



AWARD
TO PUBLIC HEALTH FACILITIES
KAYAKALP

2021





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2021



Ministry of Health and Family Welfare
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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. The Kayakalp award initiatives were extended to urban health facilities in the FY 2017-18. From FY 2019-20, it is extended to Sub Centre level Health & Wellness Centres.

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 Hospitals 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.
- ◆ From FY 2021-22, there will be a separate award for best "eco-friendly" hospital under the Kayakalp scheme. In all States and UTs the top ranked DH and CHC/SDH will receive an 'eco-friendly' award.*

Each facility will receive a cash award with a citation.

*Details have been provided in Chapter-VIII



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

1. Kayakalp Score.
2. Mera Aspataal Score.

For the current FY 2019-20, only District Hospitals would be evaluated using the above two criteria. 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 criteria 1 and 2 when all the facilities would be integrated with Mera Aspataal.

Criteria I: 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
- h. Eco-friendly facility

(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 - Winner
Category B	26–50	1 st 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 - Winner b. Rs. 20.00 lakhs – 1st Runner-up and c. Rs. 10.00 lakhs – 2nd 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 $\geq 70\%$ on External Assessment.
 - ◇ The winner and runner-up facilities in the previous year would have to show an improvement in the score by at least 5% from 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 $\geq 70\%$.
- 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	1 st 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

e. **Best eco-friendly Award in DH & SDH/CHC category:** From FY 2021-22 there will be a separate award for the best 'eco-friendly' hospital under Kayakalp. There will be award for best eco-friendly district hospital and best eco-friendly SDH/CHC in all States/UTs. A cash award would be given as follows:

- | | |
|----------------------|---------------|
| a) District Hospital | Rs. 10,00,000 |
| b) SDH/CHC | Rs. 5,00,000 |

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. 3,00,000 |
| b) SDH/CHC | Rs. 1,00,000 |
| 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.



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.



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:

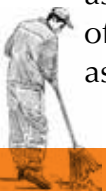
Peer Assessment: Peer Assessment, at least once in a year is mandatory for all facilities undertaken under kayakalp. Peer validation of a score of 70% and above is a criterion for application for the award. Within the district, hospital staff of one block level facility would undertake the assessment 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 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 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 SDHs & CHCs 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, SDHs &



CHCs, 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.



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, 'F' - Hygiene Promotion, 'G' - Cleanliness beyond Hospital/facility boundary wall and 'H' - Eco-friendly facility (Applicable for DHs, SDHs and CHCs only).

From FY 2021-22 onwards all DHs, SDHs and CHCs level facilities are required to be assess on thematic area H-eco-friendly facility. Revised tools for assessment has been placed at Section A – Assessment Tools for DH, SDH & CHC.

Criterion: Under each of the themes, there are certain criteria that cover specific attributes of respective themes.

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 5/10 in each criterion and 10/20 under Eco-friendly theme, 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



	Thematic Area	Assessment Method	Means of Verification	Compliance
Ref. No.	Criterion	Assessment Method	Means of Verification	Compliance
A.	Hospital/Facility			
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, 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	

checkpoint. There are four 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.
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 through 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.

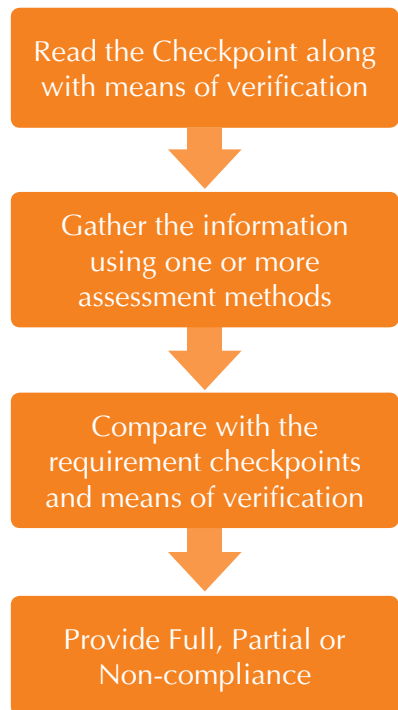
Means of Verification: Each checkpoint is accompanied by means of verification given in next column assessment method. This provides specific guidance to assessor what to look-for, while taking a decision on extent of compliance. Means of verification provides specific clues for the assessment, observations 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 following link: <http://qi.nhsrindia.org/cms-detail/tools-for-kayakalp/MTA1>



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).



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 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.

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	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	1.50	
3.	More than 50	One Winner	2.00	1 per District/Zone/Region of 7 metros
		1st Runner-up	1.50	
		2nd Runner-up	1.00	
4.	All U-PHCs scoring 70% or more on External Assessment	Commendation Award	0.50	All Eligible facilities



Assessment Tools

- a. **Section A – Kayakalp Award to Public Health Facilities (2021):**
U-CHC
- b. **Section B – Kayakalp Award to Public Health Facilities (2021):**
U-PHCs with beds
- c. **Section C – Kayakalp Award to Public Health Facilities (2021):**
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.*



Introduction

- ◇ In the recent years, there has been renewed focus on eco-friendly initiatives. The Ministry of Health & Family Welfare has also launched a National Program for Climate Change and Human Health (NPCCHH) in 2019.
- ◇ However, many eco-friendly initiatives and practices are already there in the existing Kayakalp assessment tools, many important facility level eco-friendly interventions have been missing in the tools. Hence, an additional theme 'Eco-friendly facility' in the existing Kayakalp assessment tools has been added.
- ◇ The health facilities (DHs, SDHs and CHCs) are required to use new Kayakalp tool with additional following five criteria under this theme:
 1. Energy efficient facility
 2. Air and noise pollution
 3. Reduce – reuse and recycle of waste
 4. Save earth and environment
 5. Health and well being

Award Scheme

There will be a separate award for best "eco-friendly" hospital under the Kayakalp scheme. The award under this category will be given to that facility that will get highest eco-friendly score.

There will be two sub categories:

1. Best 'eco-friendly' District Hospital: In all States/UTs, the top ranked DH will get best 'eco-friendly' award in the District Hospital category.



2. Best 'eco-friendly' SDH/CHC Award: In all States/UTs, the top ranked SDH/CHC will receive an 'eco-friendly' award in SDH/CHC category.

Eligibility Criteria for the Award

The facility must have achieved at least 70% 'eco-friendly' score under the Kayakalp during external assessment.

Awards Criteria

The award will be finalized based on the 'eco-friendly' scorecard under the Kayakalp. The facility will be evaluated based on three specific criteria:

S.No.	Thematic Area/ Criteria	Attribute	Number of Checkpoints	Scores
1.	Thematic Area-H (Additional)	Eco-friendly Facility	50	100
2.	Thematic Area-C	Waste Management	50	100
3	Criterion-A9	Water Conservation	5	10
Total			105	210

A separate 'eco-friendly score card' will be calculated by State level Award committee based on the revised 'Kayakalp' checklist and aggregate score of above-mentioned three award criteria.

Award Money

Best 'eco-friendly' District Hospital in the State will get an award money of Rs 10 Lakhs and Rs 5 Lakhs will be provided to SDH/CHC facility in the state.

Revised Tool

The Kayakalp assessment tool for DHs/SDHs and CHCs has been revised and placed at Section A – Assessment Tools for DH, SDH & CHC.



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	5S for 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
D6	Spill Management	10



Reference No.	Criteria	Weightage
D7	Isolation and Barrier Nursing	10
D8	Infection Control Program	10
D9	Hospital/Facility Acquired Infection Surveillance	10
D10	Environment Control	10
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	Cleanliness Beyond Hospital/Facility Boundary Wall	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
G5	Approach Road to Health facility	10
G6	Cleanliness of Surrounding areas	10



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



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	Cleanliness Beyond Hospital/Facility Boundary Wall	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	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



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



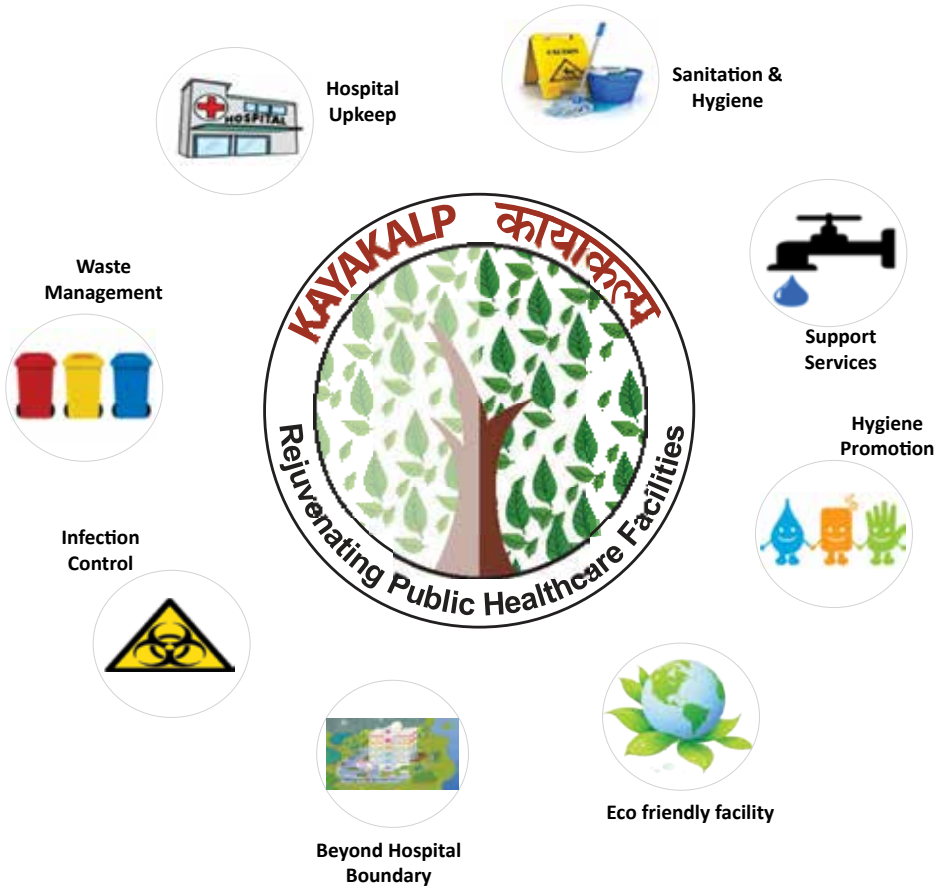
Reference No.	Criteria	Weightage
B9	Monitoring of Cleanliness Activities	04
B10	Drainage and Sewage Management	04
C	Waste Management	40
C1	Segregation of Biomedical waste	04
C2	Collection and Transportation of Biomedical Waste	04
C3	Sharp Management	04
C4	Storage of Biomedical Waste	04
C5	Disposal of 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			5
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, monkey etc. within the premises. Also discuss with the facility staff	1
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall and ensure that there is some mechanism for passage of wheel chairs and trolleys	1
A1.3	Integrated Pest Control Management is implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same	1
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	1
A1.5	Measures for Mosquito free environment are in place	OB/SI/PI	Check for: 1. Usage of Mosquito nets by the patients 2. Availability of adequate stock of Mosquito nets. 3. Wire Mesh in windows. 4. Desert Coolers (if in use) are cleaned regularly/oil is sprinkled 5. No water collection for mosquito breeding within the premises	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A2	Landscaping & Gardening			5
A2.1	Facility's front area is landscaped (Both hardscaping and soft-scaping)	OB	Check for the following: 1. Hardscaping: look for driveways/retaining walls/pavers/fountains are maintained adequately 2. Soft-scaping:Front of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance	1
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	1
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	1
A2.4	Gardens/green area are secured with fence	OB	Check the barricades, fence, wire mesh, railings, gates, etc. have been provided for the green area.	1
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants Check for: 1. Its accessibility to the patients 2. Medicinal plants and Trees & Plants generating more oxygen (E.g., Neem, Peepal, Aloe Vera, Tulsi etc.)	1
A3	Maintenance of Open Areas			5
A3.1	There is no abandoned/dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises and give full compliance if the existing abandoned building is identified and marked	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A3.2	No water logging in open areas and the facility buildings are vector- breeding proof	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc. and also look for tyres, flower pots for accumulation of stagnant water	1
A 3.3	No thoroughfare/ general traffic in hospital premises	OB/SI	Check that the facility premises are not being used as 'thoroughfare' by the general public	1
A3.4	Open areas are well maintained	OB/RR	Check that: <ol style="list-style-type: none"> 1. There is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas 2. Retaining natural topography (and/or) design vegetated spaces on the ground, for at least 15% of the site area 3. Preservation of existing trees & plantation of new trees 	1
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	1
A4	Hospital/Facility Appearance			5
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	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A4.3	Name of the hospital is prominently displayed at the entrance	OB	Name of the Hospital is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night	1
A4.4	Uniform signage system in the Hospital	OB	All signages (directional & departmental) are in local language and follow uniform colour scheme.	1
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.	1
A5	Infrastructure Maintenance			5
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	1
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually	1
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	1
A5.4	Hospital has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	1
A.5.5	Hospital has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A6	Illumination			5
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs	1
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	1
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	1
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated	1
A6.5	Adequate illumination in auxiliary area	OB	Check that auxiliary area of the facility like Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices are well illuminated	1
A7	Maintenance of Furniture & Fixture			5
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	1
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	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.4	Furniture at the nursing station, staff room, administrative office is maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean	1
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programme for furniture and fixtures, at least once in a year	1
A8	Removal of Junk Material			5
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.	1
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.	1
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.	1
A8.4	Hospital has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	1
A8.5	Hospital has documented and implemented Condemnation policy along with condemnation of old ambulances/vehicles.	SI/RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it. Check the condemnation of old ambulances and vehicles inside the premises of the hospital	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A9	Water Conservation			5
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check for: 1. Quantity of water including reservoir and record of its for judicious use of water 2. Installation of main water meter/sub-meter	1
A9.2	Water supply system is maintained in the hospital and there is a system of periodical inspection for water wastage	OB/SI	Check for: 1. Staff have been assigned duty for periodical inspection of leaking taps, pipes and dysfunctional cisterns etc. 2. Use of low-flow faucets; dual flush toilets	1
A9.3	Hospital promotes water conservation	SI/OB/RR	Check: 1. IEC material is displayed for water conservation, and staff & users are made aware of its importance 2. The facility conducts educational program that highlights the need to conserve and use water efficiently	1
A9.4	Hospital has a functional rain water harvesting system	OB/SI	Check: Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	1
A 9.5	The hospital has innovative practices for water conservation	OB/SI	Check any innovative practices such as: 1. Landscaped area is planted with drought tolerant plants (e.g., Cactus, Palm, bougainvillea, snake plant, lavender etc.) 2. Usage of grey water for irrigation and toilet flushing etc.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A10	5S for Work Place Management			5
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	1
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	1
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification	1
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check that nursing station, dispensing counter, lab benches, etc. are clean and shining	1
A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e.g. 5S)	1
B	SANITATION & HYGIENE			
B1	Cleanliness of Circulation Area			5
B1.1	No dirt/Grease/Stains in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top, lift (if available) for any visible or tangible dirt, grease, stains, etc.	1
B1.2	No Cobwebs/Bird Nest/Dust on walls and roofs of corridors	OB	Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	1
B1.4	Corridors are rigorously cleaned with scrubbing/flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	1
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	1
B2.	Cleanliness of Wards			5
B2.1	No dirt/Grease/Stains/Garbage in wards	OB	Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	1
B2.2	No Cobwebs/Bird Nest/Dust/Seepage on walls and roofs of wards	OB	Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.	1
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	1
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	1
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	1
B3	Cleanliness of Procedure Areas (OT, Labour Room, Dressing Room)			5
B3.1	No dirt/Grease/Stains/Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, OT, Minor OT, Dressing room for any visible or tangible dirt, grease, stains etc.	1
B3.2	No Cobwebs/Bird Nest/Seepage in OT & Labour Room	OB	Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	1
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc.	1
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	1
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab, X-Ray and USG) & Ambulance			5
B4.1	No dirt/Grease/Stains/Garbage in Ambulatory Area	OB	Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	1
B4.2	No Cobwebs/Bird Nest/Seepage on walls and roofs of ambulatory area	OB	Check for roof, walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	1
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	1
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	1-Observe and ask the staff about frequency for cleaning of OPD, Emergency, Lab, X-Ray, USG room etc.	1
B4.5	Cleanliness of Ambulance	SI/RR	Ask the staff about frequency for cleaning of ambulance and verify with records	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B5	Cleanliness of Auxiliary Areas (Kitchen, Laundry, Mortuary, Administrative office)			5
B5.1	No dirt/Grease/Stains/Garbage in Auxiliary Area	OB	Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, for any visible or tangible dirt, grease, stains, etc.	1
B5.2	No Cobwebs/Bird Nest/Seepage on walls and roofs of Auxiliary Area	OB	Check the roof, walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.	1
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.	1
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	1
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	1
B6	Cleanliness of Toilets			5
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	1
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	1
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	1
B7	Use of standards materials and Equipment for Cleaning			5
B7.1	Availability of Detergent Disinfectant solution/Hospital Grade Phenyl for Cleaning purpose Hospital is using environmentally Preferable Cleaning products, materials and equipment	SI/OB/RR	<ol style="list-style-type: none"> 1. Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label 2. Check the cleaning products and materials that are environmentally friendly and that are less toxic but still maintain the high level of cleanliness are used in the facility (with eco-friendly logo) 3. Check with cleaning staff if they are getting adequate supply. Verify the consumption records 	1
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	1
B7.3	Availability of carbolic Acid/Baciloid 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	1
B7.4	Availability of eco-friendly/bio-degradable Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available (made of up eco-friendly plastic/bio-degradable plastic items/ aluminium as per the local availability). General and critical areas should have separate bucket and carts	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.5	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement. Hospital with a size of more than 300 beds should have mopping machine	1
B8	Use of Standard Methods Cleaning			5
B8.1	Use of Three bucket system for cleaning	SI/OB	<p>Check if cleaning staff uses three bucket system for cleaning</p> <p>First mop the area with the warm water and detergent solution</p> <ul style="list-style-type: none"> • After mopping clean the mop in plain water and squeeze it • Repeat this procedure for the remaining area • Mop area again using sodium hypochlorite 1% after drying the area <p>Ask the cleaning staff about the process</p>	1
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	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B8.4	Use of separate mops for critical and semi critical areas and procedure surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors	1
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	1
B9	Monitoring of Cleanliness Activities			5
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month	1
B9.2	Use of Housekeeping Checklist in Patient Care Areas & ambulance	OB/RR	Please check for: 1. Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. 2. Cleaning checklist is displayed inside the ambulance Check Housekeeping records if checklists are daily updated for at least last one month	1
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist is daily updated for at least last one month.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B9.4	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist	1
B9.5	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective	1
B10	Drainage and Sewage Management			5
B10.1	Availability of closed drainage system	OB	Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered	1
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	1
B10.3	Availability of connection with Municipal Sewage System/or Soak Pit	OB/SI	Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises	1
B10.4	No blocked/over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C	WASTE MANAGEMENT			
C1	Implementation of Biomedical Waste Rules 2016			5
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes as amendments	SI/OB	A copy of the Biomedical waste management rules is available at the facility	1
C1.2	The facility has implemented Biomedical Waste Rules	OB/SI/RR	Interview the concerned personnel and verify following actions - 1. Change in colour scheme 2. Linkage with CWTF, if located within 75 kms OR Approval for Deep Burial pit 3. 'On-site' pre-treatment of laboratory waste before handing over to the CTF Operator	1
C1.3	The facility has started undertaking actions for bar coding system	SI/RR	Check the records and interview the personnel to ascertain that the hospital has started actions for procurement of Bar-coded bags & containers	1
C1.4	The facility has started undertaking actions, which are to be complied as per current guidelines	SI/RR	Check the records and interview the personnel to ascertain that the hospital has started actions for followings - 1. Procurement of Non-chlorinated bags 2. Development of Website and uploading of Annual Report 3. Actions for meeting emission standards as given in BMW Rules 2016 and its amendments.	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C2	Segregation, Collection and Transportation of Biomedical Waste			5
C2.1	Segregation of BMW is done as per BMW management rule, 2016 and its subsequent amendments	OB/SI	Anatomical waste and soiled dressing material are segregated in yellow bins & bags General and infectious waste are not mixed	1
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	1
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	1
C2.4	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with lids	1
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	1
C3	Sharp Management			5
C3.1	Syringes are mutilated or needles are cut before disposal	OB/SI	Check if syringes are disposed off without mutilation or without cutting needles	1
C3.2	Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016 and its subsequent amendments	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	1
C3.3	The Staff uses hub cutters for cutting the syringe hub	OB/SI	Observe that hub cutters are available at every point of waste generation and also being used	1



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.	1
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	1
C4	Storage of Biomedical Waste			5
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	1
C4.2	The Storage facility is located away from the patient area and has connectivity of a motorable road	OB	Look at the location and its connectivity through a road for CWTF vehicle to reach the storage area without any hindrance The storage area does not pose any threat to patients, indoor & outdoor both	1
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	1
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 hours of generation. Check the record especially during holidays	1
C4.5	The storage facility has hand-washing facilities for the workers	OB	Check availability of soap, running water in vicinity of storage facility	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C5	Disposal of Biomedical waste			5
C5.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or The facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should approve by the Prescribed Authority	1
C5.2	Recyclable waste is disposed as per procedure given in the BMW Rules 2016 and its subsequent amendments	OB/SI/RR	Check if Recyclable waste (catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded/ mutilated after treatment (options autoclaving/ microwave/hydroclave) and then sent back to registered recyclers. Alternatively, it can also be sent for energy recovery or road construction Ascertain that waste is never sent for incineration or land-fill site	1
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Rules 2016 and its subsequent amendments	OB/RR	Located away from the main building and water source, A pit or trench should be approx. two meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil Secured from animals If waste disposed through CTF, then a deep burial pit is not required. (Give Full Compliance)	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C5.4	Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016 and its subsequent amendments	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration	1
C5.5	Disposal of PPEs (goggles, face-shield, splash proof apron, plastic coverall, hazmat suit, nitrile gloves etc.) are disposed as per procedure given in the BMW rules 2016 and its subsequent amendments including infectious disease like COVID 19	OB/SI/RR	Check that disposal procedures are as per the latest BMW Rules that includes infectious disease like COVID 19	1
C6	Management Hazardous Waste			5
C6.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management If facility is mercury free give full compliance	1
C6.2	Availability of Mercury Spill Management Kit	OB	Check physical availability of Mercury spill management kit, more so at the locations functional on 24x7 basis (Emergency Department, Ward, etc.). If facility is mercury free give full compliance	1
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	1
C6.4	Disposal of Disinfectant solution like Glutaraldehyde & Disposal of Lab reagents	SI/RR/OB	Check for: 1. Used disinfectants are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			2. Liquid from laboratories are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF	
C6.5	Disposal of waste collected from infectious disease like COVID-19	SI/RR	Check that the facility is managing infectious waste like COVID-19 as per the procedures laid down by CPCB like double layer bags, labelling of 'COVID-19', disinfection with 1% sodium hypochlorite solution etc. are done	1
C7	Solid General Waste Management			5
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	1
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	1
C7.3	General Waste is not mixed with infected waste	OB	Check bins to ascertain that such mixing does not take place	1
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	1
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.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C8	Liquid Waste Management			5
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	1
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	1
C8.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	1. Check the availability of Separate collection system leading to effluent treatment system 2. Check for availability of effluent treatment system in the facility	1
C8.4	Sullage is managed scientifically	OB/SI	Check that Sullage (waste water from Bathrooms & Kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to Municipal system. In absence of such system, the facility should have soakage pit for sullage	1
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.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C9	Equipment and Supplies for Bio Medical Waste Management			5
C9.1	Availability of foot operated Bins and other bins with liners for segregated collection of waste at point of use	OB/SI/RR	Check for availability foot operated bins with liners of appropriate size at each point of generation for Biomedical and General waste and its supply record	1
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	1
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	1
C9.4	Availability of Sodium Hypochlorite Solution	OB/SI/RR	Please look at availability of Sodium Hypochlorite and its supply record	1
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	1
C10	Statuary Compliances			5
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	1
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	1
C10.3	The Health Facility has a system of review and monitoring of BMW Management through an existing committee or by forming a new committee	RR/SI	Check following records: 1. Office order for constitution of committee or its review by existing committee - Quality Committee/ infection control committee 2. Frequency of committee meetings - at least 6 monthly 3. Minutes of meetings	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C10.4	The Health facility maintains its website and annual report is uploaded	RR	Check, if the facility has its own website and annual report under the BMW Rules 2016 is uploaded	1
C10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016 and its subsequent amendments	RR	Check following records: 1. Yearly Health Check-up record of all handlers 2. BMW training records of all staff (once in year training) 3. Immunisation records of all waste handlers 4. Records of operations of Autoclave and other equipment for last five years	1
D	INFECTION CONTROL			
D1	Hand Hygiene			5
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.	1
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	1
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	1
D1.4	Availability of Alcohol Based hand rub and its usage	SI/OB	Check the availability alcohol-based hand-rub in all patient care areas and they are accessible for visitors, patients and staff. Ask for its regular supply	1
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)	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D2	Personal Protective Equipment (PPE)			5
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	1
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	1
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	1
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.	1
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	1
D3	Personal Protective Practices			5
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	1
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	1
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	1
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	1
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D4	Decontamination and Cleaning of Instruments			5
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	1
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedure	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	1
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	1
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	1
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	1
D5	Disinfection & Sterilization of Instruments			5
D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes	1
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff about the process of High-Level disinfection using Boiling or Chlorine solution	1
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Lock)	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	1
D6	Spill Management			5
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	1
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	1
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	1
D6.4	Spill management protocols are displayed at points of use	OB	Check for display	1
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	1
D7	Isolation and Barrier Nursing			5
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	1
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	1
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	1
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.	1
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU, SNCU, Burn Ward, etc.	1
D8	Infection Control Program			5
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	1
D8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check if the hospital has documented Anti biotic policy and doctors are aware of it	1
D8.4	Immunization of Service Providers	RR/SI	Check for: 1. Hospital staff has been immunized against TT, Hepatitis B 2. Food handlers/kitchen staffs have been immunised against Typhoid	1
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	1
D9	Hospital Acquired Infection Surveillance			5
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.	1
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	1
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	1
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	1
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	1
D10	Environment Control			5
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least 15 to 20 air changes per hour	1
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	1
D10.4	Surface cleaning and safe fogging of OT	OB/SI	Check surface of OT are cleaned daily and fogging is done by using safe product containing H ₂ O ₂ (Hydrogen Peroxide), silver compounds	1
D10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic. There should be no criss cross between general and patient traffic	1
E	SUPPORT SERVICES			
E.1	Laundry Services & Linen Management			5
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	1
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.	1
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	1
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	1
E1.5	Patients' dress is clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E2	Water Sanitation			5
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	1
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The hospital should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained	1
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	1
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	1
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	1
E3	Kitchen Services			5
E3.1	Hospital kitchen is located in such a place away from clinical areas and general traffic's	OB	The Hospital kitchen is functional away from clinical areas and general traffic's with proper lay out. Cooking takes place on LPG/PNG. No fire wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E3.3	The Kitchen is smoke-free and fly-proof	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proof. No fly nuisance is noticed inside the kitchen	1
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. All staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available	1
E3.5	Food to patients is distributed through covered trolleys and patients' utensils are not dented or chipped - off and facility adopted the system of Food Waste Reduction and Composting	OB	Check for adequate number of trolleys are available and are in use. Look for the condition of patient's crockery and utensils	1
E4	Security Services			5
E4.1	The main gate of premises, Hospital building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations	1
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.	1
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	1
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E4.5	Un-authorized vendors are not present inside the campus. Waste storage is secured and there is no plastic items, card board etc.	OB/SI/PI	Check, entry of vendors is controlled or not. Unauthorised entry of rag-pickers should not be there	1
E5	Out-sourced Services Management			5
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Check the contract document of all out-sourced services	1
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	1
E5.3	The contract has penalty clause and it has been evoked in the event of non-performance or sub-standard performance	RR/SI/ Interview with vendor	Check for: 1 The penalty clause in the contract and how often it has been used 2. Black listing norms and procedure included in that procedure	1
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	1
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	1
F	HYGIENE PROMOTION			
F1	Community Monitoring & Patient Participation			5
F1.1	Members of RKS/JAS(Jan Arogya Samiti) and Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI/RR	At least once in month.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F1.2	Local NGO/Civil Society Organizations are involved in cleanliness of the hospital	SI	Discuss with hospital administration about involvement of local NGOs/Civil society	1
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	1
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	1
F1.5	The Health facility has a system to take feedback from patients and visitors for maintaining the cleanliness of the facility (Manual/Mera Aspataal)	SI/RR	Check if there is a feedback system/Mera Aspataal for the patients. Verify the records towards analysis of patient feedback received followed by CAPA (Corrective action & Preventive action)	1
F2	Information Education and Communication			5
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	1
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises along with relevant IECs pertaining to National Clean Air Programme/ water pollution/reuse of water etc.	OB	Should be displayed prominently in local language	1
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	1
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language	1
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F3	Leadership and Team Work			5
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	1
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: Check for: 1. Committee have representation from all cadre of staff 2. Role and responsibilities are defined for all staff	1
F3.3	Roles and responsibility of different staff members have been assigned and communicated The management of the hospital is committed to implement the concept of green healthcare and the hospital management shall follow the Sustainable Procurement Policy(SPP)	SI/RR	Ask different members about their roles and responsibilities 1 Check the commitment and culture for green healthcare and conservation of natural resources in the facility 2. Please check the implementation pertaining to LED lamps, energy star rating of BEE products, disinfectants.	1
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	1
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	1
F4	Training and Capacity Building and Standardization			5
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if training need assessment has been done	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	1
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	1
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility and guidelines/SOPs are available to educate and help them towards implementation of go green concept	SI/RR	Check availability of SOP with the users (based on the Green Building Guidelines/National Programme for Climate Change & Human Health Guidelines)	1
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	1
F5.	Staff Hygiene and Dress Code			5
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	1
F5.2	Nursing staff adhere to designated dress code	OB	Observation	1
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	1
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	1
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G	BEYOND HOSPITAL BOUNDARY			
G1	Promotion of Swachhata in Surrounding Area			5
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"	1
G1.2	Implementation of IEC activities related to ' Swachh Bharat Abhiyan' including IEC/BCC activities to promote go green concept	OB/RR/SI	Advertisement in newspapers/electronic media, distribution of booklets/pamphlets, posters/wall writing for promotion of use of toilets, hand washing, safe drinking water and tree plantation, etc.	1
G1.3	Community awareness by organising physical activities	RR/SI	Like rally, marathon, Swachhata walk, human Chain, etc.	1
G1.4	Community awareness by organising cultural programs	RR/SI	Like street plays/Nukar Natak/folk arts/folk-music, etc.	1
G1.5	Community awareness through competition and rewards	RR/SI	Like essay writing/poem/slogan writing/painting etc.	1
G2	Coordination with Local Institutions			5
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.	1



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.	1
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.	1
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	1
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	1
G3	Alternative Financing and Support Mechanism			5
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	1



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	1
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 councillors, Panchayat members, individual donations, etc. have supported the health facility in its cleanliness drive efforts either in cash or in kind	1
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.	1
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	1
G4	Leadership & Governance in Surrounding Area			5
G4.1	Surrounding area is declared Open Defecation Free	SI/RR	Check district/ward/block is declared ODF	1
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.	1



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	1
G4.4	Measure to control air pollution in surrounding area	OB/PI	Check for any poisonous pollutant emitting establishments, chimneys, etc. in near vicinity	1
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	1
G5	Approach Road to Health Facility			5
G5.1	On the way signages are available	OB	Check for directional signage with name of the facility on the approach road	1
G5.2	No unauthorised encroachments alongside of approach road	OB/SI	Check for any unauthorised encroachment/vendors/shops alongside the approach road	1
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	1
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	1
G5.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality 1. Trees or other buildings should not be blocking the lights 2. Observe the Low-glare fixtures/light sensitive arrangements	1
G6	Cleanliness of Surrounding Areas			5
G6.1	Area around the Facility is clean, neat & tidy	OB	Check for any litter/garbage/refuse in the surrounding area	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G6.2	No water logging in surrounding area	OB	Check for evidences of water accumulation or any potential mosquito breeding place	1
G6.3	All drains and sewer are covered.	OB	Check for open manhole and overflowing drains.	1
G6.4	Footpaths and pavements are clean	OB	Check for dust, garbage, outgrown weeds, moss on footpaths and pavements	1
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	1
G7	Public Amenities in Surrounding Area			5
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	1
G7.2	Availability of urinals in surrounding area	OB	Check that urinals are conveniently located and they are clean	1
G7.3	Public toilets & urinal in surrounding areas are clean	OB	Check for regular water supply, dry floor and no foul smell from toilets	1
G7.4	Presence of safe drinking water facility outside the health facility	OB	Check for its presence & functionality and safety & potability of water	1
G7.5	Availability of adequate parking stand	OB/SI	Check for parking stand for auto/rickshaw/taxi etc., and they are not parked haphazardly	1
G8	Aesthetics of Surrounding Area			5
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	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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.	1
G8.3	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are well illuminated with street lights	1
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.	1
G8.5	No loose hanging wires in and around the billboards, electric poles, etc.	OB	Check for any loose hanging wires	1
G9	General Waste Management in Surrounding			5
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	1
G9.2	Segregation of general waste is done	OB	Check content of recyclable and Biodegradable bins to ascertain their usage	1
G9.3	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	1
G9.4	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	1
G9.5	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.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G10	Maintenance of Surrounding Area			5
G10.1	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	1
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	1
G10.3	Regular cleaning of drains	RR/SI	At least twice in a year and before onset of monsoon	1
G10.4	Regular repairs and maintenance 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.	1
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)	1
H	ECO-FRIENDLY FACILITY			
H1	Energy Efficient Facility			10
H1.1	Energy audit is being conducted in the facility	SI/RR	Check that the energy audit report contains: 1. Recommendation for improving energy efficiency 2. Cost benefit analysis 3. Action plan to reduce energy consumption	1
H1.2	Facility promotes low-energy lighting	OB	Check for: 1. Usage of slimmer tubes/ LED lamps 2. No blackened, flickering, dim or failed fluorescent tube lights	1
H1.3	Lighting control in common area of the hospital	OB/SI	Check that common area lighting like toilets, corridors, pathways, parking, staircases have Daylight/Occupancy/ Motion sensor	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H1.4	Facility maximise the usage of natural lighting	OB	Check that opportunities for day lighting are maximized in the facility, while controlling glare and unwanted heat gain	1
H1.5	On-site renewable energy generation in the facility	OB/SI	Check for Installation of onsite renewable energy sources, such as solar panels/wind turbines/Bio-gas etc.	1
H1.6	No energy consuming equipment are switched-on when not in use	OB	Check for: 1. Air-conditioners, lights, fans, Laptop, Desktop computers etc. randomly 2. Automatic sensor system installed for the electrical appliances	1
H1.7	Lighting and electrical appliances in the facility are energy efficient	OB/RR	Check refrigerator, Fans, LED lights, Air-Conditioners, TV, Geyser etc. installed in the building are having Bureau of Energy Efficiency (BEE) 4-star rating or more	1
H1.8	Water appliances in the facility are energy efficient	OB/RR	Check Pumps & Motors installed in the building shall have an efficiency equivalent to Bureau of Energy Efficiency (BEE) 4-star rating or more	1
H1.9	The facility has taken adequate steps to reduce water heating expenses	OB	Check facility is using following strategies for reducing water heating expenses: 1. Turn down the thermostat on water heater 2. Insulated hot water system equipment and piping	1
H1.10	The Health Facility has adopted the 'Passive architecture planning'	OB	Check the facility that natural lights are being maintained through skylights/courtyard, shaded corridors/shading devices/shading from tree & adjacent buildings/ ventilators etc.	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H2	Air and Noise Pollution			10
H2.1	There is a public display system of scrolling of AQI in the facility	OB	Check for public display system in common spaces such as reception areas/ waiting area indicating the Temperature, Humidity, Particulates Matter (PM), CO ₂	1
H2.2	There is public display system of scrolling of AQI in the critical care units ICU, OT, SNCU etc.	SI/RR	Check for public display system in critical area of the hospital like ICU, OT, SNCU etc indicating the Temperature, Humidity, Particulates Matter (PM), CO ₂	1
H2.3	Availability of local hooding with exhaust for bathrooms and kitchen	OB	The facility has provision of exhaust fan with hooding in all bathrooms and kitchen	1
H2.4	Utilisation of air purifiers to remove particulate matter from the indoor environment	OB	Check the availability and functionality of air purifiers in critical care units/isolation wards	1
H2.5	Natural Ventilation is being maintained at the hospital premises	OB	Check that all windows are operable and the facility take full advantage of prevailing cross ventilation	1
H2.6	No smoking policy is strictly adhered in the facility/COTPA Act 2003	OB/SI/RR	Check for the: 1. No smoking Policy of the hospital 2. Anti-tobacco health warning signages 3. Fine imposition (challan prototype may be used as per COTPA Act 4. Staff or visitors not violating the policy	1
H2.7	No garbage or biomass burning within the facility premises	OB	Check for enforcement of ban any evidence of burning garbage or biomass (especially during winter months)	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H2.8	The facility is declared silent zone	OB	Check: Signages like Silent Zone, blow no horn, and Keep silence in the demarcated area of the facility	1
H2.9	Facility has taken measures to reduce noise pollution	OB/SI	Check for: 1. Timely oiling, greazing of wheel chairs, stretchers etc. 2. Medical equipment alarms are adjusted to less annoying level 3. Measures are being taken to manage crowding in waiting area, emergency, OPDs etc.	1
H2.10	Availability of noise and emissions-controlled DG Sets	OB/SI/RR	Check for: 1. The maximum permissible sound pressure level for new diesel generator (DG) sets with rated capacity up to 1000 KVA, manufactured on or after the 1st January, 2005 shall be 75 dB(A) at 1 metre from the enclosure surface 2 The installed DG set in the hospital is in compliance with norms given in CPCB Guideline-System and procedure for compliance with noise limits for diesel generator sets up to 1000KVA 3. The diesel generator sets should be provided with integral acoustic enclosure 4. Please check for silencer and air filter	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H3	Reduce, Reuse and Recycle the Waste			10
H3.1	Availability of waste management policy that seeks to reduce, reuse and recycle waste	RR/SI	Check for: 1 An established waste management policy to reduce, reuse and recycle of waste 2. The staff is aware, trained and practicing	1
H3.2	Hospital procure the materials that generates less waste and are recyclable	RR/SI	Check for: 1. Procurement policy of the document which encourage to procure items that generate less waste and are recyclable 2. Work orders/tenders for the evidences of the same	1
H3.3	Usage of washable surgical and nursing clothing after proper sterilization	OB/SI	Check that the facility is using washable surgical and nursing gowns, drapes and towels instead of disposable one after proper sterilization	1
H3.4	Practice of usage of reusable gloves and masks	OB/SI	Check that the facility is using reusable gloves and masks after adequate sterilization	1
H3.5	Reduction of kitchen waste	OB/SI	Check for the: 1. Practice of using left over food to generate bio energy through onsite recycling plant 2. Practice of making compost with kitchen waste	1
H3.6	Reduction of paper waste	OB/SI	Check for: 1. Photocopiers and printers in the facility are having system of printing on both sides 2. Default setting of printing on both sides in the computers	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H3.7	Facility is maintaining paperless office system	OB/SI	Check for paperless office (or paper-free office) in which the use of paper is eliminated or greatly reduced by converting documents and other papers into digital form	1
H3.8	Facility is using biodegradable, compostable, or recyclable products in food services	OB	Check for use of biodegradable, compostable, or recyclable products like Paper pulp/ corn starch/sugarcane pulp in food services	1
H3.9	Recycle of waste water from treatment plant	OB/SI	Check that the facility onsite treatment plant filter and recycle captured rainwater and wastewater for re-use in toilet flushing, cooling plant, and interior and exterior garden irrigation	1
H3.10	The Health Facility has a procedure to dispose waste to authorized agencies for Recycle	OB/SI/RR	Check for recycling process for the paper and disposable plastic items etc. to the authorized recyclers	1
H4	Save Earth and Environment			10
H4.1	Facility celebrated The Earth day and world environment day to raise awareness	SI/RR	Check that the facility celebrated the World environment day on 5th June and Earth day on 22nd April by some effective campaigns to raise awareness	1
H4.2	No use of single use plastic bags in the facility	OB/SI	Check that facility is not using single use plastic bags to carry medicine, food articles/packaging materials used in drug warehouse etc.	1
H4.3	No use of bottled water in the facility	OB/SI	Check that facility has eliminated bottled water and promoting potable water	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H4.4	The facility is using eco-friendly bags and containers to store and transport the materials	OB/SI	Check for the usage of eco-friendly jute bags, card board boxes to store and transport materials	1
H4.5	The facility is using eco- friendly stationaries items	OB/SI	Check for the usage of eco-friendly pen, pencils, jute files, folder, cartridge etc.	1
H4.6	The facility is using Eco friendly Refrigerants	OB/SI/RR	Check for: 1. The use of refrigerants that have a reduced global warming potential (GWP) or less potent ozone depleting and they are CFC (Chloro Fluoro Carbon)-free. 2. Usage of R-290, R-32 refrigerant	1
H4.7	The facility is using Eco friendly Fire Suppression Systems	OB/SI/RR	Check that fire suppression systems used in the facility are free from Halons or any other ozone depleting substances	1
H4.8	The facility is procuring locally made food items	OB/SI	Check for the usage of locally produce vegetables, fruits and dairy products in the facility	1
H4.9	The facility is using virtual platform for capacity building trainings	OB/SI	The facility is promoting virtual platform for conducting meeting, trainings etc.	1
H4.10	The facility is managing e-waste properly	OB/SI	Check the facility: 1. e-waste like old electronic item such as tube lights, mobile phones, computers, keyboards, headphones, batteries etc not dumped into the dustbin with other garbage 2. e-waste is sorted based on its size and toxicity 3. Practice of exchanging/ drop off at e-waste bins/ using e-waste collection system from the hospital	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
H5	Health and Well Being			10
H5.1	Facility design allows connecting to the nature	OB	Check that Patient care area have direct clear view of sky/natural habitants/ garden/terrace garden etc.	1
H5.2	Green open spaces are maintained in the facility	OB	Check for: At least 20% of the open spaces should be well maintained with garden, park without any unwanted herbs, shrubs	1
H5.3	The Health Facility has indoor plants, those are having oxygen emitting quality	OB/SI	Check the facility has indoor plants such as Areca Palm/money plant/ Peace Lily (Spathiphyllum)/ Aloe Vera etc. or any other locally available plants, which are having oxygen emitting quality	1
H5.4	Disable friendly toilets are present inside the premises of the hospital and are functional	OB	Check the followings: 1. The doorway wide enough for a wheelchair user to pass through (min. 80 cm/32 inches wide) 2. The door opens outwards, allowing safe and easy access in an emergency 3. Grab rails on both sides of the toilet with elevated toilet seat 4. Check mirror, sink, towel, soap, bins etc. within reach for wheelchair users	1
H5.5	Facility is accessible to differently abled and senior citizens	OB	Check for: 1. Easy access to the main entrance of the building 2. Non-slippery ramps, with handrails on at least one side (as applicable)	1



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
			3. Braille and audio assistance in lifts for visually impaired people. (as applicable) 4. Uniformity in floor level for hindrance-free movement in common areas & exterior areas 5. Visual warning signage in common areas & exterior areas	
H5.6	Availability of stress relieving spaces in the facility for the staff and visitors	OB/SI	Check availability as well as the functionality & maintenance of Prayer room/Yoga Room/ Meditation room and Library	1
H5.7	Availability of indoor and outdoor games for physical activities	OB/SI	Check the availability as well as the functionality & maintenance for indoor /outdoor games like Badminton/Table-Tennis/ Cricket/Football etc.	1
H5.8	Dedicated play area inside the premises of the hospital	OB/SI	Check the availability as well as the functionality & maintenance of the play area	1
H5.9	Availability of creche facility in the hospital	OB/SI	Check the availability as well as the functionality & maintenance of the creche in the facility	1
H5.10	Availability of cafeteria for patients and visitors	OB/SI	Check the availability as well as the functionality & maintenance of the cafeteria	1



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	
A5.3	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/overflowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	
C	WASTE MANAGEMENT			
C1	Segregation of Biomedical Waste			
C1.1	Segregation of BMW is done as per BMW management rule 2016 and subsequent amendments	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 BMW management rule 2016 and subsequent amendments	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	Body fluids, secretions in suction apparatus, blood and other exudates in OT, Labour room etc. are disposed only after treatment	OB/SI/RR	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.	
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	Statutory 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 BMW management rule 2016 and subsequent amendments	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 of 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 newspapers/electronic media, distribution of booklets/pamphlets, posters/wall writing-promoting use of toilets, hand washing, safe drinking water and tree plantation, etc.	
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/ Swachhata walk/human chain, street plays, essay/poem/slogan/painting competition, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G1.4	The Facility coordinates with local Gram Panchayat/ Urban local bodies and NGOs for improving Swachhata in vicinity of the health facility	RR/SI	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.5	Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water 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	
G4.2	Such toilets/Urinal are neat & clean	OB	Check availability of water and level of cleanliness	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G6.2	Availability of garbage storage area/compost pit	OB	Garbage storage area is away from residential/commercial areas and is covered/fenced. It is not causing public nuisance. In rural set-up there should be a compost pit	
G6.3	Innovations in managing waste	OB/SI	Check, if certain innovative practices have been introduced for managing waste e.g. Vermicomposting/ Re-cycling of papers/ Waste to energy/Compost Activators, etc.	
G6.4	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G6.5	Regular repairs and maintenance 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			4
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	2
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	2
A2	Landscaping & Gardening			4
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	2
A2.2	Internal Roads and pathways are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped	2
A3	Maintenance of Open Areas			4
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	2



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.	2
A4	PHC Appearance			4
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	2
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	2
A5	Infrastructure Maintenance			4
A5.1	PHC Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the PHC. Periodic Maintenance is done	2
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	2
A6	Illumination			4
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	2



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	2
A7	Maintenance of Furniture & Fixture			4
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	2
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)	2
A8	Removal of Junk Material			4
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.	2
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	2
A9	Water Conservation			4
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	2
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A10	Work Place Management			4
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	2
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	2
B	SANITATION & HYGIENE			
B1	Cleanliness of Circulation Area (Corridors, Waiting area, Lobby, Stairs)			4
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.	2
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	2
B2	Cleanliness of OPD Clinic			4
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.	2



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	2
B3	Cleanliness of Procedure Areas (Dressing Room, Immunization, Injection Room, Labour Room (if available))			4
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.	2
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	2
B4	Cleanliness of Lab and Pharmacy			4
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.	2
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	2
B5	Cleanliness of Auxiliary Areas (Office, Meeting Room, Staff Room, Record Room)			4
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.	2



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	2
B6	Cleanliness of Toilets			4
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	2
B6.2	Toilets have running water and functional cistern	OB/SI	Ask cleaning staff to operate cistern and water taps	2
B7	Use of standards materials and Equipment for Cleaning			4
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	2
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement	2
B8	Use of Standard Methods for Cleaning			4
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	2



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	2
B9	Monitoring of Cleanliness Activities			4
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	2
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another designated staff	2
B10	Drainage and Sewage Management			4
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	2
B10.2	No blocked/overflowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	2
C	WASTE MANAGEMENT			
C1	Segregation of Biomedical Waste			4
C1.1	Segregation of BMW is done as per BMW management rule 2016 and subsequent amendments	OB/SI	Check that Soiled Waste is collected in the yellow bin & bag General & Biomedical Waste is not mixed together	2



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.)	2
C2	Collection and Transportation of Biomedical Waste			4
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	2
C2.2	The waste is transported in closed bag & trolley	OB	Check availability of trolley for transportation to collection point	2
C3	Sharp Management			4
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	2
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.	2
C4	Storage of Biomedical Waste			4
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	2



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	2
C5	Disposal of Biomedical waste			4
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	2
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)	2
C6	Management Hazardous Waste			4
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)	2
C6.2	Disposal of hazardous chemicals	SI	Hazardous chemicals like Glutaraldehyde, Lab Reagents Should not be drained in sewage untreated	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C7	Solid General Waste Management			4
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal	2
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.	2
C8	Liquid Waste Management			4
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	2
C8.2	The facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.	2
C9	Equipment and Supplies for Bio Medical Waste Management			4
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	2
C9.2	Availability of Needle/Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	2
C10	Statutory Compliances			4
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C10.2	PHC maintains records, as required under the BMW management rule 2016 and subsequent amendments	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	2
D	INFECTION CONTROL			
D1	Hand Hygiene			4
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	2
D1.2	Staff 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	2
D2	Personal Protective Equipment (PPE)			4
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	2
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	2
D3	Personal Protective Practices			4
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	2



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	2
D4	Decontamination and Cleaning of Instruments			2
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	2
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	2
D5	Disinfection & Sterilization of Instruments			4
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	2
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	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D6	Spill Management			4
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	2
D6.2	Spill management protocols are displayed at points of use	SI/OB	Check for display	2
D7	Isolation and Barrier Nursing			4
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	2
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it	2
D8	Infection Control Program			4
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	2
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	2
D9	Hospital Acquired Infection Surveillance			4
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.	2
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	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D10	Environment Control			4
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/air conditioning/Heating/exhaust/Ventilators as per environment condition and requirement	2
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	2
E	SUPPORT SERVICES			
E1	Laundry Services & Linen Management			4
E1.1	Available linens are clean	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless	2
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	2
E2	Water Sanitation			4
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	2
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	2
E3	Pharmacy and Stores			4
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	2



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	2
E4	Security Services			4
E4.1	Presence of security Guard	OB	Check for the presence of at least one security personnel at PHC	2
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours	2
E5	Outreach Services			4
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	2
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.	2
F	HYGIENE PROMOTION			
F1	Community Monitoring & Patient Participation			4
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	2
F1.2	The Health facility has a system to take feedback 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	2



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F2	Information Education and Communication			4
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	2
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	2
F3	Leadership and Team Work			4
F3.1	Cleanliness and infection control committee has been constituted	RR/SI	Verify with the records	2
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	2
F4	Training and Capacity Building and Standardization			4
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	2
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	2
F5	Staff Hygiene and Dress Code			4
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	2
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	2
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 newspapers/electronic media, distribution of booklets/pamphlets, posters/wall writing-promoting use of toilets, hand washing, safe drinking water and tree plantation etc.	
G1.3	Community awareness by organising cultural programme and competitions	RR/SI	Like rally/marathon/ Swachhata walk/human chain/street plays/essay/poem/slogan/painting competition etc.	
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 maintenance 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	Assessment Method	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	Assessment Method	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 that Centre uses energy efficient bulb like CFL or LED for lighting purpose within the Centre Premises	



Ref. No.	Criteria	Assessment Method	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	Assessment Method	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	Assessment Method	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	Assessment Method	Means of Verification	Compliance
			<p>Check with staff if they are getting adequate supply. Verify the consumption records</p> <p>Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution</p>	
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	<p>Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point</p> <p>The mop should move from inner area to outer area of the room</p>	
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	Assessment Method	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/overflowing 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 and subsequent amendments	OB/SI	General & Biomedical Waste are not mixed together Display of work instructions for segregation and handling of Biomedical waste	
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into Puncture proof and leak proof boxes/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	Assessment Method	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	Assessment Method	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	Statutory 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	Assessment Method	Means of Verification	Compliance
C10.2	Centre maintains records, as required under the BMW management rule 2016 and subsequent amendments	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 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	Assessment Method	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 cleaned with detergent & water before use or wiped with alcohol-based rub before each patient contact	
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 of 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 separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in clinic room	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it	
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	



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 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	



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



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
G2.2	On the way signages are available	OB/SI	Check for directional signage with name of the facility on the approach road	
G2.3	Approach road is clean and even	OB/SI	Check that approach road is 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	
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	



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 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, Recycling 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 maintenance 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	Percentage 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 patients dissatisfied with cleanliness.

<p>Mera Aspataal Score of Hospital can be calculated using the formula:</p>	$= \frac{\text{Max. \% of dissatisfied patients in the state - \% of patients dissatisfied at a Hospital}}{\text{Max. \% of dissatisfied patients in the state - Min. \% of dissatisfied patients in the state}} \times 100$
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For example, in a Hospital A the following facility and state data is given:

Max. % of dissatisfied with cleanliness in the state* 25%

Min. % 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%.





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