakh-Winner b. Rs. 50,000 – 1st Runner-up and c. Rs. 35,000 – 2nd runner-up

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

a) District Hospital Rs. 300,000
b) CHC/SDH Rs. 100,000
c) Primary Health centres Rs. 50,000
d) Sub Centre level Health and Wellness Centre: Rs 25,000

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

Institutional Framework

CHAPTER - III

National Level: At the national level, a National Committee under the Chairpersonship of the AS & MD, NHM would review this National Initiative periodically for any necessary modifications.

State Level: A state level Award Committee is to be constituted under the chairpersonship of the Health Secretary/Mission Director. Suggested members include senior officers from Health Directorate, State Quality Assurance Committee, Development Partners working in the states, Superintendents of Medical College hospitals, NGOs working on health and sanitation themes, and representatives of other relevant departments like Public Health Engineering Department, Pollution Control Board and Water and Sanitation department.

The ToRs of this committee would be to:

1. Disseminate the criteria and methodology of this National Initiative to public healthcare facilities in the state.
2. Constitute state level external assessment team for the purpose of facility assessment and scoring.
3. Enable training of external assessors on the defined criteria.
4. Coordinate the process of assessment and validation of internal scores
5. Finalize the list of award winners and runners up based on the assessment.
6. Facilitate an award ceremony at the state level and transfer award money to the respective facilities.
7. Resolve any conflict during the nomination and assessment process.

External Assessment Teams: External Assessment team would be constituted for the proposed assessment and validation of the scores of nominated facilities. State Award Committee would identify and appoint external assessors. Following can be appointed as External assessors:

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

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

District Level Award Nomination Committee: A three to five member committee at the district level is to be constituted under the chairpersonship of the DM/Chief Medical Officer (CMO). Suggested members include CMO/ representative, Member of Zilla Panchayat Health Committee, District Quality Assurance Committee, civil society representatives and eminent RKS members as members of which at least one of the members should be a woman. This committee would undertake the following tasks:

1. Disseminate details of award scheme and criteria to all health care facilities in the district.
2. Ensure the process of internal and peer assessment in the district through:
   - Training facility staff in undertaking internal/peer assessments
   - Allocation of teams for peer assessments and providing logistic support
   - Monitor implementation of internal and peer assessments, and
   - Review of scores and support facilities to fill identified gaps.
3. Nominate facilities for award based on the scores obtained by internal/peer assessment for finalization at the state level.
4. Select best PHCs and SC level HWCs in the winner and commendation award categories after External Assessment

For External Assessment of PHCs and SC level HWC- a minimum two-member committee may be constituted by the District level Award Nomination Committee. At least one member of the team would be from the non-Government Sector.

Infection control and Cleanliness committee at facility level

Composition

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

Frequency: Monthly meeting, and minutes should be recorded.

Terms of References (ToR)

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

- To monitor the housekeeping and cleanliness activities including services provided by outsourced agencies.
- To monitor hand hygiene practises in the patient care areas.
- To monitor proper segregation and storage of bio medical waste.
- To co-ordinate and monitor waste disposal services provided by common treatment facility provider.
- To ensure and periodic medical check up and Immunisation of staff.
- To monitor the hygiene of staff, especially food handlers and cleaning staff.
- To ensure that all clinical and support staff of Hospital adhere to define dress code.
- To develop and implement Standard Operating Procedure on cleanliness and infection control.
- To involve members of "Rogi Kalyan Samiti'' and local civil society organisation for monitoring and promotion of cleanliness of the hospital.
- To promote hygiene among the patients and visitors through display of IEC materials and council.
- To ensure identification and timely condemnation of junk material and articles beyond use.
- To facilitate development of antibiotic policy for the hospital.
- To ensure report outbreaks of Nosocomial infections in the facility to the district and/or state level as required.
- To participate in outbreak investigations of Nosocomial infections.
- To submit monthly reports to the district and/or state level as required.
- To meet at least once in a month and review the progress towards meeting criteria for cleanliness and infection control.
- To ensure compliance to all applicable legal provisions regarding waste management &environment control including Bio Medical Waste Management Rules 2016. The committee will to review and monitoring of waste management as mandated in clause 4 (r) of the BMW Management Rules 2016.

Process of Assessment

CHAPTER - IV

Step 1:

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

Step 2:

Peer Assessment: Peer Assessment, at least once in a year is mandatory for all facilities undertaken under kayakalp. Peer validation of a score of 70% and above is a criterion for application for the award. Within the district, hospital staff of one block level facility would undertake the assessment of a facility in another block. This would be determined by the DHS/CMO. At the state level, a similar process would be followed within the state allocating a team from one DH to travel to another DH to undertake an assessment. The scores generated by the peer assessment will be the basis for nomination for the annual Awards.

Step 3:

Nomination of the Facilities: The District Award Nomination committee would collate and analyse the peer assessment score of all health care facilities. The District committee will recommend the names of all facilities scoring 70% or more to the State level Awards Committee.

External Assessment

The districts will rank the CHCs & SDHs according to the scores and submit to state Award Committee. For formal recognition and award, an external assessment would be carried out in the nominated facilities by teams of external assessors to validate the scores generated through the peer assessment mechanism. For selecting the award winning DHs, CHCs & SDHs, it is essential to have state nominated teams for external assessment.

The state may decide whether external assessment in addition to Peer assessment, of such CHCs & SDHs by state nominated teams is necessary for those that have been short listed for Certificate of Commendation.

In the case of PHCs and Health and Wellness Centre, the state could delegate to the district committee the functions of constituting independent assessment teams, carrying out the assessment and finalize the award winning PHC from amongst the top three ranked PHCs. For PHCs scoring 70% and above but not considered for the award, scores generated through peer review assessment could be considered valid for making decision on Certificate of Commendation, provided the scores of the other shortlisted facilities are validated at least for eligibility. In the event that the scores are not validated for the shortlisted PHCs, no other PHC in the district with lower scores would receive a Certificate of Commendation. This would also be applicable for sub centre level Health and Wellness Centres.

In case of SC level HWCs, district could delegate to the block committee/ MO in charge of block to shortlist HWCs based on peer assessment scores of the facilities. Block committee/MO in charge will recommend short listed facilities for Kayakalp award to district level award committee. After receiving the peer assessment scores from all blocks, district award committee will form a team of independent assessors to validate scores of all shortlisted facilities and declare award-winning HWCs of the district based on the eligibility.

Assessment Protocol & Scoring System

CHAPTER - V

Kayakalp Assessment Components: All requirements of the Kayakalp assessment are arranged systematically at following three categories –

1. Thematic Area
2. Criteria
3. Checkpoint

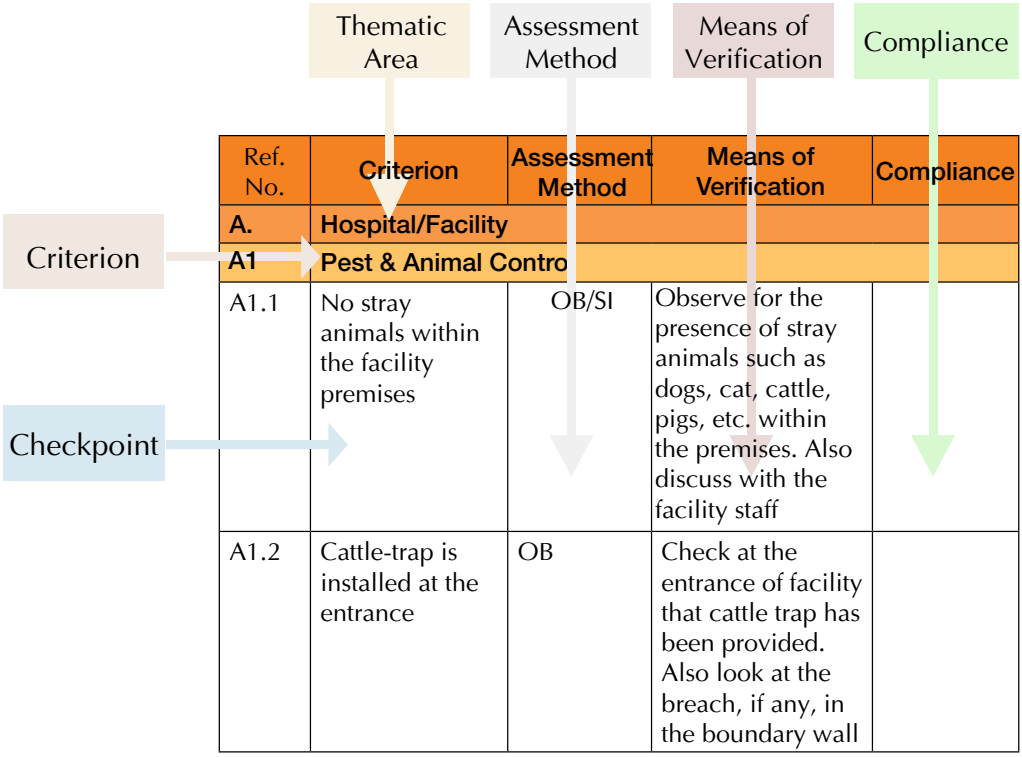
Thematic Area: These are broad aspect of Swachhta, can be termed as 'pillars' of the Kayakalp, namely 'A' - Hospital/Facility Upkeep, 'B' - Sanitation & Hygiene, 'C'- Waste Management, 'D' - Infection Control, 'E' - Support Services, and 'F' - Hygiene Promotion and 'G' - Beyond Hospital Boundary.

Criterion: Under each of the themes, there are fixed number of criteria that cover specific attributes of respective themes, except in beyond hospital boundary.

Checkpoints: It is the lowest and most tangible unit of assessment. Checkpoints are specific requirements that the assessors are expected to look in the facility for ascertaining extent of the compliance and award a score. The number of checkpoints under each criterion is equal. Secondary health care facilities Checklists have five checkpoints in each criterion, while PHC and Additional PHC/UPHC checklists have 3 and 2 checkpoints respectively in each criterion.

Assessment Tool (Checklists): The Kayakalp assessment is done using Checklists. Checklist is compilation of Themes, Criteria and Checkpoints in systematic manner. Apart from these, checklist provides assessment aid in terms of Assessment Method and Means of Verification against each checkpoint. There are three types of checklists for three different levels of health facilities:

1. Secondary care Level Checklist - Applicable to District Hospitals, Sub District/Taluk Hospital, CHCs and UCHCs.



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

2. Checklist for 24X7 PHC/UPHC- Applicable to PHC/UPHC with indoor facilities and Labour room.
3. Checklist for PHC/UPHC (Without Beds) - Applicable to ambulatory setups such as Additional PHCs & Urban PHCs.
4. Checklist for HWCs-SC - Applicable to Sub Centre level Health and Wellness centre.

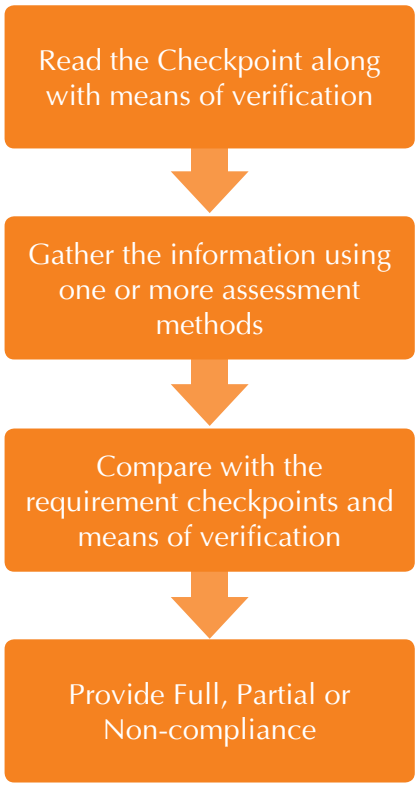
Assessment Method: Assessment Methods are given in adjacent column to checkpoint and provides aid to the assessors that how the information required for a specific checkpoint can be gathered. There are four assessment methods:

- **Observations (OB):** Where information can be gathered though direct observation. e.g. Level of Cleanliness, Display of Protocols, Landscaping, Signage etc.
- **Staff Interview (SI):** Information should be gathered by interacting the concerned staff to understand the current practices,

competency, etc. such as steps in hand washing, method to clean floor, wearing gloves.

- **Record Review (RR):** Where information can be extracted from the records available at the facility. Few examples are availability of filled-in Housekeeping checklist, culture report for microbial surveillance, minutes of meeting of infection control committee.
- **Patient Interview (PI):** Some information may be gathered by interacting the patients or their attendants e.g. counselling of patients on hygiene.

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



Scoring: Following general principles may follow in giving numerical score.

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

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

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

Following are other points, which should be taken into consideration during assessment:

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

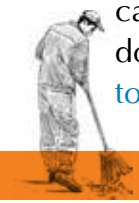
   Example- Checkpoint- B6.2 - No foul smell in the Toilets

   Ten Toilets were visited to assess the cleanliness. One of the toilets was stinking. Non Compliance (0) is to be given.
6. Kayakalp checklist is facility level checklist. There are no departmental checklists. The compliance to a checkpoint applicable to multiple departments should be arrived after assessing all the applicable departments.

   Example - Adherence to 6 steps of Hand washing.

   Ten departments were visited for assessing hand hygiene practices. Only in seven departments staff could demonstrate the 6-steps of hand washing correctly. In this case, partial compliance (01 mark) is recommended to be given.
7. For a checkpoint, where multiple items are required to be checked in more than one department, the compliance will be based on the total score arrived for this checkpoint.

The score card for the Kayakalp generated either through manual calculation or through formula fitted excel sheets. Excel sheets can be downloaded from followiing link: http://qi.nhsrcindia.org/cms-detail/tools-for-kayakalp/MTA1



Award Declaration

CHAPTER - VI

The State Award Committee will rank the facilities based on the weighted average Score obtained in Kayakalp score and Mera Aspataal score (DHs for FY 2019-20 and other facilities from next FY) and identify the top ranked facilities for the award. The list of selected facilities would be formally disseminated through circular and displayed at official website of the state health department. The state committee would also declare the eligible facilities for the Certificate of Commendation. State will also display list of poor performing facilities (all those facilities who could not achieve score over 70% in external assessment) on State Website/ Swachhata Portal and submit the same to Ministry of Health and Family Welfare.

Felicitation: The awards will be distributed at a state level ceremony. A certificate and cash award would be given to the facility-in-charges of the award winning facilities. 1st Prize winners amongst District Hospitals from every state would also be facilitated at a national level ceremony on a suitable day decided by the MoHFW.

Cash Award: 75 % of the cash award amount will go to the Rogi Kalyan Samities for investments in improving the amenities, upkeep and services, while 25% of the cash award will be given to the facility teams as a team incentive.

Budget: The National Initiative would be an integral part of NHM. The states will provide for this in their Programme Implementation Plans (PIP).

Kayakalp under NUHM

CHAPTER - VII

Introduction

- Kayakalp Awards in Urban health facilities has been initiated from Financial Year 2017-18, subsequent to the launch of initiatives under NRHM in 2015. In order to provide clarity and guidance to the state and Urban Local Bodies (ULB) officials, regarding roll out of Kayakalp scheme in urban facilities this section has been added.
- This section has been provided to clarify all doubts for effective roll out of this scheme in urban health facilities.
- Nodal officials from States, districts, Municipal Corporations, Cities and officials from urban local bodies and facilities staff can use this document as reference for effective roll out of this scheme.
- Additional requirements, eligibilities for this scheme and changes in awards criteria and money for Kayakalp under NUHM has been provided in this section for clarification purpose.
- Objectives of scheme, Process of Assessment, Assessment Protocol and Scoring system would be same for urban health facilities as mentioned in previous chapter of these guidelines.

Institutional Framework for NUHM

1. The scheme under the NUHM is set to be operationalized through existing Kayakalp Organisational framework in the States and UTs.
2. Nodal Officer for Urban Health is to be inducted in the State and District level Kayakalp Committees.
3. In case of the seven Metro cities (Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata & Mumbai) the MHO (Municipal Health Officer) or representative from the ULBs to be inducted and included in the state and district level Kayakalp committee. Alternatively, the seven metro cities may constitute Municipal Corporation Level

Committee under the chairmanship of Municipal Commissioner or his/her nominee along with those members, which are responsible for smooth implementation of the scheme at their respective administrative unit and would ensure the execution of the scheme for the corporation.

4. Constitution of a cleanliness and infection control committee in all urban health facilities.

**TOR of the Municipal corporation level committee would be same as State level Kayakalp award committee as mentioned in chapter-III of these Guidelines.*

**TOR of the Cleanliness and Infection control committee would be same as mentioned in chapter-III of these Guidelines.*

Eligibility of urban health facilities

- The Kayakalp Scheme under the NUHM will be applicable to all Urban Health Facilities, which are directly or indirectly supported under the NUHM.
- Only functional Health facilities would be included in the scheme for the award.
- UPHCs under PPP mode may be included under Kayakalp scheme as per requirement of the state or as under NRHM.

Categories of Kayakalp Awards

Kayakalp awards given to the health facilities in urban areas would depend on number of available functional U-PHCs and U-CHCs.

Categories can be in two groups:-

1. U-CHCs
2. U-PHCs with beds and U-PHCs without beds

- If the numbers of U-PHCs are not adequate, the states/municipalities may club such U-PHCs to create a cluster of at least 20 facilities for assessment purpose. Cluster formation/identification of U-PHCs would be done at the level of States/Metros themselves.
- Facilities in seven Metro Cities (Ahmedabad, Bangalore, Chennai,

Delhi, Hyderabad, Kolkata, Mumbai), would form a separate sub-group for giving Kayakalp awards. Each metro in turn can be divided into zones/regions/districts. If there are adequate number of U-PHCs in a zone or region, winner U-PHC can be declared at Zonal/Division level.

Selection of facilities

1. U-CHCs (and equivalent health facilities) within the State/UTs/seven Metropolitan town would be assessed together in one category.
2. In Seven Metro Cities (Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Mumbai), the Kayakalp awards for U-PHCs would be given at each administrative unit level within the metro city administration (known as Zone, Region, or District). Number of awards would vary according to number of functional U-PHCs present in the given zone/district/region of municipality as per following norms:

    a. 10 to 20 UPHCs - One Award
    b. 21 to 50 UPHCs - Winner and Runner-up Award
    c. More than 50 UPHCs - Winner and two Runner-up Awards

    If number of U-PHCs is less than 10 in a zone/district/region, such U-PHCs would be clubbed with other zone/district/region to ensure that at least a cluster 10 or more U-PHCs are assessed for creating a level playing field.

3. In cities (other than aforementioned seven metro towns) having more than 10 functional U-PHCs, award(s) would be declared at the level of cities as per following norms –

    i) For 10 to 20 UPHCs - One Award
    ii) For 21 to 50 UPHCs - Winner and Runner-up Award
    iii) For >50 UPHCs - Winner and two Runner-up Awards
    iv) If a city does not have minimum of 10 UPHCs within its municipal limit, the State/UT may club such U-PHCs with other neighbouring city/urban inhabitation so as form a cluster of 10-20 UPHCs for declaration of Kayakalp Award. The State may

Award Money

S.No.	No. of Health facilities	Number of Awards	Award Amount (Rs. in Lakh)	Unit of Allocation
Award Criteria U-CHC				
1.	10-25	One Winner	15.00	1 per State & each of the 7 metros
2.	26 or more	One Winner	15.00	1 per State & each of the 7 metros
		One Runner-up	10.00	
3.	All U-CHCs scoring 70% or more in External Assessment	Commendation Awards	Rs. 1.00	All Eligible Facilities
Award Criteria U-PHC with beds/without beds				
1.	10-20	One Winner	2.00	For each cluster at State/Metro as the case may be
2.	21-50	One Winner	2.00	1 per District/ Zone/Region of 7 metros
		1st Runner-up	1.5	
3.	More than 50	One Winner	2.00	1 per District/ Zone/Region of 7 metros
		1st Runner-up	1.5	
		2nd Runner-up	1.0	
4.	All U-PHCs scoring 70% or more on External Assessment	Commendation Award	0.50	All Eligible facilities

also decide forming cluster of such facilities at the Division/ Region level.

Note:

1. The winner U-CHC & U-PHC in the previous year would have to show an improvement in the score by at least 5% from previous years' scores. If the winner health facility does not meet the said criterion, then it would only receive the commendation award, subject to facility scoring >70%.

2. All facilities getting 70% or more score on external assessment would be eligible for commendation awards.

Assessment Tools

a. **Section A – Kayakalp Award to Public Health Facilities (2019):** U-CHC

b. **Section B – Kayakalp Award to Public Health Facilities (2019):** U-PHCs with beds

c. **Section C – Kayakalp Award to Public Health Facilities (2019):** U-PHCs without beds

Steps for implementing Kayakalp

Step 1:

a. Constitution of the Infection Control and Cleanliness Committee: This task may be undertaken by the QA Team of the facility. The Committee would include the representatives from each of the category of staff and is chaired by the facility in-charge.

b. Internal Assessment: At the beginning, each facility should be assessed, scored and documented (including photograph repository & documentation) by its own staff using the applicable assessment tool. Based on this assessment, the facility should identify the gaps and prepare an action plan to address these gaps. This internal assessment should be carried out every quarter and the facility should maintain a record of scores for each quarter, which should also be submitted to the office of the Chief Medical Officer/Municipal Health Officer.

Step 2:

Peer Assessment: For those facilities that have an average of 70% score on internal assessment, the state/Municipality/UT will ensure that Peer Assessment is carried out. Peer validation of a score of 70% and above is a criterion for application for the award. Within the district/zone/region, staff of one health facility would undertake the assessment of another facility. However possible conflict of interest needs to be avoided. The peer assessment should be done at least once in a year for all the facilities. The

scores generated by the peer assessment will be the basis for nomination for the Awards.

Step 3:

Nomination of the Facilities: The Award Nomination committee would collate and analyse the peer assessment score of all health care facilities and recommend the names of all facilities scoring 70% or more.

External Assessment: For formal recognition and award, an external assessment would be carried out in the nominated facilities by teams of external assessors to validate the scores generated through the peer. External Assessment of U-CHCs would be undertaken by a three member team, while U-PHCs may be assessed by a two member team, with at least one member from the Non-Government Sector.

- *Selection of external assessment team would be done as per guidelines mentioned in chapter-III.*

Score Card – Kayakalp, Award to Public Health Facilities
Section A : DH, SDH & CHC

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

Reference No.	Criteria	Weightage
B7	Use of standards materials and Equipment for Cleaning	10
B8	Use of Standard Methods Cleaning	10
B9	Monitoring of Cleanliness Activities	10
B10	Drainage and Sewage Management	10
C	**Waste Management**	**100**
C1	Implementation of Biomedical Waste Rules 2016	10
C2	Segregation, Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	10
C4	Storage of Biomedical Waste	10
C5	Disposal of Biomedical waste	10
C6	Management Hazardous Waste	10
C7	Solid General Waste Management	10
C8	Liquid Waste Management	10
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	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 & Sterilization of Instruments	10

Reference No.	Criteria	Weightage
D6	Spill Management	10
D7	Isolation and Barrier Nursing	10
D8	Infection Control Program	10
D9	Hospital/Facility Acquired Infection Surveillance	10
D10	Environment Control	10
E	**Hospital Support Services**	**50**
E1	Laundry Services 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 & 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 Swachhata in surrounding area	10
G2	Coordination with local Institutions	10
G3	Alternative Financing and support Mechanism	10
G4	Leadership & Governance in Surrounding area	10

Reference No.	Criteria	Weightage
G5	Approach Road to Health facility	10
G6	Cleanliness of Surrounding areas	10
G7	Public Amenities in Surrounding Area	10
G8	Aesthetics of Surrounding area	10
G9	General Waste Management in surrounding	10
G10	Maintenance of Surrounding Area	10

Section B : PHC (with Beds)

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

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

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

Section C : PHC (without Beds)

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

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

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

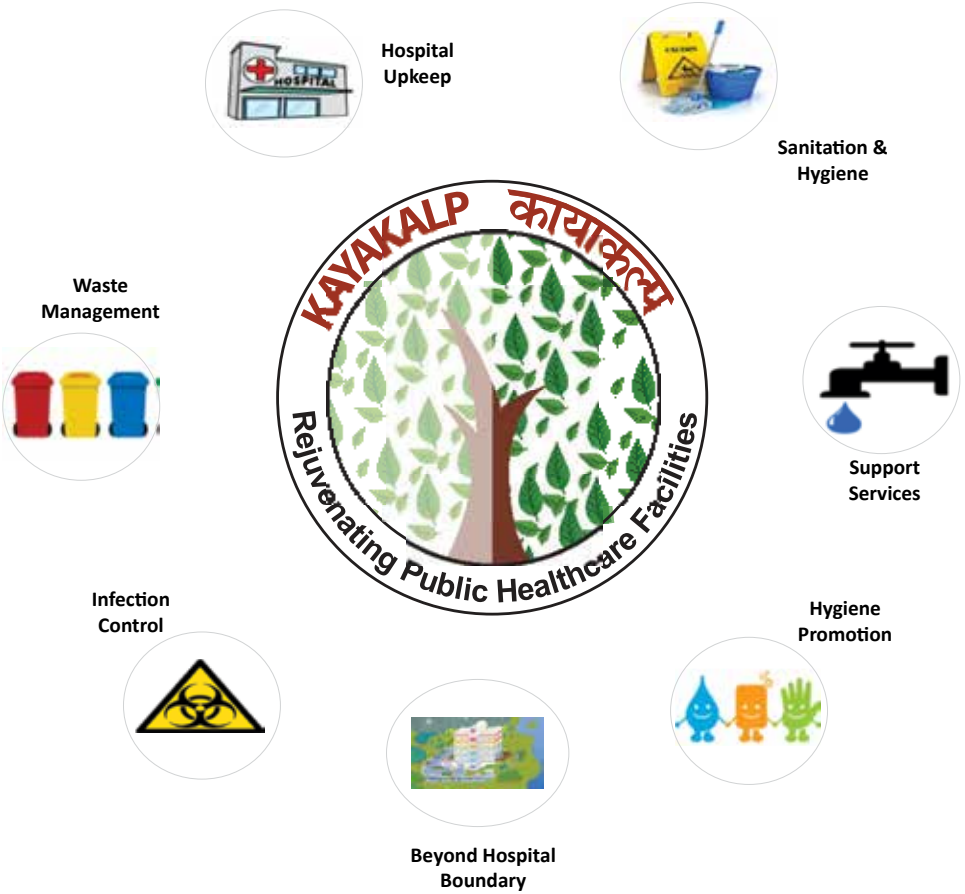
Section D : Health and Wellness Centres Operational in Sub Centre

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

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

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

Thematic Scores - Kayakalp, Award to Public Health Facilities



Means of Verification –

OB – Direct Observation

SI – Staff Interview

PI – Patient (/Relatives) Interview

RR – Review of records & documents

Marking –

2 Marks for full compliance

1 Mark for partial compliance

0 Mark for NIL compliance

Section A : Assessment Tools for DH, SDH & CHC

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 Facility 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 unauthorized occupation within the facility, nor there is encroachment on Hospital/Facility land	OB/SI	Check for hospital/ Facility premises and access road have not been encroached by the vendors, unauthorized shops/occupants, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 Facility is prominently displayed at the entrance	OB	Name of the Facility 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 Facility	OB	All signages (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	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Facility	
A5.2	Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A5.4	Facility has intact boundary wall and functional gates at entry	OB	Check that there is proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	
A.5.5	Adequate facility exists 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 facility and on its access road	OB	Check that, Facility front, entry gate and access road are well illuminated	
A6.5	Use of energy efficient bulbs	OB	Check that Facility uses energy efficient bulb like CFL or LED for lighting purpose within the Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated	
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check 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 Facility 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	Facility has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A8.5	Facility has documented and implemented Condemnation policy	SI/RR	Check, if Facility 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 Facility	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	The Facility 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	Facility has a functional rain water harvesting system	OB/SI	Check, if Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 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 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 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 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 roof, corners of ward for any Cobweb, Bird Nest, Dust, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 the 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 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 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 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 floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check 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 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 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 availability of mops, brooms, collection buckets etc. as per requirement. Hospital Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			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 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 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/Facility 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/Facility	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			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/ Facility premises. Hospital/ Facility should have a closed drainage system. If, the hospital/Facility'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 Facility sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, Facility 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 & 2018 (Amendment)**			
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes in the 2018 amendment	SI/OB	A copy of the Biomedical waste management rules is available at the facility	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C1.2	The facility has implemented 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 for bar coding system	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(except blood bags) b. Development of Website and uploading of Annual Report c. Actions for meeting emission standards as given in BMW Rules 2016 & 2018 (Amendment)	
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	**Segregation, Collection and Transportation of Biomedical Waste**			
C2.1	Segregation of BMW is done as per BMW management rule,2016 & 2018(amendment)	OB/SI	Anatomical waste and soiled dressing material are segregated in yellow bins & bags. General and infectious waste are not mixed	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 1-2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/microwave/ hydroclave	
C3.2	Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016 & 2018 (amendment)	OB/SI/RR	Verify that all glassware is stored in a puncture proof and leak proof boxes or containers with blue coloured marking and later sent for recycling	
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C3.4	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
C3.5	Staff is aware of needle stick injury Protocol and PEP is available to the staff	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up	
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 has 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 & 2018 (Amendment)	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 As certain 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 & 2018 (Amendment)	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, and 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 & 2018 (Amendment)	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C5.5	Discarded/ contaminated linen is disposed as per procedure given in the BMW Rules 2016 & 2018 (Amendment)	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	
C6.5	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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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. 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C8.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.	
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 with terminal sewage treatment plant. In absence of such system, the facility should have dedicated sewage treatment plant.	
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 & 2018 (amendment)	
C10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016 & 2018 (amendment)	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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 °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 about process 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 Facility	
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/SI	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 Facility	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 Facility has documented Anti biotic policy and doctors are aware of it	
D8.4	Immunization of Service Providers	RR/SI	Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	Facility measures Surgical Site Infection Rates	RR/SI	Check for the records	
D9.3	Facility measures Device Related HAI rates	RR/SI	Check for the records	
D9.4	Facility measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	
D9.5	Facility takes corrective Action on occurance 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 15 to 20 air changes Per hour	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	
D10.5	General and patient traffic are segregated in Facility	OB/SI	Check for the layout and patient traffic. There should be no criss cross between general and patient traffic	
E	**SUPPORT SERVICES**			
E.1	**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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E3	**Kitchen Services**			
E3.1	Facility kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Facility 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. 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E4	**Security Services**			
E4.1	The main gate of premises, Facility 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 authorised collection of 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 Facility at pre-defined intervals	SI/RR	At least once in month.	
F1.2	Local NGO/Civil Society Organizations are involved in cleanliness of the Facility	SI	Discuss with Facility 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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F2	**Information Education and Communication**			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in Facility 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 Facility premises	OB	Should be displayed prominently in local language	
F2.4	IEC regarding water sanitation is displayed in the Facility premises	OB	Should be displayed prominently in local language	
F2.5	Facility 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	Facility's leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meeting and monitoring activities regarding cleanliness drive	
F3.5	Facility's leadership identifies good performing staff members and departments	SI	Check with Facility administration if there is any such good practice	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F4	**Training and Capacity Building and Standardization**			
F4.1	Facility conducts are training need assessment regarding cleanliness and infection control in Facility	RR	Verify with the records, if trg. 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	Facility has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	
F4.5	Facility 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	Facility 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 Facility 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
G	**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.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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)	

Section B : Assessment Tools for PHC (with Beds)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.	**PHC 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. Check at the entrance of the facility that cattle trap has been provided	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and Interview the staff about its usage	
A1.3	Measures for Mosquito free environment are in place	OB/SI/PI	Check for: a. Wire Mesh in windows b. Desert Coolers (if in use) are cleaned regularly/oil is sprinkled c. No water collection to prevent mosquito breeding within the premises d. Gambusia fish cultivation e. Usage of Mosquito nets by the admitted patients f. Availability of adequate stock of Mosquito nets (If Applicable)	
A2	**Landscaping & Gardening**			
A2.1	Front area/Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/green area are secured with fence	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A2.2	Internal Roads, Pathways, etc. are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped	
A 2.3	Provision of Herbal Garden	OB/SI	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.	
A3.3	There is no unauthorised occupation within the facility, nor there is encroachment on PHC land	OB/SI	Check for PHC premises and access road have not been encroached by the vendors, unauthorized shops/occupants, No thoroughfare/general traffic in PHC premises etc.	
A4	**PHC Appearance**			
A4.1	Name of the PHC is prominently displayed at the entrance	OB	Name of the PHC is prominently displayed as per state's policy. The name board of the facility is well illuminated/ florescent to have visibility in night	
A4.2	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in uniform approved colour and Paint has not faded away. Check for presence of any outdated Posters	
A4.3	Uniform signage system in the PHC	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A5	**Infrastructure Maintenance**			
A5.1	PHC Infrastructure is well maintained	OB/RR/SI	No major cracks, seepage, chipped plaster & floors are seen within the building. The Building is periodically maintained	
A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. The Wall is painted in uniform colour	
A.5.3	PHC 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 inside the building	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC	
A6.2	Adequate illumination in Outside of the PHC	OB	Check that PHC front, entry gate and access road are well illuminated	
A6.3	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	
A7	**Maintenance of Furniture & Fixture**			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/Wire Mesh. Doors are intact and painted/varnished	
A7.2	Patients' furniture are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained (As applicable)	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.3	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean	
A8	**Removal of Junk Material**			
A8.1	PHC has documented and implemented States' Condemnation policy	SI/RR	Check if PHC has drafted its condemnation policy or have got one from the state. Check whether it has been complied	
A8.2	No junk material within the PHC premises	OB	Check if unused/ condemned articles and outdated records are kept in the Nursing stations, OPD clinics, Labour Room, Injection Room, Dressing Room, Wards, stairs, open areas, roof tops, balcony etc. No condemned vehicles are parked	
A8.3	PHC has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
A9	**Water Conservation**			
A9.1	Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	
A9.2	Preventive measures are taken to reduce wastage and reuse of water	SI/OB	Check self-closing taps are installed Reuse of water for activities like gardening	
A 9.3	PHC has a functional rain water harvesting system	OB/SI	If the such system is available, please check its functionality	
A10	**Work Place Management**			
A10.1	The Staff periodically sorts useful and unnecessary articles at work stations	SI/OB	Ask the staff about the frequency of sorting and removal of unnecessary articles from their work place like Nursing	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles	
A10.2	Useful articles, records, drugs, etc. are arranged systematically	SI/OB	Check if drugs, instruments, records, have been kept systematically near their usage points in demarcated areas. They are not lying in haphazard manner	
A10.3	Articles are labelled for easy recognition and easy retrieval.	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification	
B	**SANITATION & HYGIENE**			
B1	**Cleanliness of Circulation Area**			
B1.1	No dirt/Grease/Stains/ Cobwebs/Bird Nest/ Dust/vegetation on the walls and roof in the PHC's circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.2	Corridors are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records. Corridors are rigorously cleaned with scrubbing/ flooding once in a month	
B1.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure	

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

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B4	**Cleanliness of Ambulatory & Diagnostic Areas**			
B4.1	No dirt/Grease/ Stains and Cobwebs/ Bird Nest/Dust on walls and roof in Ambulatory & Diagnostic area	OB	Check that floors and walls of OPD, Lab, X-ray etc. (If available) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.	
B4.2	Ambulatory and Diagnostic areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	
B5	**Cleanliness of Auxiliary Areas**			
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Vegetation/Dust on walls and roof in Auxiliary area	OB	Check that floors and walls of Pharmacy, Stores, cold chain Room, Meeting Room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.	
B5.2	Auxiliary areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records Areas are rigorously cleaned with scrubbing/ flooding once in a month	
B5.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning check floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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 and its dry	OB	Check some of the toilets randomly in indoor and outdoor areas for the foul smell and dryness of floor	
B6.3	Toilets have running water and functional cistern	OB/SI	Please operate cistern and water taps	
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 PHC cleaning solution preferably an 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. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution	
B7.2	Availability of carbolic Acid/Reputed compound (Aldehyde & other chemicals e.g. Bacillocid) for surface cleaning in procedure areas- Labour Room, OT (As Applicable)	SI/RR	Check for adequacy of the supply. Verify with the records for stock-outs, if any	
B7.3	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B8	**Use of Standard Methods for 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. Disinfection and washing of mops after every cleaning cycle need to be undertaken	
B8.2	Use unidirectional method and outward mopping	SI/OB	Ask the cleaning staff to demonstrate, how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room. Separate mop is used for the Procedure area	
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they use brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas	
B9	**Monitoring of Cleanliness Activities**			
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in PHC and updated. Check Housekeeping records if checklists are daily updated	
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another person designated. Please check record of such monitoring	
B9.3	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			PHC administration takes feedback from cleaning staff about efficacy of the solution and takes corrective action if required	
B10.	**Drainage and Sewage Management**			
B10.1	Availability of closed drainage system with adequate gradient	OB/SI	Check, PHC should have a closed drainage system or else drains should be properly covered	
B10.2	Availability of connection with Municipal Sewage System/soak pit/septic tank	OB/SI	Check if PHC sewage has a connection with municipal system. If there is no access to municipal system, there should be septic tank. Check condition of septic tank e. g. Periodicity of cleaning, mosquito proofing of manhole, etc.	
B10.3	No blocked/over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	
C	**WASTE MANAGEMENT**			
C1	**Segregation of Biomedical Waste**			
C1.1	Segregation of BMW is done as per BMW management rule,2016 & 2018 (amendment)	OB/SI	Anatomical waste and soiled dressing material are segregated in Yellow Bin General and infectious waste are not mixed	
C1.2	Display of work instructions for segregation and handling of Biomedical waste	OB	Checks for instructions for segregation of waste in different colour coded bins are displayed at point of use	
C1.3	Check if the staff is aware of segregation protocol	SI	Ask staff about the segregation protocol	
C2	**Collection and Transportation of Biomedical Waste**			
C2.1	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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	
C2.3	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if transportation of waste from clinical areas to storage areas is done in covered trolleys/Bins. Trolleys used for patient shifting should not be used for transportation of waste	
C3	**Sharp Management**			
C3.1	Disinfection of Broken/Discarded Glassware is done as per recommended procedure	OB/SI/RR	Check if such waste is either pre-treated with 1-2%% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/hydroclave, followed storage in puncture proof and leak proof boxes or containers with blue coloured marking for re-cycling.	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
C3.3	Staff is aware of needle stick injury Protocol	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. There should be functional linkage to DH/SDH/CHC for PEP follow-up and check records of such referrals and follow-up	
C4	**Storage of Biomedical Waste**			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed/handed over to CTF within 48 hour of generation. Check the record especially during holidays	
C4.3	Access to waste storage facility is secured	OB	Observe the display of Biohazard symbol at storage areas Check that the BMW storage is situated away from the main building and is kept under lock and key	
C5	**Disposal of Biomedical waste**			
C5.1	PHC has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors)	
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Rules 2016 & 2018 (amendment)	OB/RR	Located away from the main PHC building and water source, A pit or trench should be dug about two meters deep. It should be half filled with waste, and then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			Secured from animals. If waste disposed through CTF, then a deep burial pit is not required. (Give Full Compliance)	
C6	**Management Hazardous Waste**			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/ she would do in case of Mercury spill. (If facility is mercury free give full compliance)	
C6.2	Disposal of used Disinfectant solution like Glutaraldehyde	SI	System of pre-treatment before	
C6.3	Disposal of Expired or discarded medicine	SI/RR	Returned back to manufacturer or supplier Alternatively handed over to CWTF Operator for incineration at temperature > 12000°C	
C7	**Solid General Waste Management**			
C7.1	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable general waste	
C7.2	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal	
C7.3	Innovations in managing general waste	OB/SI/RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
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	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI/RR	Check for the procedure - staff interview and direct observation	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C8.3	The facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.	
C9	**Equipment and Supplies for Bio Medical Waste Management**			
C9.1	Availability of Bins for segregated collection of waste at point of use	OB/SI	One set of bins of appropriate size at each point of generation for Biomedical and General waste	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C9.3	Availability of Colour coded liners for Biomedical waste and general waste	OB/SI	Check all the bins are provided with chlorine free liners. Ask staff about adequacy of supply	
C10	**Statuary Compliances**			
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	
C10.2	PHC submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30th June every year	
C10.3	PHC maintains records, as required under the Biomedical Waste Rules 2016 & 2018 (amendment)	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	**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 at all points of use	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Staff is aware of standard hand washing protocol	SI	Ask facility staff to demonstrate 6 steps of normal hand wash and 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, Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps, Lab coat and aprons in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	
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 PPEs	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves, caps and masks etc.	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization	
D4	**Decontamination and Cleaning of Instruments**			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	
D4.3	Decontamination and cleaning of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization	
D5	**Disinfection & Sterilization of Instruments**			
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121°C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121°C, 15 Pound for 30 Minutes. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes	
D5.3	Use of autoclave tape for monitoring of sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Lock)	
D6	**Spill Management**			
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	
D6.3	Spill management protocols are displayed at points if use	SI/OB	Check for display	

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

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D9.3	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
D10	**Environment Control**			
D10.1	Cross-ventilation at Patient Care areas (ward, labour room and dressing room)	OB/SI	Check availability of Fans/air conditioning/ Heating/exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	
D10.3	Adequate number of Air-exchange in Laboratory	OB/SI	Please check availability and serviceability of exhaust fan in the laboratory	
E	**SUPPORT SERVICES**			
E1	**Laundry Services & Linen Management**			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI	Check the stock position and its turn-over during last one year in term of demand and availability	
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI	Observe the condition of linen in use in the wards and other patient care area	
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	
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The PHC 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 tested and chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples drawn at the consumer's end	
E3	**Pharmacy and Stores**			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers and Ice packs are clean Check there is a practice of regular cleaning. Check vaccines are kept in sequence Check work instruction for storage of vaccines are displayed at point of use	
E3.3	Cold storage equipment are not used for storing other items, than vaccine	OB/SI	Check eatables are not kept in ILR/Deep Freezers	
E4	**Security Services**			
E4.1	One Security Guard per shift	OB	Check for the presence of one security personnel at PHC every shift	
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E4.3	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB/SI	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed	
E5	**Outreach Services**			
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	Check the records and ask staff	
E5.2	ASHA's are promoting cleanliness and hygiene practices	SI	Check for ASHA's counsel mothers for hand hygiene, toilets, water sanitation etc.	
E5.3	Medical officers monitor cleanliness and hygiene of outreach sessions and sub centres	RR/SI	Check with medical officers and records of monthly meeting ''Swachh Baharat Abhiyaan'' has been followed up during monthly meetings with extension workers like MPW, ASHA, ANM etc.	
F	**HYGIENE PROMOTION**			
F1	**Community Monitoring & Patient Participation**			
F1.1	Local community and organisations are involved in monitoring and promoting cleanliness	SI/RR	Members of RKS and Local Governance bodies monitor the cleanliness of the PHC at pre-defined intervals Local NGO/Civil Society Organizations/Panchayati Raj Institution are involved in cleanliness of the PHC	
F1.2	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F1.3	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	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 PHC premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhta Abhiyaan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F2.3	IEC regarding use of toilets is displayed within PHC premises	OB	Should be displayed prominently in local language	
F3	**Leadership and Team work**			
F3.1	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records	
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	
F3.3	PHC leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	
F4	**Training and Capacity Building and Standardization**			
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and once in every year	
F4.3	PHC has documented Standard Operating procedures for Cleanliness, Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	
F5	**Staff Hygiene and Dress Code**			
F5.1	PHC has dress code policy for all cadre of staff	OB/SI	PHCs staff adhere to dress code	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	
F5.3	Identity cards and name plates have been provided to all staff	OB	Check staff uses I Card and name plate	
G	**BEYOND HOSPITAL BOUNDARY**			
G1	**Promotion of Swachhata & Coordination with Local bodies**			
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-promoting use of toilets, hand washing, safe drinking water and tree plantation, etc.	
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/ Swachhata walk/human chain, street plays, essay/ poem/slogan/painting competition, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.4	The Facility coordinates with local Gram Panchayat/ Urban local bodies and NGOs for improving Swachhata in vicinity of the health facility	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc., which contributes strengthening towards of hygiene & sanitation	
G2	**Leadership & tapping alternative source of funding for Swachhata**			
G2.1	Surrounding area is declared Open Defecation Free	RR/SI	Check block/Ward is declared ODF	
G2.2	The Facility has undertaken initiative for community mobilization in the surrounding for improving Swachhata	SI/RR	Check for any mobilization activities in line with VISHWAS campaign initiated by MoHFW, involving VHSNC/MAS	
G2.3	The Facility endeavours to attract financial support from other organisations	RR/SI	Look for evidence that the health facility has been supported by other organisations such as Industry, Business houses, NGOs, Rotary & Lions clubs, market associations, welfare associations etc. for improving the cleanliness in the surroundings	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.4	Facility endeavours to attract financial support from local support	RR/SI	Look for evidence that local MPs/MLAs/ Municipal Councillors/ Panchayat Members/ Zila Parisad/individual donations have supported health facility in its cleanliness efforts.	
G2.5	The facility engages the local Community for reducing household pollutions in the vicinity	RR/SI	Look for evidence that the facility has engaged in reducing household level pollution in near vicinity of the health facility – Presence of community bins for segregated collection of general (biodegradable & recyclable), Compost-pits, Roll-out of PM Ujjwala Scheme in nearby slum, etc.	
G3	**Cleanliness of approach road and surrounding area**			
G3.1	Area around the facility is clean, neat and tidy	OB	Check for any litter/ garbage/in the surrounding area of the facility.	
G3.2	On the way signages are available	OB/SI	Check for directional signage with name of the facility on the approach road.	
G3.3	Approach road are even and free from pot-holes	OB/SI	Check that approach roads are clean and free from pot-holes and water stagnation	
G3.4	All drains/sewer are covered.	OB	Check for open manhole and overflowing drains.	
G3.5	Functional street lights are available on the approach road	OB/SI	Check for street lights and their functionality.	
G4	**Public Amenities in Surrounding Area**			
G4.1	Availability of Public toilets/Urinal in surrounding Area	OB	Check for availability separate toilets/Urinal for male and female	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G4.2	Such toilets/Urinal are neat & clean	OB	Check availability of water and level of cleanliness	
G4.3	Presence of Safe Drinking Water facility outside the boundary wall	OB	Check for its presence and functionality	
G4.4	Availability of adequate parking facilities for Public Transport such as Cycle Rickshaw, Tanga, Auto, Taxi	OB	Check signage & parking space: Also check that such transports are parked haphazardly	
G4.5	Vendors & hawkers have designated place outside the facility	OB/SI	Check for the availability of designated place for vendors & hawkers and cleanliness	
G5	**Aesthetics of Surrounding area**			
G5.1	Parks and green areas in the surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G5.2	There are no stray animals in surrounding area	OB/SI	Observe for the presence of stray animals such as pigs, dogs cattle, etc.	
G5.3	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are well illuminated with street lights	
G5.4	No unwanted/broken/ torn/loose hanging posters/billboards.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
G5.5	No loose hanging wires in and around bill boards, electrical polls etc.	OB	Check for any loose hanging wires	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G6	**Maintenance of surrounding area and Waste Management**			
G6.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby market	
G6.2	Availability of garbage storage area/compost pit	OB	Garbage storage area is away from residential/ commercial areas and is covered/fenced. It is not causing public nuisance. In rural set-up there should be a compost pit.	
G6.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing waste e.g. Vermicomposting/ Re-cycling of papers/ Waste to energy/Compost Activators, etc.	
G6.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G6.5	Regular repairs and maintained of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done and current condition of the road - pot-holes, broken footpath etc.	

Section C : Assessment Tools for PHC (without Beds)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A	**PHC 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 Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and interview the staff	
A2	**Landscaping & Gardening**			
A2.1	Front area/Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/green area are secured with fence	
A2.2	Internal Roads and pathways are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped	
A3	**Maintenance of Open Areas**			
A3.1	There is no abandoned/ dilapidated building/ unused structure within the premises	OB	Check for presence of any 'abandoned building' and unused temporary structure within the premises	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.	
A4	**PHC Appearance**			
A4.1	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in approved colour scheme. The paint has not faded away. Check for presence of any outdated posters & boards	
A4.2	Name of the PHC is prominently displayed at the entrance and have uniform signage system	OB	Name of the PHC is prominently displayed as per state's policy. The name board of the facility is well illuminated in night or is florescent. Check All signage's (directional & departmental) are in local language and follow uniform colour scheme	
A5	**Infrastructure Maintenance**			
A5.1	PHC Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the PHC. Periodic Maintenance is done	
A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	
A6	**Illumination**			
A6.1	Adequate illumination in inside and outside of the PHC area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC Check that PHC front, entry gate and access road are well illuminated	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A6.2	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	
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	Patients' furniture is in good condition	OB	Check that Patient beds, examination couch, stool, etc. are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained (As applicable)	
A8	**Removal of Junk Material**			
A8.1	No junk material within PHC premises	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, Labour Room, Injection Room, Dressing Room, Wards, stairs, open areas, roof tops, balcony etc.	
A8.2	PHC has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
A9	**Water Conservation**			
A9.1	Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank has functional float-valve	
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A10	**Work Place Management**			
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles	
A10.2	The Staff arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification	
B	**SANITATION & HYGIENE**			
B1	**Cleanliness of Circulation Area (Corridors, Waiting area, Lobby, Stairs)**			
B1.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Vegetation/Dust on the walls and roof in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask cleaning staff about frequency of cleaning in a day	
B2	**Cleanliness of OPD Clinic**			
B2.1	No dirt/Grease/ Stains and Cobwebs/ Bird Nest/Dust/ Vegetation's on walls and roof in OPD	OB	Check floors and walls of the OPD for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of OPD for any Cobweb, Bird Nest, vegetation, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B2.2	OPD are cleaned at least two in a day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day	
B3	**Cleanliness of Procedure Areas (Dressing Room, Immunization, Injection Room, Labour Room (if available))**			
B3.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Dust/vegetation's on walls and roof in Procedure area	OB	Check that floors and walls of Procedure area like Labour Room, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B3.2	Procedure area are cleaned at least twice in a day	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	
B4	**Cleanliness of Lab and Pharmacy**			
B4.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Dust/Vegetation on walls and roof in Lab and Pharmacy area	OB	Check that floors and walls of Lab and Pharmacy for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B4.2	Lab and Pharmacy area are cleaned at least once in the day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	
B5	**Cleanliness of Auxiliary Areas (Office, Meeting Room, Staff Room, Record Room)**			
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/Dust/vegetation on walls and roof in Auxiliary area	OB	Check that floors and walls of office, Meeting Room, Staff Room Record room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B5.2	Ambulatory area are cleaned at least once in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day	
B6	**Cleanliness of Toilets**			
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in toilets Check for any foul smell in the Toilets	
B6.2	Toilets have running water and functional cistern	OB/SI	Ask cleaning staff to operate cistern and water taps	
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 PHC cleaning solution preferably an 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. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution	
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement	
B8	**Use of Standard Methods for 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, Disinfection and washing of mops after every cleaning cycle	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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. Separate mop is used in the procedure area	
B9	**Monitoring of Cleanliness Activities**			
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in PHC and updated. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another designated staff	
B10	**Drainage and Sewage Management**			
B10.1	Availability of connection with Municipal Sewage System/or Soak Pit	OB/SI	Check if PHC sewage has proper connection with municipal drainage system If access to municipal system is not accessible, PHC should have a functional septic tank within the premises	
B10.2	No blocked/over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	
C	**WASTE MANAGEMENT**			
C1	**Segregation of Biomedical Waste**			
C1.1	Segregation of BMW is done as per BMW management rule,2016 & 2018 (amendment)	OB/SI	Check that Soiled Waste is collected in the yellow bin & bag General & Biomedical Waste is not mixed together	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			Display of work instructions for segregation and handling of Biomedical waste	
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)	
C2	**Collection and Transportation of Biomedical Waste**			
C2.1	The PHC's waste is collected and transported by CWTF operator	OB	Check for records of linkage with CWTF operator or has functional deep burial pits within the facility	
C2.2	The waste is transported in closed bag & trolley	OB	Check availability of trolley for transportation to collection point	
C3	**Sharp Management**			
C3.1	Disinfection of Broken/Discarded Glassware is done as per recommended procedure	OB/SI/RR	Check if such waste is either pre-treated with 1-2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/microwave/ hydroclave, followed storage in puncture proof and leak proof boxes or containers for re-cycling.	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
C4	**Storage of Biomedical Waste**			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/ handing over to Common Treatment Facility	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed/handed over to CTF within 48 hour of generation. Check the record especially during holidays	
C5	**Disposal of Biomedical waste**			
C5.1	PHC has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors)	
C6	**Management Hazardous Waste**			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)	
C6.2	Disposal of hazardous chemicals	SI	Hazardous chemicals like Glutaraldehyde, Lab Reagents Should not be drained in sewage untreated	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C7	**Solid General Waste Management**			
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal	
C7.2	Innovations in managing general waste	OB/SI/RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
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	
C8.2	The facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.	
C9	**Equipment and Supplies for Bio Medical Waste Management**			
C9.1	Availability of Bins and plastic bags for segregation of waste at point of use	OB/SI	One set of appropriate size bins at each point of generation for Biomedical and General waste. Check all the bins are provided with chlorine free plastic bags. Ask staff about adequacy of supply	
C9.2	Availability of Needle/Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C10	**Statuary Compliances**			
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C10.2	PHC maintains records, as required under the Biomedical Waste Rules 2016 & 2018 (amendment)	RR	Check following records: a. Annual report submission (before 30th June) b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records of all waste handlers	
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 at all points of use	
D1.2	Staff is adheres to hand washing protocol	SI	Check Display of Hand washing Instructions Ask facility staff to demonstrate 6 steps of normal hand wash and 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, Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps, Lab coat and aprons as applicable	
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D3.2	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization	
D4	**Decontamination and Cleaning of Instruments**			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	
D5	**Disinfection & Sterilization of Instruments**			
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121°C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121°C, 15 Pound for 30 Minutes. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D6	**Spill Management**			
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	
D7	**Isolation and Barrier Nursing**			
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in OPD area	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it	
D8	**Infection Control Program**			
D8.1	Antibiotic Policy is implemented at the facility	RR/SI	Check if the PHC has documented Anti biotic policy and doctors are aware of it	
D8.2	Immunization and medical check-up of Service Providers	RR/SI	PHC staff has been immunized against Hepatitis B Check for the records and lab investigations of staff	
D9	**Hospital Acquired Infection Surveillance**			
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/periodic reporting to higher authority Check records that notifiable diseases have been reported in program such as IDSP and AEFI Surveillance	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D10	**Environment Control**			
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/Heating/ exhaust/Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	
E	**SUPPORT SERVICES**			
E1	**Laundry Services & Linen Management**			
E1.1	Available linens are clean	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless	
E1.2	Arrangements for washing linens	OB/SI	Check facility has in-house or outsourced arrangements for washing linens at least once in a week	
E2	**Water Sanitation**			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The PHC should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained	
E3	**Pharmacy and Stores**			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers, Refrigerators and Ice packs are clean Check if there is a practice of regular cleaning. Cold storage equipment are not been used for purpose other than storing drugs and vaccines	
E4	**Security Services**			
E4.1	Presence of security Guard	OB	Check for the presence of at least one security personnel at PHC	
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours	
E5	**Outreach Services**			
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	Check the records and ask staff	
E5.2	Medical officers monitor cleanliness and hygiene of outreach sessions and sub centres	RR/SI	Check with medical officers and records of monthly meeting ''swachh bharat abhiyan'' has been followed up during monthly meetings with extension workers like MPW, ASHA, ANM etc.	
F	**HYGIENE PROMOTION**			
F1	**Community Monitoring & Patient Participation**			
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.2	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	Check if there is a feedback system for the patients. Verify the records	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F2	**Information Education and Communication**			
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language	
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F3	**Leadership and Team work**			
F3.1	Cleanliness and infection control committee has been constituted	RR/SI	Verify with the records	
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	
F4	**Training and Capacity Building and Standardization**			
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	
F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and once in every year	
F5	**Staff Hygiene and Dress Code**			
F5.1	PHC has dress code policy for all cadre of staff	OB/SI	PHCs staff adhere to dress code Check Identity cards and name plates have been provided to all staff	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	
G	**BEYOND HOSPITAL BOUNDARY**			
G1	**Promotion of Swachhata & Coordination with Local bodies**			
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	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			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-promoting use of toilets, hand washing, safe drinking water and tree plantation etc.	
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/ Swachhata walk/human chain/street plays/essay/ poem/slogan/painting competition etc.	
G1.4	The Facility coordinates with local Gram Panchayat/Urban local bodies and NGOs for improving the sanitation and hygiene	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	The Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc. SUDA/DUDA, Department of Urban Development, which contributes strengthening towards of hygiene & sanitation	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2	**Cleanliness of approach road and surrounding area**			
G2.1	Area around the facility is clean, neat & tidy	OB	Check for any litter/ garbage/refuse and water logging in the surrounding area of the facility.	
G2.2	On the way signages are available	OB/SI	Check for directional signage with name of the facility on the approach road.	
G2.3	Approach road is even and free from pot-holes	OB/SI	Check that approach road are clean and free from pot-holes, water stagnation	
G2.4	All drain and sewer are covered.	OB	Check for open manhole and overflowing drains.	
G2.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality. Trees or other buildings should not be blocking the lights.	
G3	**Aesthetics and amenities of Surrounding area**			
G3.1	Parks and green areas of surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G3.2	No unwanted/broken/ torn/loose hanging posters/billboards.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
G3.3	No loose hanging wires in and around the bill boards, electrical poles, etc.	OB	Check for any loose hanging wires.	
G3.4	Availability of public toilets in surrounding area	OB/SI	Check for separate toilets for male and female and they are conveniently located and clean.	
G3.5	Availability of adequate parking stand in surrounding area	OB/SI	Check for parking stand for auto/rickshaw/taxi etc., and they are not parked haphazardly.	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G4	**Maintenance of surrounding area and Waste Management**			
G4.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby market	
G4.2	Availability of garbage storage area	OB	Garbage storage area is away from residential/ commercial areas and is covered/fenced. It is not causing public nuisance.	
G4.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
G4.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G4.5	Regular repairs and maintained of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done, details of the repair and current condition of the road- pot-holes, broken footpath etc.	

Section D – Assessment Tools for Health & Wellness Centre operational in Sub Centres

Ref. No.	Criteria		Means of Verification	Compliance
A	**CENTRE/SUB CENTRE LEVEL HEALTH AND WELLNESS CENTRE 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. Also look at the breach, if any, in the boundary wall and presence of secured gate.	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase/ availability of Pesticides and availability of the rat trap) and interview the staff.	
A2	**Landscaping, Gardening & Yoga**			
A2.1	Surrounding area/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed.	
A2.2	Provision of Yoga room	OB	Check for adequate space and cleanliness.	
A3	**Maintenance of Open Areas**			
A3.1	Approach walkway from gate to the facility is even and clean	OB	Check that walkway is even and non-slippery and well maintained	
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.	

Ref. No.	Criteria		Means of Verification	Compliance
A4	**Hospital/Facility –Appearance**			
A4.1	Walls are well-plastered, painted and name of the facility is displayed	OB	Check that wall plaster is not chipped-off and the building is painted with yellow color wall & Brown color windows. The paint has not faded away. Name of the Centre is prominently displayed.	
A4.2	Branding of Health & Wellness Centre has been under taken as per current guideline.	OB	Check for: Outer surface of the building is yellow with specified shade. Windows & their frame in the brown specified shade. Six illustrations drawn on the façade. Logo of NHM and Ayushman Bharat.	
A5	**Infrastructure Maintenance**			
A5.1	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Centre. Periodic Maintenance is done.	
A5.2	Centre has intact boundary wall/Fencing and functional gates at entry	OB	Check that there is a proper boundary wall/ fencing of adequate height without any breach.	
A6	**Illumination**			
A6.1	Adequate illumination in inside and outside of the Centre	OB	Check for Adequate lighting arrangements through natural light or electric bulbs(CFL/LED) inside Centre Check that Centre front, entry gate and access road are well illuminated	
A6.2	Use of energy efficient bulbs	OB	Check thatCentre uses energy efficient bulb like CFL or LED for lighting purpose within the Centre Premises	

Ref. No.	Criteria		Means of Verification	Compliance
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	Furniture and fixtures are in good condition	OB	Check that Examination table, foot Step, Table, Chair, stool, etc. are not rusted and are painted. Mattresses are clean and not torn Almirah, Fan, Tube lights etc. are well maintained(As applicable)	
A8	**Removal of Junk Material**			
A8.1	No junk material within centre premises	OB	Check if unused/ condemned articles, and outdated records are kept in the haphazard manner.	
A8.2	Centre has system for removing junk materials	OB/SI	Check for any system of removing junk from Centre with support from PHC	
A9	**Water Conservation**			
A9.1	Water supply system is maintained in the Centre	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank is covered.	
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	
A10	**Work Place Management**			
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the Staff, how frequently they sort and remove unnecessary articles from their work place. Check for presence of unnecessary articles.	

Ref. No.	Criteria		Means of Verification	Compliance
A10.2	The Staff arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	
B	**SANITATION AND HYGIENE**			
B1	**Cleanliness of Circulation Area (Corridors, Patient Waiting area)**			
B1.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the circulation area	OB	Check that floors and walls of Corridors, Waiting area etc for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area for any Cobweb, Bird Nest, etc.	
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask the staff about frequency of cleaning in a day.	
B2	**Cleanliness of Clinic room**			
B2.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the Clinic room	OB	Check floors and walls of the clinic room for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of clinic for any Cobweb, Bird Nest, vegetation, etc.	
B2.2	Clinic room is cleaned at least once in a day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day.	
B3	**Cleanliness of Procedure Areas(Laboratory/Diagnostic)**			
B3.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the procedure area	OB	Check that floors and walls of Procedure area, for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.	

Ref. No.	Criteria		Means of Verification	Compliance
B3.2	Procedure area are cleaned at least once in a day and as required	OB/SI	Ask staff about frequency of cleaning in a day	
B4	**Cleanliness of Storage Space**			
B4.1	No dirt, grease, stains, cobwebs, bird nest, dust, vegetation on walls and roof in the storage space.	OB	Check that floors and walls of storage for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.	
B4.2	Storage space are cleaned at least once in the day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day	
B5	**Cleanliness of Roof top**			
B5.1	No dirt, cobwebs, bird nest,junk articles on roof top	OB	Check roof top of the Centre for any dirt, Cobweb, Bird Nest,etc. Check for any junk articles on roof top	
B5.2	Roof top are cleaned at least once in the month	SI/OB	Ask staff about frequency of cleaning	
B6	**Cleanliness of Toilets**			
B6.1	No dirt, Grease, Stains, Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in toilets Check for any foul smell in the Toilets	
B6.2	Separate male & female toilets have running water and functional cistern	OB/SI	Check availability of separate male and female toilets Ask staff to operate cistern and water taps	
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 cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label.	

Ref. No.	Criteria		Means of Verification	Compliance
			Check with staff if they are getting adequate supply. Verify the consumption records. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.	
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.	
B8	**Use of Standard Methods for Cleaning**			
B8.1	Use of Two bucket system for cleaning	SI/OB	Check if cleaning staff uses two bucket system for cleaning. One bucket for Cleaning solution, second for wringing the mop. Ask the cleaning staff about the process, Disinfection and washing of mops after every cleaning cycle	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.	
B9	**Monitoring of Cleanliness Activities**			
B9.1	Monitoring of cleanliness by Mid Level health provider (MLHP) on daily basis	OB/RR	Ask Mid Level health provider (MLHP) about monitoring mechanism of cleanliness. Check for records	
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by Block Nodal office at least once in a month.	

Ref. No.	Criteria		Means of Verification	Compliance
B10.	**Drainage and Sewage Management**			
B10.1	Availability of drainage and sewage system	OB/SI	Centre has a functional septic tank and soak pit within the premises.	
B10.2	No blocked/over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked and they are covered.	
C	**WASTE MANAGEMENT**			
C1	**Segregation of Biomedical Waste**			
C1.1	Segregation of BMW is done as per BMW management rule,2016 & 2018 (Amendment)	OB/SI	General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste	
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into Pucture proof and leak proof boxes/containers with blue marking, etc.)	
C2	**Collection and Transportation of Biomedical Waste**			
C2.1	Centre waste is collected and transported in safe manner	OB	Check for records of linkage with CWTF operator or has functional deep burial pits within the facility.	
C2.2	The waste is transported in closed bag	OB	Check availability of bag 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 either pre-treated with 1% to 2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles etc.	

Ref. No.	Criteria		Means of Verification	Compliance
C4	**Storage of Biomedical Waste**			
C4.1	BMW should not be stored more than recommended time	OB	Check if facility has functional Deep burial and sharp pit, they should dispose BMW on daily basis/Facility having linkage with CTF should not store BMW more than 48 hours	
C4.2	Facility for storage of BMW	SI/RR	Facility with deep burial and sharp pit not required any storage facility/ Facility with linkage to CTF requires an isolated place with separate bins for storage of BMW	
C5	**Disposal of Biomedical waste**			
C5.1	Centre has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms.	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), Syringes, etc. (shredding/mutilation or a combination of sterilisation and shredding and handed over to registered vendor are ensured after linkage with block PHC/CHC).	
C6	**Management Hazardous Waste**			
C6.1	Staff is aware of Mercury Spill management	SI/OB	Ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)	

Ref. No.	Criteria		Means of Verification	Compliance
C6.2	Availability of Mercury Spill Management Kit	SI	Check availability of Mercury Spill Management Kit.(If facility is mercury free, give full compliance)	
C7	**Solid General Waste Management**			
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	
C7.2	Innovations in managing general waste	OB/SI/RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
C8	**Liquid Waste Management**			
C8.1	Facility has provision of liquid waste management	OB/SI/RR	Check for onsite provision of liquid waste disinfection set-up	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI/RR	Check for the procedure - staff interview and direct observation	
C9	**Equipment and Supplies for Bio Medical Waste Management**			
C9.1	Availability of Bins and plastic bags for segregation of waste at point of use	OB/SI	One set of appropriate size bins at each point of generation for Biomedical and General waste. Check all the bins are provided with chlorine free plastic bags. Ask staff about adequacy of supply.	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C10	**Statuary Compliances**			
C10.1	Centre has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	

Ref. No.	Criteria		Means of Verification	Compliance
C10.2	Centre maintains records, as required under the Biomedical Waste Rules 2016 and 2018(Amendment)	RR	Check following records - a. Annual report submission b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records	
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 at all points of use	
D1.2	Staff is adheres to hand washing protocol	SI	Check Display of Hand washing Instructions Ask facility staff to demonstrate 6 steps of normal hand wash and 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, gloves and aprons	SI/OB	Check, if staff uses mask, gloves, aprons as applicable	
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	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.	

Ref. No.	Criteria		Means of Verification	Compliance
D4	**Decontamination and Cleaning of Instruments**			
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap. Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	
D5	**Reprocessing of reusable instruments and equipment**			
D5.1	Adherence to Protocols for items that come in contact with intact skin	SI/OB/RR	Check reusable instruments like thermometer, Stethoscope etc. are free from visible contamination and they are washed with soap and water before use.	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.	
D6	**Spill Management**			
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	
D7	**Isolation and Barrier Nursing**			
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in clinic room.	

Ref. No.	Criteria		Means of Verification	Compliance
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	
D8	**Infection Control Program**			
D8.1	Monitoring of infection control practices	RR/SI	Check if the Centre has a system to monitor infection control practices by Mid-level Health provider (MLHP), Village Health Sanitation and Nutrition Committee at least in a month.	
D8.2	Immunization and medical check-up of staff	RR/SI	Check record of staff, immunized against Hepatitis B and at least once a year medical check-up done.	
D9	**Surveillance Activity**			
D9.1	Surveillance activity at the centre	RR/SI	Check for surveillance about any abnormal increase in cases of diarrhea/dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness and early reporting to concerned PHC as per IDSP guidelines.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.	
D10	**Environment Control**			
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/Heating/ exhaust/Ventilators as per environment condition and requirement	

Ref. No.	Criteria		Means of Verification	Compliance
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check location of the Centre, it should be away from Garbage dump Cattle shed, Stagnant pool, Pollution from industry	
E	**SUPPORT SERVICES**			
E1	**Laundry Services & Linen Management**			
E1.1	Available linens are clean	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless	
E1.2	Arrangements for washing linens	OB/SI	Check facility has in-house or outsourced arrangements for washing linens at least once in a week.	
E2	**Water Sanitation**			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The Centre have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.	
E3	**Storage Space**			
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/ racks containing medicines are labelled in Storage and drug store. Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	

Ref. No.	Criteria		Means of Verification	Compliance
E3.2	Cold storage equipment's are clean and managed properly	OB	Check refrigerators/Ice packs are clean Check if there is a practice of regular cleaning. Cold box are not been used for purpose other than storing drugs and vaccines.	
E4	**Housekeeping services**			
E4.1	Routine Cleaning of the facility at least once in a day	OB/RR	Cleaning includes dry and wet mopping	
E4.2	Thorough Cleaning of the facility fortnightly	SI/RR	Thorough cleaning with warm water and soap/ detergent	
E5	Outreach Services			
E5.1	Biomedical waste generated during outreach session are transported to the centre on the same day	RR/SI	Check the records and ask staff	
E5.2	Reporting PHC monitor cleanliness and hygiene of outreach sessions and the center	RR/SI	Check records that reporting PHC staff/ In charge has checked cleanliness and hygiene of the centre and its outreach session at least monthly basis.	
F	**HYGIENE PROMOTION**			
F1	**Community Monitoring & Patient Participation**			
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.2	Patient rights and responsibility are displayed	SI/RR	Check for IEC regarding the role and responsibility	
F2	**Information Education and Communication**			
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language	

Ref. No.	Criteria		Means of Verification	Compliance
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F3	**Leadership and Team work**			
F3.1	Staff worked as a team to improve sanitation and hygiene of the facility	RR/SI	Ask staff about sanitation and hygiene	
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities to make facility clean	
F4	**Training and Capacity Building and Standardization**			
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Ask staff and look for any record	
F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and at least once in every year	
F5	**Staff Hygiene and Dress Code**			
F5.1	Centre has dress code policy for all cadre of staff	OB/SI	Mid-Level Healthcare Provider and other health workers are in dress code. Check for I card and name plates	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	
G	**CLEANLINESS BEYOND HOSPITAL/FACILITY BOUNDARY WALL**			
G1	**Promotion of Swachhata & Coordination with Local bodies**			
G1.1	Facility is situated in ODF area	RR/SI	Centre is located in ODF village	
G1.2	Local community actively participates in VISHWAS campaign	RR/SI	Check for activities carried out under the leadership of VHSNCs for improving water, sanitation and hygiene situation during VISHWAS campaign.	

Ref. No.	Criteria		Means of Verification	Compliance
G1.3	Implementation of IEC activities related to ' Swachh Bharat Abhiyan'	OB/RR/SI	Check for any pamphlets/ Posters/wall writing- promoting use of toilets, hand washing, safe drinking water and tree plantation etc.	
G1.4	The Facility coordinates with local Gram Panchayat and NGOs for improving the sanitation and hygiene	RR/SI	Look for evidence of collective action for improving water, sanitation and hygiene.	
G1.5	The Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc. which contributes strengthening towards of hygiene & sanitation	
G2	**Cleanliness of approach road and surrounding area**			
G2.1	Area around the facility is clean, neat & tidy	OB	Check for any litter/ garbage/refuse and water logging in the surrounding area of the facility.	
G2.2	On the way signages are available	OB/SI	Check for directional signage with name of the facility on the approach road.	
G2.3	Approach road is clean and even	OB/SI	Check that approach road are clean and even	
G2.4	All drain and sewer are covered.	OB	Check for overflowing drains surrounding the facility.	
G2.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality.	

Ref. No.	Criteria		Means of Verification	Compliance
G3	**Aesthetics and amenities of Surrounding area**			
G3.1	Parks and green areas of surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G3.2	No unwanted/broken/ torn/loose hanging posters/billboards.	OB	Check that facility surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
G3.3	No loose hanging wires in and around the bill boards, electrical poles, etc.	OB	Check for any loose hanging wires.	
G3.4	Availability of public toilets in surrounding area	OB/SI	Check for separate toilets for male and female and they are conveniently located and clean.	
G3.5	Availability of adequate parking stand in surrounding area	OB/SI	Check for parking stand for auto/rickshaw/taxi etc., and they are not parked haphazardly.	
G4	**Maintenance of surrounding area and Waste Management**			
G4.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby area.	
G4.2	Availability of garbage storage area	OB	Garbage storage area is away from residential/ commercial areas and is covered/fenced. It is not causing public nuisance.	
G4.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	

Ref. No.	Criteria		Means of Verification	Compliance
G4.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G4.5	Regular repairs and maintained of roads	OB/SI/RR	Check current condition of the road	

Methodology for Calculating Weighted Average Score Under Kayakalp

Scores and Weightages

	Type of Score	Details	Weightage
A	Kayakalp score	Score obtained in external assessment	85%
B	Mera Aspataal Score	% age of patients dissatisfied with the cleanliness	15%

How to Calculate

A. Kayakalp Score:

Final score obtained after external assessment of the facilities

B. Mera Aspataal Score:

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

Mera Aspataal Score of Hospital can be calculated using the formula:

$$= \frac{\text{Max. \% age of dissatisfied patients in the state - \% of patient dissatisfied at a Hospital}}{\text{Max. \% of dissatisfied patients in the state - Min \% age of dissatisfied patients in the state}} \times 100$$

For example, in a Hospital A the following facility and state data is given:

Max. % age of dissatisfied with cleanliness in the State*	25%
Min. % age of dissatisfied with cleanliness in the state*	10%
% of patient dissatisfied with cleanliness at Hospital A is	15%
Score obtained in External Assessment of Hospital A is	84%.

Now the Mera Aspataal score would be

$$\text{Mera Aspataal Score} = \frac{25\%-15\%}{25\%-10\%} \times 100 = 66.66\%$$

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

Now, let us calculate the overall weighted average score of the facility

Score	Value	Weightage	Calculation	Weightage Score
Kayakalp score	84.0 %	85%	84 x 0.85	71.4 %
Mera Aspataal Score	66.6 %	15%	66.6 x 0.15	9.99 %
Total weighted score of Hospital A				**81.39 %**

THE OVERALL COMPOSITE WEIGHTED AVERAGE SCORE OF HOSPITAL A IS 81.39%.

NOTES:

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NATIONAL HEALTH MISSION
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