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Pune, Maharashtra

Gokhale Institute of Politics
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March, 2023

Impact Evaluation of 'Kayakalp' Program in Public Health Facilities in Nandurbar, Maharashtra



Hospital upkeep



Sanitation &
Hygiene



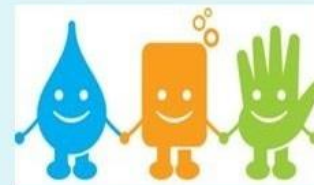
Waste
Management



Infection Control



Support Services.



Hygiene
promotions

Impact evaluation of ‘Kayakalp’ Program On Public health facility in Nandurbar, Maharashtra



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(Report prepared for the Ministry of Health and Family Welfare, Government of India, New Delhi)

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Executive Summary

Cleanliness and hygiene are critical for healthcare settings. As a part of the Swachh Bharat Abhiyaan campaign, the Ministry of Health and Family Welfare launched the 'Kayakalp' initiative to promote cleanliness and enhance the quality of public health facilities. This study is an assessment of the Kayakalp initiative on health facility cleanliness, staff satisfaction and motivation, patient satisfaction, and community faith and confidence. To fulfil the study objectives 'Kayalap-initiative' guidelines were used. 'Nandurbar' district of Maharashtra has been purposively chosen for the study. Within the district, a total of six PHCs and three Rural Hospitals were selected based on some predefined criteria for the assessment. The findings of this study identify the loopholes or strengths of the program and give guidance to the policy-makers for further improvement in the ongoing program.

The results of the study indicate that the incentivized approach and periodic checking by peer and then external evaluation teams have led the hospital administration to be continuously on their toes for the regular upkeep and maintenance of the facility. This appreciation approach would result in better outcomes compared to the strategy of direct provision of funds for the same. As this initiative has been launched nationwide, all the public healthcare facilities can be judged utilizing the same criteria and at the same level. Healthy competition among facilities will lead to better delivery of quality health services.

CHAPTER 1

INTRODUCTION

Background

Cleanliness and hygiene are critical for healthcare settings. As a part of the Swachh Bharat Abhiyaan campaign, the Ministry of Health and Family Welfare launched the 'Kayakalp' initiative to promote cleanliness and enhance the quality of public health facilities. On a practical level, cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourage molding behaviour related to a clean environment. As the first principle of healthcare is "to not harm" it is essential to have all healthcare facilities clean and to ensure adherence to infection control practices. The Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. To recognize such efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative on 15th May 2015 to give Awards 'KAYAKALP' to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. To supplement these Swachhta Guidelines for Public Health Facilities have also been issued. This innovative venture objective at quality improvement in public health-care facilities through an emphasis on six key parameters, namely, (1) health facility upkeep, (2) sanitation and hygiene, (3) waste management, (4) infection control, (5) support services, and (6) hygiene promotion and one extra parameter as sanitation and hygiene outside hospital boundary. The motive behind this initiative is to boost the functioning of public health facilities by incentivizing and providing cash awards to the facility that demonstrates a high level of compliance with the above parameters.

Due to the poor level and sanitation and hygiene conditions of the public health facility, people tend to prefer private health facilities, therefore, they had to spend more on their health care. Hence, MoHFW, GOI has launched 'Kayakalp' - Rejuvenation of Public Healthcare facilities initiative. This study is an assessment of the Kayakalp initiative on health facility cleanliness, staff satisfaction and motivation, patient satisfaction, and community faith and confidence. The study

aims to fulfil the impact of the kayakalp initiative on Hospital cleanliness, sanitation, and hygiene Infection control. It also aims to find out the gap in the ongoing program and suggest new policy measures for improving the kayakalp initiative.

Review of Literature and some previous evidences

According to the National Guidelines for Clean Hospitals, maintenance of cleanliness and hygiene in hospitals is necessary with strict adherence to the guideline for infection control practices. Proper biomedical waste management and handling system have to be followed otherwise it will affect the patients, visitors, and staff (National Guidelines for Infection Prevention and Control in Healthcare Facilities, 2020).

Health is the foremost need and concern of any population. Healthcare settings are places to restore health. Healthcare settings should be designed and maintained in such a way that they should ensure the safety of patients and healthcare staff. Facilities for safe drinking water, proper sanitation, good hygiene, and proper disposal of hospital-generated waste are some of the basic needs to deliver adequate and acceptable health services to the community. Maintenance of these essential facilities may differ depending upon the geography, resources, and existing beliefs and norms. Various healthcare settings formulate or follow different procedures to maintain water, sanitation, hygiene, and bio-medical waste management facilities. The variation in the selection and adoption of several other policies and procedures may compromise the functioning of the healthcare system (Chand et al., 2020). Hospital-acquired infections are proving a challenge to the healthcare system globally. Somaiah & Mallappa, 2016, shows that effective infection control is the key to providing high-quality patient health care. It is a continuing concern for the public health managers and the hospital administration because it is unable to achieve adequate levels of prevention in our country.

Panda and Nanda (2018), highlighted in their study that improvements in Biomedical waste management can be made by increasing the knowledge, awareness, and practices of the health care providers as well as the beneficiaries with regular periodic monitoring. The scoring for sharp waste management was improved but the staff was not aware properly of the PEP (post-exposure prophylaxis) for accidental needle stick injury. Information about the risk involved in dirty hospital

premises and lack of sanitation can be conveyed in the form of messages, and pictorial representation through workshops, seminars, and exhibitions to make aware people who visit government hospitals frequently. (Saravanakumar & Ravichandran, 2020) conducted a study in Haryana highlighting that doctors, nurses, and lab technicians have good knowledge, attitude, and practice regarding biomedical waste management, however, it was very low among class IV employees. A comparative study demonstrated that private hospitals are delivering a better quality of services to the patients as compared to public hospitals. The private hospitals focused on their patient's demands and developed themselves to provide quality healthcare facilities to their patients. All the people including doctors, nurses, and supporting staff are aimed to provide care to the patients, provide a clean and healthy environment for both patients and their attendants and proper facilities in the hospital, and develop feedback mechanisms (Mehta, & Chavda, 2018).

A research study by Sadhu (1939) reflects, Basic water and sanitation services are unavailable in one out of every four healthcare institutions, affecting 2.0 billion and 1.5 billion people, respectively. Hand hygiene at points of care is absent in 42% of facilities worldwide, while waste segregation is absent in 40%. WASH has long been acknowledged as a requirement for safe childbirth management. A woman's ability to fight infection is compromised if she does not have access to clean water and basic sanitation and hygiene. Pregnant and postpartum women who have poor sanitation at home are three times more likely to die than those with basic sanitation facilities. Women may not only lack access to clean water and sanitation at home; many health facilities where they give birth also lack these conveniences.

Need of the Study

Impact on disease burden due to inadequate and unsafe environment, lack of sanitation and poor hygiene behaviour is a complex issue in the health facility. The government has spent a lot of energy and fund to improve and attract patient to public health facilities. However, it has been observed that the primary reason for health benefits not being commensurate with the investment was neglect of hygiene behaviour issues in the public health facility. Despite the improvement in facilities in sanitation, disposal of solid and liquid waste, and safe drinking water, much more has to be done about the public health facilities and aware the population of hygiene practices.

The government has consistently made innovative efforts to promote health and hygiene and advancement in the public health system. One of them is the kayakalp program. To complement this effort, the Ministry of Health & Family Welfare, Government of India on 15th May 2015 launched “Kayakalp” a National initiative to give awards to those public health facilities that demonstrate high level of cleanliness, hygiene and infection control. “Kayakalp” initiative will encourage every public health facility in the country to work towards standards of excellence in order to help the facilities to maintain cleanliness and hygiene.

The "KAYAKALP" initiative has completed its seven years and, it's become necessary to assess on what extend the perception, participation and practices towards the health and hygiene has increased or not. Therefore, an impact study on the implementation of the "Kayakalp" program is needed to assess the overall health practices in Nandurbar district.

Objectives

In the above-given backdrops, the main objectives for the present study are (a) to understand the functioning of the "Kayakalp" programme in Nandurbar, and (b) to find out the loopholes (if any) in the ongoing initiative, and suggest new policy measures/interventions for better performance of the health facility that attracts the patient to the public health facility. To deal with the broad objective, the specific objectives of the study are:

1. To measure the impact of the Kayakalp initiative on Hospital cleanliness, sanitation, and hygiene Infection control.
2. To find out the gap in the ongoing program and suggest new policy measures for improving the Kayakalp initiative.

CHAPTER 2

DATA AND METHODS

This chapter deals with the data used for current study and methodology adopted to select the district and health facilities. It further deals with the methodology adopted in assigning the score to the health facilities. For the study primary data have been collected from the selected health facilities of Nandurbar district of Maharashtra. We have mentioned each and every step in the subsequent paragraph.

About the study area

Nandurbar district of Maharashtra has been selected for the study. Nandurbar is bounded by Satpuda Mountain and most of the area is covered by forest and hills that's why geographically is inaccessible area for all modern facilities and also the present area is categorized as tribal region. Total population of the district is about 1648295 of which 833170 are males and 815125 are females. Out of total population, 83.29% of population lives in Urban area and 16.71% lives in Rural area. There are 2.91% Scheduled Caste (SC) and 69.28% Scheduled Tribe (ST) of total population in Nandurbar district (Census, 2011).

The sex-ratio of Nandurbar district is around 978 compared to 929 which is average of Maharashtra state. The literacy rate of Nandurbar district is 55% out of which 61.46% males are literate and 48.39% females are literate. The total area of Nandurbar is 5955 sq.km with population density of 277 per sq.km.

Study design

As this study is a descriptive in nature, therefore focus has been given to having more diversity in selecting the health facility to better understand the issues. For the district representation and to maintain the heterogeneity in the study of three Talukas in the district were conveniently selected, namely: Shahada, Akkalkuwa and Navapur. These Talukas are inhabited by Bhills, Gavits, Kokanis, Mavachis, Valvis, Pawras, Kokna and Vasaves tribes. Thereafter, one Rural Hospital and two PHCs from each Taluka were conveniently selected for assessing the Kayakalp indicators. A

total of 9 health facilities (6 PHCs and 3 RH) were evaluated for the study purpose. While selecting the health facility distance of the health facility from the centre was taken care of mitigate the biases in the study.

Study tools

This study using a checklist provided under Kayakalp Program. The Kayakalp assessment tool includes a checklist comprising of a compilation of themes, criteria, and checkpoints. Direct personal interview made with the health personnel using structured interview schedule, observation – (These information is gathered through direct observation i.e. level of cleanliness, display of protocols etc.,) and verification of records – (Where information can be created from the records available at the facility) carried out as interview methods. Four PRC staffs collected information from the health facilities of Rural Hospital, and PHCs. The information collected from the health facilities in six thematic areas namely Hospital/ Facility Upkeep, Sanitation & hygiene, Waste Management, Infection Control, Supportive services & Hygiene promotion.

Data Collection

Data were collected in the prescribed format in respect of all the thematic areas and appropriate scores were applied using the study instruments during the study period. ‘Kayakalp’ Initiative checklist has been used for data collection.

Criteria of Kayakalp assessment

There is a fixed number of criteria that have specific attributes concerning individual themes. There are seven criteria fixed for Kayakalp assessment namely; (A) Hospital / Facility Upkeep, (B) Sanitation & Hygiene, (C) Waste Management, (D) Infection Control, (E) Support Services, (F) Hygiene Promotion inside and (G) Beyond Hospital Boundary with five to ten subheadings. The gaps identified given a score of ‘0’. For non-compliance of any assigned criteria in the facility, when it fails to (achieve) reach at least 50% of its standard requirement in the checkpoint, then in such a case “0” score is given. For partial compliance, at least 50% or more requirements should be met. For partial compliance, a score of “01” mark is given. The general principle of giving a

numerical score of “02” marks for full compliance means that at all requirements of the checkpoints, verifications are made.

CHAPTER 3

STATUS OF KAYAKALP INITIATIVE

State-wise Awarded facilities 2020-21

Table 1 reflects that most of the facilities in Tamil Nadu got more than 70% scores, while none of the facilities in Ladakh and Lakshadweep got 70% scores. In Maharashtra, 364 facilities have received 70% marks, 32 winning awards and 396 commendation awards.

Table 2 reflects that out of the total health facilities in Maharashtra, the program-winning health facilities were District Headquarters Hospital (1 facility), CHC (1 facility), PHC (25 facilities), and UPHC (5 facilities) and the remaining health facilities were not selected. For external evaluation in Maharashtra. The winner of the only PHC Lahan Shahada facility in Nandurbar district has been selected. Only Nagpur and Kolhapur districts have three facilities selected as winners. Of the remaining districts in Maharashtra, only one facility has been selected and most of the winning facilities are PHC.

Table 1 State-wise Awarded facilities 2020-21

| Awarded Facilities | | | |
|-----------------------------|--|---|--|
| State/UT | No. of Health facilities scored More than 70% score | Winner awards (DH/SDH/CHC /PHC/UPHC/ UCHC/HWC) | Commendation awards (DH/ SDH/ CHC/ UPHC/ UCHC/ HWC) |
| Andaman and Nicobar Islands | 5 | 4 | 1 |
| Andhra Pradesh | 1519 | 52 | 1467 |
| Arunachal Pradesh | 17 | 7 | 10 |
| Assam | 274 | 29 | 245 |
| Bihar | 94 | 23 | 71 |

| | | | |
|-----------------------------------|--------------|-------------|--------------|
| Chandigarh | 28 | 4 | 24 |
| Chhattisgarh | 380 | 31 | 349 |
| Daman diu & Dadra Nagar Haveli | 40 | 5 | 35 |
| Delhi | 101 | 13 | 88 |
| Goa | 19 | 5 | 14 |
| Gujarat | 1410 | 131 | 1279 |
| Haryana | 207 | 29 | 178 |
| Himachal Pradesh | 156 | 20 | 136 |
| Jammu and Kashmir | 39 | 16 | 23 |
| Ladakh | 0 | 0 | 0 |
| Jharkhand | 166 | 38 | 128 |
| Karnataka | 902 | 46 | 856 |
| Kerala | 356 | 20 | 336 |
| Lakshadweep | 0 | 0 | 0 |
| Madhya Pradesh | 220 | 45 | 175 |
| Maharashtra | 396 | 32 | 364 |
| Manipur | 89 | 22 | 67 |
| Meghalaya | 26 | 11 | 15 |
| Mizoram | 64 | 11 | 53 |
| Nagaland | 51 | 17 | 34 |
| Odisha | 586 | 46 | 540 |
| Puducherry | 8 | 3 | 5 |
| Punjab | 168 | 21 | 150 |
| Rajasthan | 1496 | 106 | 1390 |
| Sikkim | 17 | 5 | 12 |
| Tamil Nadu | 1926 | 100 | 1826 |
| Telangana | 291 | 53 | 238 |
| Tripura | 87 | 9 | 78 |
| Uttar Pradesh | 690 | 89 | 612 |
| Uttarakhand | 64 | 13 | 51 |
| West Bengal | 711 | 31 | 680 |
| Total | 12603 | 1087 | 11530 |

Source- National Health System Resource Centre. <https://nhsrcindia.org/kayakalp-swachh-swasth-sarvatra/#:~:text=Clean%20environment%20improves%20healing%20and,of%20'Swachh%20Bharat%20Mission'>

Table 2: District and Block wise status of winner facilities in Maharashtra, 2020-21

| Type of Facilities | Block | District |
|--------------------|---------------|---|
| DH | DAGA | NAGPUR |
| CHC | KOLHAPUR | KOLHAPUR |
| PHC | VAJRESHWARI | THANE |
| PHC | BHATANE | PALGHAR |
| PHC | GOREGAON | RAIGAD |
| PHC | KASARE | DHULE |
| PHC | LAHAN SHAHADA | NANDURBAR |
| PHC | SHENDURNI | JALGAON |
| PHC | MOHADI | NASHIK |
| PHC | WALKI | AHMEDNAGAR |
| PHC | SHANKAR NAGAR | SOLAPUR |
| PHC | BAVDHAN | SATARA |
| PHC | JAYSINGPUR | KOLHAPUR |
| PHC | NANDGAON | SINDHUDURG |
| PHC | YELDARI | PARBHANI |
| PHC | POTRA | HINGOLI |
| PHC | JAWLA BK | LATUR |
| PHC | NAICHAKUR | OSMANABAD |
| PHC | CHAUSALA | BEED |
| PHC | KINI | NANDED |
| PHC | PARDI TAKOMOR | WASHIM |
| PHC | PAPAL | AMRAVATI |
| PHC | GANESHPUR | BULDANA |
| PHC | DHAPEWADA | NAGPUR |
| PHC | SHAHAPUR | BHANDARA |
| PHC | KATI | GONDIYA |
| PHC | DURGAPUR | CHANDRAPUR |
| UPHC | MADHVI, | KALYAN DOMBIWALI MUNICIPAL CORPORATION |
| UPHC | FUTALA | NAGPUR MUNICIPAL CORPORATION |
| UPHC | PUNE | PUNE MUNICIPAL CORPORATION |
| UPHC | SOYAGAON | MALEGAON MUNICIPAL CORPORATION |
| UPHC | CIDCO UPHC | NASHIK MUNICIPAL CORPORATION |

Source- National Health System Resource Centre,

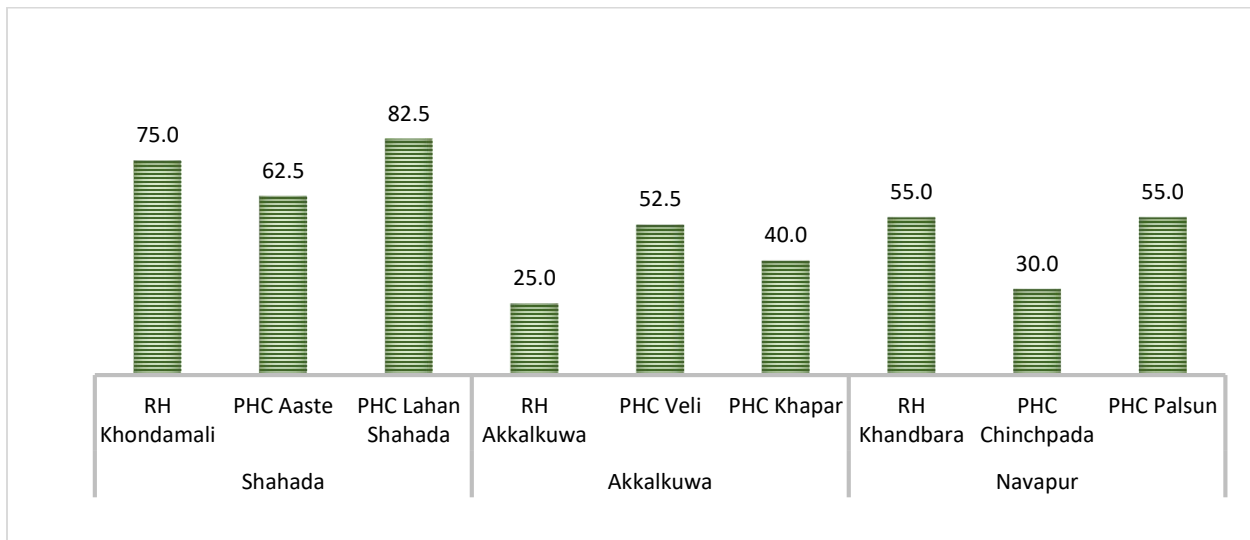
Result from the field survey

A. Hospital/Facility Upkeep

Figure 1 shows hospital upkeep maintenance in Shahada, Akkalkuwa, and Navapur blocks. All ten parameters namely, Pest & Animal Control, Landscaping & Gardening, Maintenance of Open Areas, Facility Appearance, Infrastructure Maintenance, Illumination, Maintenance of Furniture & fixtures, Removal of Junk Material, Water Conservation, Work Place Management are considered for scoring. The maximum score allotted to each parameter is 4 and the total maximum score of ten parameters is 40. From our observation in Shahada Block, a maximum score of 30 is obtained by PHC Lahan Shahada (82.5%), followed by RH Khondmali (75%), and PHC Aaste (62.5).

Considering hospital upkeep score, PHC Lahan Shahada shows the highest upkeep score whereas RH Akkalkuwa shows the lowest upkeep score due to the entire facility having cobwebs, lizards, and dust. The facility had broken windows and food packets thrown from the window. No color system was followed for bedsheets. Three bucket system was not followed, and the staff did not have a proper idea of the bucket system. There were no checklists. The team does not wear their uniform, and only the nurses are seen wearing ID cards.

Figure 1: Block and facility wise Kayakalp score on Hospital upkeep (%)

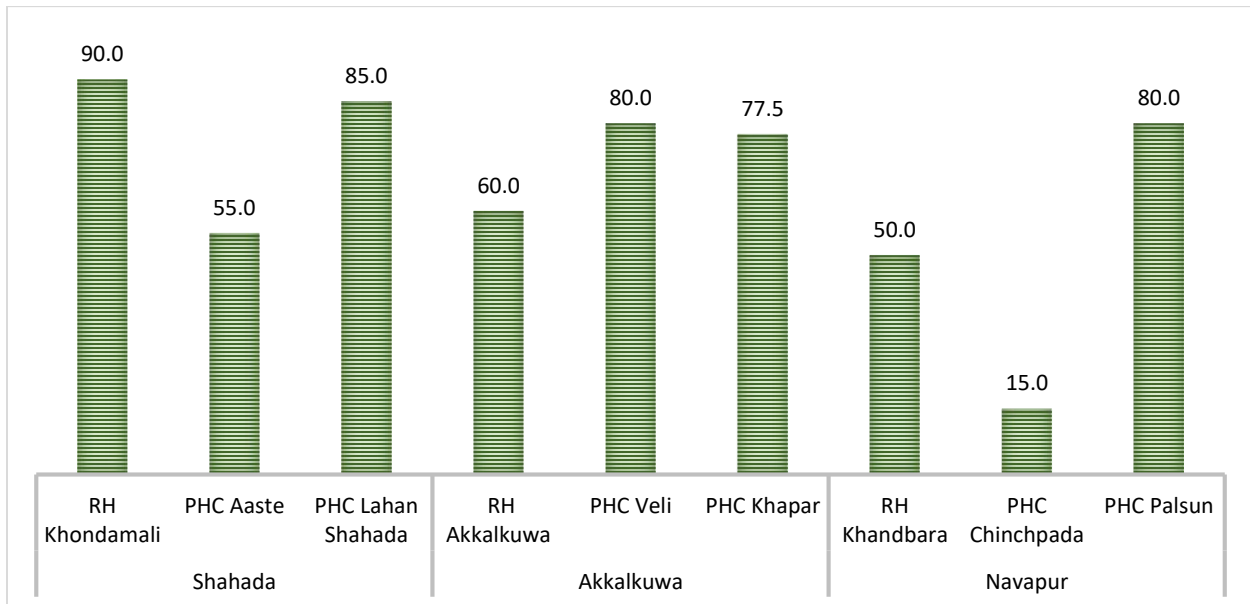


B. Sanitation and Hygiene

Figure 2 elaborates on the sanitation & hygiene measures adopted in the hospital during the study period. As per the different parameters adopted for the maintenance of sanitation and hygiene, there are 10 parameters which include cleanliness of circulation area to drainage & sewage management. The maximum score against each parameter is 4, so a total score of 40. It is clear from the chart that in Shahada Block, RH Khondamali shows the highest scores for sanitation & hygiene (90%), followed by PHC Lahan Shahada (85%) and PHC Aaste (55%).

PHC Chinchpada has the lowest score at 15%. Chinchpada should improve in sanitation and hygiene. This PHC have only one staff and there was only one toilet in the ward; which was non-functional, and there were spit marks all over the wall. The entire facility had cobwebs, lizards, and dust. The facility had broken windows and food packets thrown from the window. During the data collection, the team observed that RH Khondmali is performing well and all the protocols are being followed. The standard cleaning procedures were also being followed.

Figure 2 : Block and facility wise Kayakalp score on Sanitation & Hygiene (%)

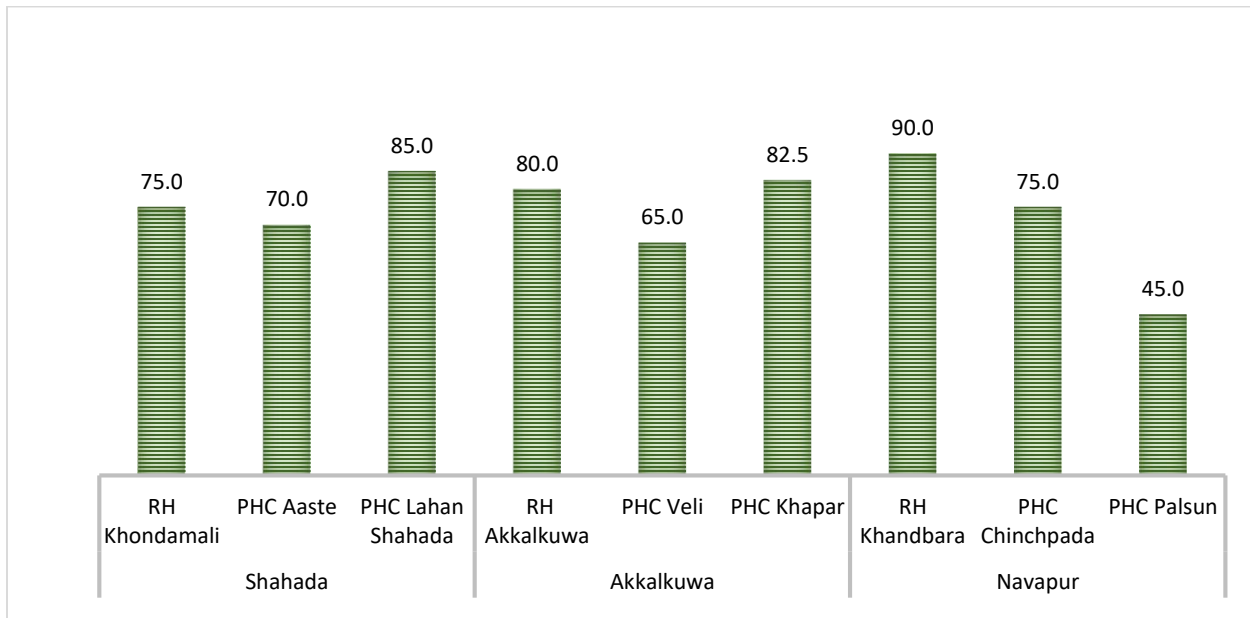


C. Biomedical Waste Management

Figure 3 Shows the biomedical waste management of the various health facilities in the Nandurbar District. The parameters from C1 to C10 include segregation BMW to statutory compliance. A total of 10 parameters include 4 ranks each. On assessment in this study, RH Khandbara had scored 90 which is highest in all three blocks. RH Khandbara’s score is high because the staff was oriented properly regarding segregation and collection, storage, transport, and disposal of different infectious as well as hazardous wastes as per the guideline. The facility was being cleaned when we visited. The surface of the facility was conducive to effective cleaning.

The PHC Palsun has lowest score in terms of waste management which is due to the Poor general waste management and lack of proper management of statutory compliance. Toilet in the PNC ward was in bad condition. All the nurses were asked about the bucket system, and all of them gave wrong answers, showcasing the insufficient knowledge of use of three-bucket system, even the hospital does not have the checklists. The staff of the hospital were not wearing their uniform, and only the nurses are seen wearing ID cards. PHC Veli also shows low performance in waste management as they do separate bio-medical waste, but are unable to transport it due to bad roads. So ideally they can’t be penalized with low score.

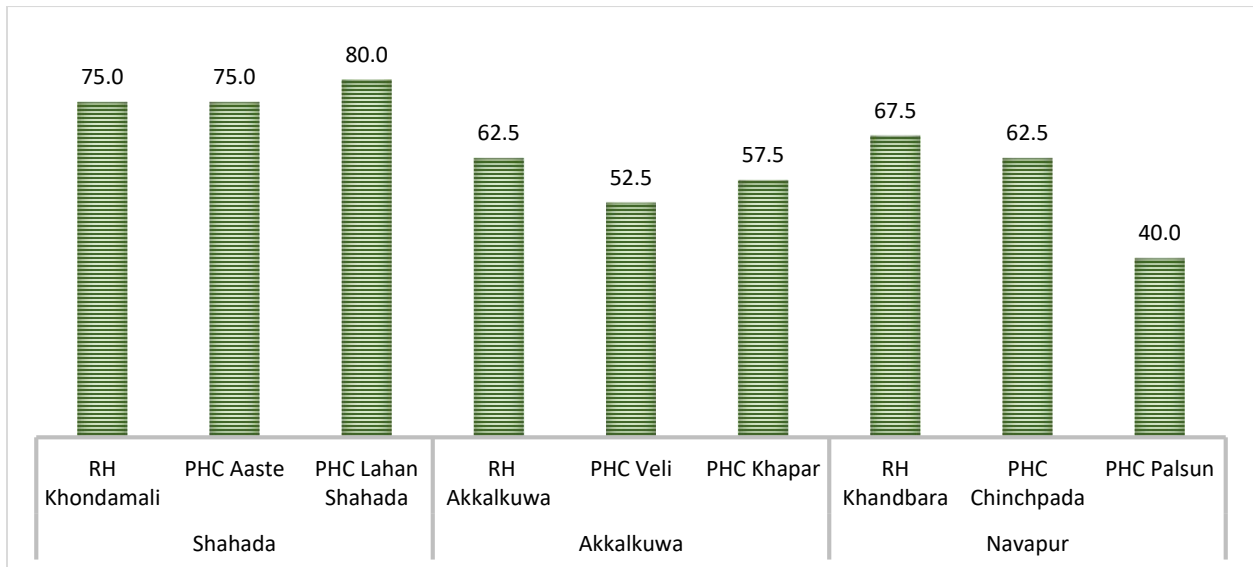
Figure 3: Block and facility wise Kayakalp score on waste management (%)



D. Infection control

Figure 4 shows infection control measures adopted in selected public health facilities. The different parameters include hand hygiene, personal protective equipment (PPE), to environmental control. The maximum score of 4 in each parameter, and the total maximum score is 40, which includes all 10 parameters. Interestingly, PHC Lahan Shahada is well performed in infection control with the facility score 80%; highest among all the facilities. This was due to awareness of all the indicators of infection control. PHC Veli is least performed health facilities in infection control. The reason for this low performance is its location (facility is located at the top of the mountain) and significant security issues. Toilets are in pathetic condition. The staff was not aware of the infection control, and there were no proper buckets kept.

Figure 4: Block and facility wise Kayakalp score on Infection Control (%)



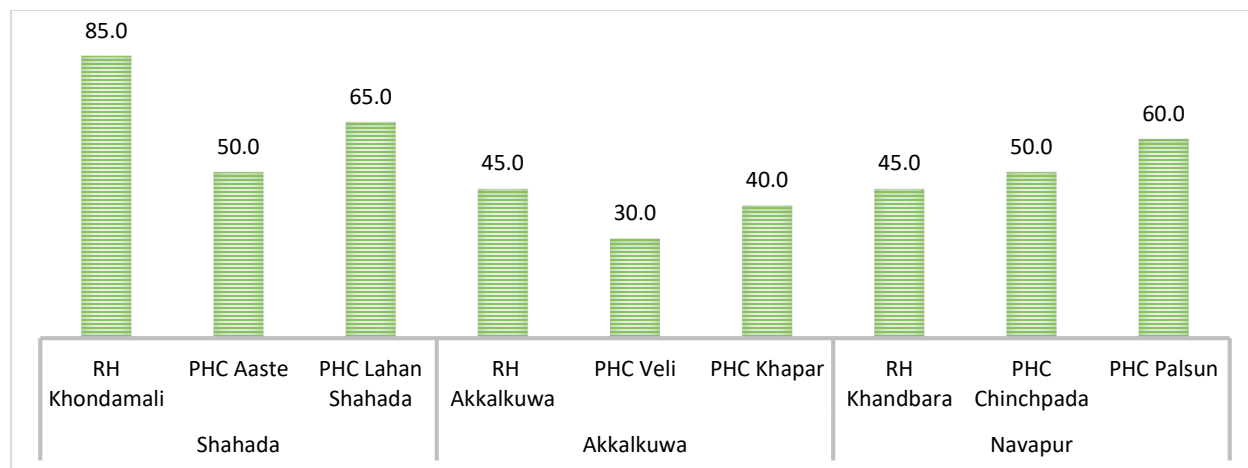
E. Support services

Laundry and Linen management

Figure 5 depicts that there are five parameters from laundry services & linen management to outsourced service management. Each parameter is given a maximum score of 4 and a total of 20 is the maximum score. RH Khondamali's score obtained 17 which is high and PHC Veli obtained

a 6 score which is very low performance. The score was not satisfactory due to the unavailability of security services also proper laundry services. This facility is located at the top of the mountain. It is very difficult for the common person to reach the facility using two/four wheeler vehicles due to bad road connectivity as well as there is no signage to locate the facility.

Figure 5: Block and facility-wise score of support service (%).



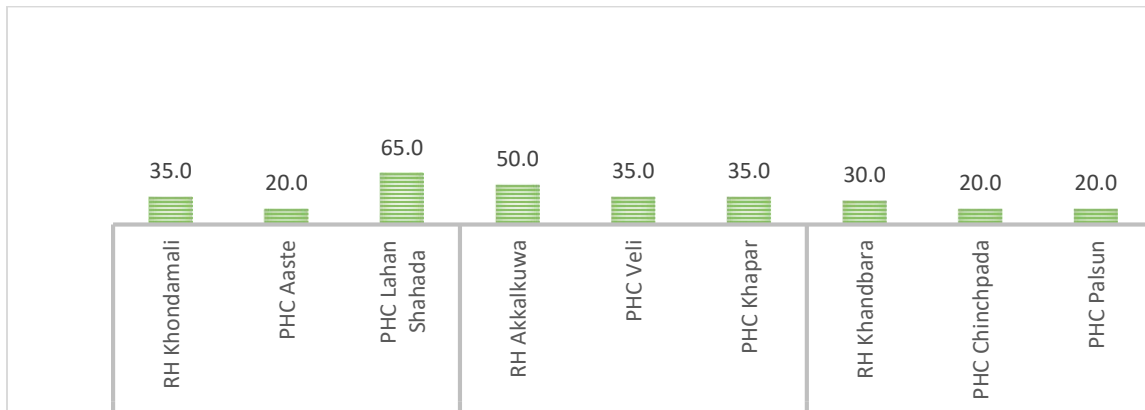
F. Hygiene Promotion

Figure 6 on hygiene promotion includes 5 parameters from Hygiene Promotion. Each parameter is given a maximum score of 4 and a total of 20 is the maximum score. As per the Kayakalp guideline, all facilities are lagging in Hygiene Promotion due to improper monitoring and a deficit in the routine review of the cleanliness initiatives. No feedback system was there for the public regarding the maintenance of the cleanliness of the facility. IEC display is important for any promotional scheme, unfortunately it was not in place any of the visited health facility. There should be in-house training for health care personnel and which should be made compulsory in accredited training centers because there can only be an improvement if the importance of training on sanitation, hygiene practices, cleanliness.

PHC Ashthe is very low performance in Hygiene promotion due to the facility having stray animals inside its boundaries. There was plastic waste within the physical limits of the health facility. There were cobwebs and lizards and nests in most of the places. The facility faces a shortage of water.

spit marks were found on the walls of the toilet. No color system was followed for bedsheets. There was a weekly chart for all the things that should be cleaned on a day-to-day basis. Even after the display, the cleaner did not seem to follow it. The hospital does not have a shortage of detergents and disinfectant solutions. Three bucket system was not followed, and the staff did not have a proper idea of the bucket system. There were no checklists. The team does not wear their uniform, and only the nurses are seen wearing Icards.

Figure 6: Block and facility-wise score of Hygiene Promotion (%)

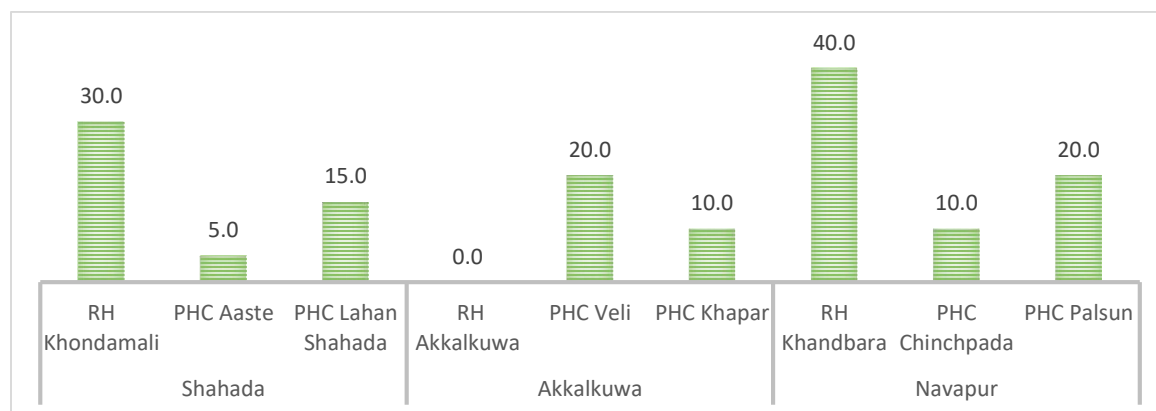


Hospital Boundaries

Figure 7 shows Hospital boundaries including 5 parameters. Each parameter is given a maximum score of 4 and a total of 20 is the maximum score for this domain. Infrastructure is one of the important components for the improvement of public health facilities. The drawback for getting low scores of most of the facilities during Kayakalp assessment due to infrastructure components such as Compound wall, no intact wall boundary, compound wall damaged, lack of animal trap, parking facility, separate rooms, outside toilet facility, no staff quarters, laundry service, inadequate ward facility, land issues, no isolation ward, no maternity block, and nursing station, etc. As per the Kayakalp guideline, all facilities are lagging in hospital boundaries due to not maintenance of the surrounding area, public amenities, aesthetic of surrounding area and maintenance of waste management.

PHC Khapar is situated inside the town area and in the newly constructed building, the facility is seeking proper road connectivity to serve the needy population. Though the facility has a proper outside boundary lots of stray animals were available inside the campus due to a lack of security at the gate. RH Ashthe and RH Akkalkuwa have no proper outside boundaries, therefore, many animals were inside the premises of campus. The cleanliness of the surrounding area and waste management is not maintained.

Figure 7: Block and facility-wise score of Hospital Boundaries (%)



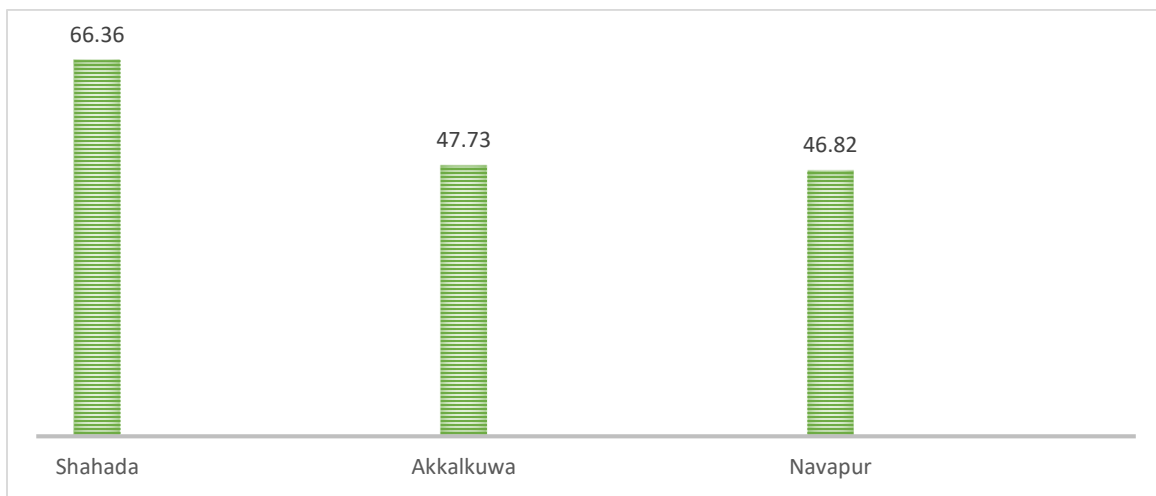
Block-wise average score of Kayakalp of Facilities

Figure 8 elaborates on all three blocks' conditions in the Nandurbar district. In all three blocks, the Shahada block performed well in all the indicators with an aggregate score of 66%. All the visited health facilities of this block i.e. RH Khondamali, PHC Ashte, and PHC Lahan Shahada is well performed. Similarly, significant improvement was noticed in the case of hazardous waste and liquid waste management. The Lahan Shahada team observed a septic tank has been constructed inside the hospital campus for treatment of infected liquid waste before disposal. Akkalkuwa and Navapur show low performance in all indicators with the score of 47% and 46%, respectively due to non-compliance with Kayakalp guidelines. The following are the various reasons for the low performance of Kayakalp scores namely, formation of the internal assessment committee,

Infrastructure shortage, lack of awareness, shortage of equipment, no proper IEC display, and other reasons which hamper the improvement of public health facilities in Nandurbar District.

There can only be an improvement if the importance of training on sanitation, hygiene practices, cleanliness, and BMW management in a health care facility is emphasized. Besides this, these training sessions should not merely be a one-time activity instead it should be a continuous cyclical process with the evaluation of training sessions. And it should be made compulsory. Hence their knowledge was most updated.

Figure 8: Block-wise average score of Kayakalp of Facilities (%).



MAJOR GAPS IDENTIFIED IN VISITED HEALTH FACILITIES

Kayakalp is one such novel venture undertaken by the Government of India to encourage cleanliness, promote hygiene and sanitation, and ensure the adoption of infection control practices. Kayakalp as a part of Swachh Bharat Abhiyan is a remarkable initiative by the Government of India. There are some gaps in the implementation of the scheme. Based on our observations and discussions with the Nandurbar team, we have identified some of the gaps in the implementation of the scheme as below.

1. Gaps in Kayakalp Implementation

Internal assessment committee

Facility level committee is formed but monthly meetings are not conducted regularly. As per the guidelines of Kayakalp assessment, the specific committees for ‘infection control’, ‘sanitation and hygiene’, ‘Waste management’, ‘hygiene promotion’ etc., have to be formed, to assess the public health facilities and fill the gaps identified. Only the overall committee has been formed in the public health facilities. Health facilities were not aware of the committee’s role and responsibilities. **There is a scarcity of NQAS internal assessor in the district, and those who are available, need training from the state.**

Infrastructure

Infrastructure is one of the very important components for the improvement of public health facilities. The main reasons for getting low scores during Kayakalp assessment is the lack of infrastructure components such as compound walls, partial compound/fencing, no intact wall boundary, compound wall damaged due to heavy rain, parking facility, separate rooms, outside toilet facility, no staff quarters, laundry service, inadequate ward facility, land issues, no place for

kitchen, no separate outpatient counter, no isolation ward, no ramp (some of the places old ramp was there), no maternity block and nursing station, etc. in almost all the visited health facilities. If the public health facilities are constructed recently or new buildings, proper guidelines should be followed. However, in case of old buildings frequent renovation/repair are required to get high scores. For new constructions or infrastructure developments, the public health facilities should depend on another department, and due to the lack of provision of funds, there is a delay in infrastructure developments. As the infrastructure development depends on finances, most the public health facilities are not able to construct the compound wall, animal traps, parking facilities, and outside toilet facilities which depend on a large allocation of funds for construction.

Awareness

Most, the health facilities are not aware of all the concepts and terms of Kayakalp assessment and lack awareness of sanitation, infection control, and hygienic practices and formation of internal assessment committees, and reorientation training for all the staff including medical and paramedical staff to improve the standards of government health facilities. Biomedical waste management (BMW) was not done properly at some of the facilities. The staff at the facility uses gloves, masks, and head caps but the housekeeping staff does not use heavy-duty, gloves, or gumboots during waste handler.

IEC display

No uniform signboard and lack of IEC materials display reduced the scores during the Kayakalp assessment in some of the facilities. Kayakalp assessment helped the public health facilities display uniform signboards and proper IEC displays in most of the public health facilities. Name boards in the Primary Health Centers were installed. As the financial commitment is low for IEC display, it was done with the existing funds.

The other issues faced by the public health facilities for the major contribution to getting scores namely, electricity problems, old lighting systems, lack of LED, and CFL bulbs, need for a mosquito net, no rainwater harvesting, registers not maintained, no water connection, lack of inter

wall painting, surrounding not clean, vendors outside the campus during ANC clinic, lack of municipality drainage, etc. For the gap closure, most of the issues were sorted out by the public health facilities like replacement of LED, CFL bulbs, maintenance of records, purchase of mosquito net, rainwater harvesting, water connection, inter wall painting and cleanliness of surrounding area with the help of available funds.

2. Major Reason for Gaps in Kayakalp Implementations

Healthcare is a major part of society. The government launched various good schemes for the society like “Kayakalp” but for some reason people do not get the proper benefit of those schemes. We tried to find out the reasons why the health facilities are not functioning properly and the reasons are as follows.

Fund

Fund under RKS untied and AMG is less so they cannot fill gaps in annual maintenance. And payment of outsourced services. The fund is the major issue for not bridging the identified gaps to get high scores by the public health facilities. As the fund is not available, the major work which depends on the budget could not be done such as the construction of the compound wall, waiting area, animal trap, walk path, and parking facilities. Irregular Fund and delays in receiving funds may affect the improvement of health facilities.

Manpower

As per the report given by Nandurbar District Office, vacant posts are also a major problem in the promotion of health services. The lack of specialists such as anesthetists, pediatrics, OG, etc., and the paramedical staff namely, Lab technicians, Pharmacists, and ASHAs in the tribal hill areas also play a major role in the improvement of health facilities. State-level officials may identify the HR problems by recruiting medical and paramedical staff as per the NHM standards. There should be separate quality coordinators for CS side facilities and DHO side facilities for effective implementation of the program.

Others

Workshops, seminars, and exhibitions must be organized in these hospitals by representatives from various units with special emphasis on risks involved in health care wastes involved due to health care providers and unclean environment in the hospital. Poster exhibition in hospitals at strategic points, using colorful diagrams which will explicitly convey messages to even illiterate people who make regular, frequent visits to hospitals. Information about the risk involved in dirty hospital premises and lack of sanitation can be conveyed in the form of messages and pictorial representation. So the need of the hour is to bridge the gap if any which exists between the awareness and practice.

3. Conclusion

There is a constant need to upgrade the health care institution so that they can keep up with the ever-evolving healthcare needs of the community. Policies and programs have to be framed and implemented for setting and attaining benchmarks for the standards of performance of the health facilities. Kayakalp is one of the effective programs undertaken by the Government of India to encourage cleanliness, promote hygiene and sanitation, and ensure the adoption of infection control practices.

Biomedical Waste Management plays an important role in preventing hospital-acquired infections. Government health facilities have several shortcomings in terms of adequate funding, equipment and supplies, and waste disposal. Most important of all is the knowledge, attitude, and practices among all healthcare professionals. In the health facilities visited, non-compliance with hygiene guidelines among the staff was observed. Failure to comply with waste segregation and collection guidelines can result in health risks for all health professionals, as well as patients who come to the hospital for treatment. All of this plays an important role in maintaining the health system.

Irregular Fund and delay in receiving funds may affect the improvement of health facilities. Some of the facilities reported that the existing PWS fund is not sufficient for them.

4. Policy Recommendations

The team's observation and study findings suggests:

- **Regular sensitizations and training on waste management**, hygiene promotions, and the utilization of three bucket system, etc., of health care providers are needed so that they can play a bigger role in providing better services.
- As most the health facilities are not aware of all the concepts and terms of Kayakalp assessment and lack of awareness on sanitation, infection control, hygienic practices and formation of internal assessment committees. Hence, reorientation training for all the staff, including medical and paramedical staff, is required from time to time to improve the standards of government health facilities.
- Workshops, seminars, and exhibitions must be organized in these hospitals by representatives from various units with special emphasis on risks involved in health care waste involved due to healthcare providers and the unclean environment in the hospital.
- Infrastructure development, along with required equipment and facilities, has to be improved as per the standards of IPHS so that upgraded facilities may get all the facilities/ services, including infrastructure development.
- Peer assessment is an integral component of internal validation of scores along with shared experiences, gaps identified, and innovations for further improvement at all institutions. An assessment like this will serve the larger objective of infection control and medical care from grass-root health care facilities at the peripheral level.
- Besides this, periodic sensitization programs for the health-care personnel for effective BMW management practices implementation with a special focus on recent amendments should be mandatorily incorporated into their work schedule.
- Register records of employees providing outsourcing services should be maintained. The outsourced agency's performance should also be measured in the register.
- Except for the boundary walls all the other parameters related to Kayakalp scores well above the average. Hence, PHC lahan Shahada can be a guide/hub for the rest of the PHCs in implementing and strengthening the kayakalp programme.

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Annexure

Table A1: facility wise Kayakalp score on Hospital upkeep (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|------------------------------------|---------------|-------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Pest & Animal Control | 4 | 2 | 3 | 0 | 0 | 0 | 2 | 2 | 2 |
| Landscaping & Gardening | 0 | 2 | 2 | 0 | 0 | 0 | 2 | 1 | 0 |
| Maintenance of Open Areas | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 |
| Facility Appearance | 2 | 3 | 4 | 0 | 3 | 2 | 2 | 0 | 4 |
| Infrastructure Maintenance | 4 | 3 | 3 | 0 | 4 | 3 | 2 | 0 | 3 |
| Illumination | 2 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maintenance of Furniture & Fixture | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 0 | 3 |
| Removal of Junk Material | 4 | 0 | 4 | 0 | 0 | 2 | 2 | 2 | 2 |
| Water Conservation | 2 | 2 | 2 | 2 | 2 | 1 | 0 | 2 | 2 |
| Work Place Management | 4 | 4 | 3 | 0 | 4 | 2 | 4 | 1 | 2 |
| Total observed scores | 30 | 25 | 33 | 10 | 21 | 16 | 22 | 12 | 22 |
| Total required score | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| Hospital upkeep (%) | 75.0 | 62.5 | 82.5 | 25.0 | 52.5 | 40.0 | 55.0 | 30.0 | 55.0 |

Table A2: Facility wise Kayakalp score on Sanitation & Hygiene (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|---|---------------|------------|-------------------|--------------|-----------|------------|--------------|----------------|------------|
| | RH Khondamali | PHC Aashte | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Cleanliness of Circulation Area | 4 | 0 | 3 | 2 | 4 | 3 | 4 | 0 | 4 |
| Cleanliness of Wards | 4 | 3 | 3 | 4 | 4 | 4 | 0 | 0 | 4 |
| Cleanliness of Procedure Areas | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 0 | 4 |
| Cleanliness of Ambulatory & Diagnostic Areas | 4 | 2 | 3 | 4 | 4 | 4 | 4 | 0 | 4 |
| Cleanliness of Auxiliary Areas | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 0 | 4 |
| Cleanliness of Toilets | 4 | 3 | 3 | 0 | 2 | 2 | 0 | 2 | 2 |
| Use of standards materials and Equipment for Cleaning | 4 | 2 | 4 | 0 | 4 | 4 | 0 | 0 | 4 |
| Use of Standard Methods Cleaning | 4 | 2 | 4 | 2 | 2 | 2 | 0 | 0 | 2 |
| Monitoring of Cleanliness Activities | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drainage and Sewage Management | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Total observed score | 36 | 22 | 34 | 24 | 32 | 31 | 20 | 6 | 32 |
| Total Required scored | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| Sanitation & Hygiene (%) | 90.0 | 55.0 | 85.0 | 60.0 | 80.0 | 77.5 | 50.0 | 15.0 | 80.0 |

Table A3: Facility wise Kayakalp score on waste management (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|---|---------------|-------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Segregation of Biomedical Waste | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 |
| Collection and Transportation of Biomedical Waste | 4 | 2 | 4 | 4 | 2 | 4 | 4 | 2 | 0 |
| Sharp Management | 4 | 4 | 4 | 4 | 0 | 2 | 4 | 4 | 2 |
| Storage of Biomedical Waste | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 |
| Disposal of Biomedical waste | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 |
| Management Hazardous Waste | 4 | 2 | 2 | 2 | 2 | 3 | 4 | 2 | 2 |
| Solid General Waste Management | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Liquid Waste Management | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Equipment and Supplies for Bio Medical Waste Management | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 |
| Statuary Compliances | 0 | 0 | 4 | 2 | 2 | 4 | 4 | 2 | 0 |
| Total | 30 | 28 | 34 | 32 | 26 | 33 | 36 | 30 | 18 |
| Total Required Scored | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| % | 75.0 | 70.0 | 85.0 | 80.0 | 65.0 | 82.5 | 90.0 | 75.0 | 45.0 |

Table A4: Facility wise Kayakalp Score on Infection Control (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|---|---------------|-----------|-------------------|--------------|----------|------------|--------------|----------------|------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Hand Hygiene | 2 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Personal Protective Equipment (PPE) | 2 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 |
| Personal Protective Practices | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 2 |
| Decontamination and Cleaning of Instruments | 0 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 0 |
| Disinfection & Sterilization of Instruments | 4 | 4 | 4 | 3 | 0 | 3 | 3 | 4 | 1 |
| Spill Management | 4 | 4 | 2 | 1 | 2 | 1 | 4 | 0 | 0 |
| Isolation and Barrier Nursing | 4 | 4 | 2 | 3 | 4 | 4 | 4 | 4 | 2 |

| | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Infection Control Program | 4 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 |
| Hospital-Acquired Infection Surveillance | 2 | 1 | 3 | 2 | 0 | 0 | 1 | 1 | 1 |
| Environment Control | 4 | 4 | 4 | 3 | 1 | 2 | 1 | 3 | 3 |
| Total | 30 | 30 | 32 | 25 | 21 | 23 | 27 | 25 | 16 |
| Total Required Scored | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| % | 75.0 | 75.0 | 80.0 | 62.5 | 52.5 | 57.5 | 67.5 | 62.5 | 40.0 |

Table A5: Facility wise Kayakalp score on Support services (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|-------------------------------------|---------------|-------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Laundry Services & Linen Management | 3 | 3 | 4 | 2 | 4 | 3 | 3 | 2 | 1 |
| Water Sanitation | 4 | 2 | 2 | 1 | 1 | 2 | 1 | 3 | 3 |
| Pharmacy and store | 4 | 2 | 4 | 2 | 0 | 3 | 1 | 2 | 3 |
| Security Services | 4 | 0 | 2 | 2 | 0 | 0 | 2 | 2 | 2 |
| Out-sourced Services Management | 2 | 3 | 1 | 2 | 1 | 0 | 2 | 1 | 3 |
| Total | 17 | 10 | 13 | 9 | 6 | 8 | 9 | 10 | 12 |
| Total Required Scored | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| % | 85.0 | 50.0 | 65.0 | 45.0 | 30.0 | 40.0 | 45.0 | 50.0 | 60.0 |

Table A6: Facility wise Kayakalp Score on Hygiene Promotion (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|--|---------------|-------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Community Monitoring & Patient Participation | 1 | 1 | 4 | 4 | 1 | 2 | 2 | 1 | 0 |
| Information Education and Communication | 4 | 1 | 4 | 1 | 1 | 1 | 2 | 1 | 2 |
| Leadership and Teamwork | 0 | 2 | 4 | 1 | 3 | 4 | 2 | 0 | 0 |
| Training and Capacity Building and Standardization | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Staff Hygiene and Dress Code | 2 | 0 | 1 | 2 | 2 | 0 | 0 | 2 | 2 |
| Total | 7 | 4 | 13 | 10 | 7 | 7 | 6 | 4 | 4 |
| Total required Scored | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| % | 35.0 | 20.0 | 65.0 | 50.0 | 35.0 | 35.0 | 30.0 | 20.0 | 20.0 |

Table A7: facility wise Kayakalp score on Hospital Boundaries (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|---|---------------|------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| Promotion of Swachhata & Coordination with Local bodies | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cleanliness of approach road and surrounding area | 2 | 1 | 1 | 0 | 1 | 0 | 2 | 0 | 2 |
| Public Amenities in Surrounding Area | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Aesthetics of Surrounding area | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 |
| Maintenance of surrounding area and Waste Management | 2 | 0 | 2 | 0 | 2 | 2 | 2 | 2 | 2 |
| Total | 6 | 1 | 3 | 0 | 4 | 2 | 8 | 2 | 4 |
| Total Required Scored | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| % | 30.0 | 5.0 | 15.0 | 0.0 | 20.0 | 10.0 | 40.0 | 10.0 | 20.0 |

Table A8: Block wise average Kayakalp score of facilities (%)

| Indicators | Shahada | | | Akkalkuwa | | | Navapur | | |
|--------------------------------------|---------------|-------------|-------------------|--------------|-------------|-------------|--------------|----------------|-------------|
| | RH Khondamali | PHC Aaste | PHC Lahan Shahada | RH Akkalkuwa | PHC Veli | PHC Khapar | RH Khandbara | PHC Chinchpada | PHC Palsun |
| HOSPITAL / FACILITY UPKEEP | 30 | 25 | 33 | 10 | 21 | 16 | 22 | 12 | 22 |
| SANITATION & HYGIENE | 36 | 22 | 34 | 24 | 32 | 31 | 20 | 6 | 32 |
| WASTE MANAGEMENT | 30 | 30 | 32 | 25 | 21 | 23 | 27 | 25 | 16 |
| INFECTION CONTROL | 30 | 30 | 32 | 25 | 21 | 23 | 27 | 25 | 16 |
| SUPPORT SERVICES | 17 | 10 | 13 | 9 | 6 | 8 | 9 | 10 | 12 |
| HYGIENE PROMOTION | 7 | 4 | 13 | 10 | 7 | 7 | 6 | 4 | 4 |
| BEYOND HOSPITAL BOUNDARY | 6 | 1 | 3 | 0 | 4 | 2 | 8 | 2 | 4 |
| Total | 156 | 122 | 160 | 103 | 112 | 110 | 119 | 84 | 106 |
| Total minimum required Scored | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 |
| % | 70.9 | 55.5 | 72.7 | 46.8 | 50.9 | 50.0 | 54.1 | 38.2 | 48.2 |

Tool used for study

| Ref No. | Criteria | Assessment Method | Means of Verification | Compliance | Remarks |
|-----------|--|-------------------|---|------------|---------|
| 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 | |
| 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 | |

| | | | | | |
|-----------------|---|--------------------------|--|-------------------|----------------|
| A2.5 | Provision of Herbal Garden | OB/SI | Check if the facility maintains a herbal garden for the medicinal plants Check for:- 1. Its accessibility to the patients 2. 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 | |
| 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 | |
| A3.3 | No thoroughfare / general traffic in hospital premises | OB/ SI | Check that the facility premises are not being used as 'thoroughfare' by the general public | 1 | |
| Re f. No | Criteria | Assessment Method | Means of Verification | Compliance | Remarks |
| A3.4 | Open areas are well maintained | OB/RR | Check that: 1- there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas 2-Retaining natural topography (and/ or) design vegetated spaces on the ground, for at least 15% of the site area 3-Preservation of existing trees & plantation of new trees | 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 | |
| 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 signage's (directional & departmental) are in local language and follow uniform colour scheme. | 1 | |

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|-----------|--|-------|--|----------|--|
| A4.5 | No unwanted/Outdated posters | OB | Check, that facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc. | 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 | |
| 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 | |

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| A7.4 | Furniture at the nursing station, staffroom, 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. | 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 | |
| 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 | |
| A 9.4 | Hospital has a functional rain water harvesting system | OB/SI | Check :- Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity | 1 | |

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| A.9.5 | The hospital has innovative practices for water Conservation | | 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 | |
| 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.5's') | 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 | |
| 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 | |

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| 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 | |
| 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 | |
| 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 | |

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| 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 | |
| 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 | 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 environmental 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 | |

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| 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 | |
| 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 | Check if cleaning staff uses three bucket system for cleaning. First mop the area with the warm water and detergent solution. • 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. Ask the cleaning staff about the process.... | 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 | |
| B8.4 | Use of separate mops for critical and semi critical areas and procedures surfaces | SI/OB | Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors. | 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 | 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 are daily updated for at least last one month. | 1 | |

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| 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 flow 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 | |
| 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 | |

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| 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 | |
| C2 | Segregated 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 deepburial 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 | Remarks |
| 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 | 1 | |

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| | | | fixed needles, needles from cutter/burner, scalpel blade, etc. | | |
| C3.5 | Staff is aware of needle stick injury Protocol and PEP is available to the staff | SI/RR | Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up | 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 motor able 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 hour 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 | |
| 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 approved 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 | |

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| 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, nitrite 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. 2. Liquid from laboratories are collected separately and pre-treated prior to mixing with rest of the wastewater from HCF | 1 | |
| C6.5 | Disposal of waste collected from infectious disease like COVID-19 | SI/RR | Check that the facility is managing infectious waste like COVID-19 as per the procedures laid down by CPCB like double layer bags, labelling of "COVID-19", disinfection with 1% sodium hypo-chlorite solution etc. are done | 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 | |

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| 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 | |
| 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 | |
| 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 | |

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| 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 | |
| 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 | |
| D2 | Personal Protective Equipment (PPE) | | | 5 | |

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| 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 | |
| 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 procedures | 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 | |

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| 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 | |
| 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 if 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 | |

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| 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 | |
| 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(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 | | | | |
| E1 | 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 | |

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| 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 are clean and not torn | PI/SI | Check the patients' dresses - its cleanliness and condition | 1 | |
| 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 | |
| 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 | OB | Check for adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils. | 1 | |

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| | and Composting | | | | |
| 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 | |
| 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/Intervie w 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 | |

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| 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 | |
| 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 feed-back from patients and visitors for maintaining the cleanliness of the facility(Manual/Mera Aspatal) | SI/RR | Check if there is a feedback system /Mera Aspatal for the patients. Verify the records towards analysis of patient feedback received followed by CAPA(Corrective action & Preventive action) | 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 | |

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| 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 | |
| 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, dis- infectants. | 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 | |
| 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 | |

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| 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 | |
| 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 news-papers/ electronic media, distribution of booklets/ pamphlets, posters/wall writing for promotion of use of toilets, hand washing, safe drinking water and tree plantation, etc. | 1 | |

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| 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 | |
| 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 | |

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| 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 counsellors, 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 | |
| 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 signage's 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 | |

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| 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 | |
| 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 | |
| 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 bill-boards, | OB | Check for any loose hanging wires | 1 | |

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| | electric poles, etc | | | | |
| 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 | |
| G5.3 | Availability of Garbage Storage area | OB | Garbage storage area is away from residential/commercial areas and is covered/fenced. It is not causing public nuisance. | 1 | |
| G5.4 | Daily collections of general waste by Municipal corporation | OB/SI | Municipal corporation vehicles pick up garbage from the storage area on daily basis. Look for piling of garbage. | 1 | |
| G5.5 | Innovations in managing general waste | OB/SI | Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc. | 1 | |
| 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 maintained of roads, footpaths and pavements | OB/SI/RR | Check when was the last repair done, details of the repair and current condition of the road- pot-holes, broken footpath etc. | 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 | |
| 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 | |

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| 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 | |
| H2 | Air and Noise pollution | | | 1 | 0 |
| 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), CO2 | 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), CO2 | 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 | 1 | |

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| | | | 4. staff or visitors not violating the policy | | |
| H2.7 | No garbage or biomass burning within the facility premises | OB | Check for enforcement of ban any evidence of burning garbage or biomass (especially during winter months) | 1 | |
| 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, greasing 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 upto 1000 KVA, manufactured on or after the 1st January, 2005 shall be 75 dB(A) at 1 metre from the enclosure surface. 2. The diesel generator sets should be provided with integral acoustic enclosure. 3. Please check for silencer and air filter | 1 | |
| 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 generate 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 | 1 | |

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| | | | 2. Default setting of printing on both sides in the computers | | |
| 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 | |
| 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, cardboard 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, catridge 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 | OB/SI | The facility is promoting virtual platform for conducting meeting, trainings etc. | 1 | |

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| | trainings | | | | |
| 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 are sorted based on its size and toxicity 3. Parctice of excahnging/drop off at e.waste bins/using e.waste collection system from the hospital | 1 | |
| H5 | Health and well being | | | 10 | |
| 8 | 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,shurbs. | 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 open 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). 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 | 1 | |
| 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 | |

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| H5.10 | Availability of cafeteria for patients and visitors | OB/SI | Check the availability as well as the functionality & maintenance of the cafeteria | 1 | |
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