



Federal Democratic Republic of Ethiopia
Ministry of Health

CLEAN AND SAFE HEALTH FACILITIES PROGRAM IMPLEMENTATION MANUAL



November 2017

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Forward

The federal ministry of health of Ethiopia has been doing considerable effort to improve access and quality of medical services for the citizens. To address the gaps related to quality of the service, different strategies and intervention has been designed and being implemented in the facilities. One of these is the clean and safe health facilities (CASH) initiative.

There was a general consensus that the cleanliness of the health facilities particularly the hospitals are not up to the expectation of acceptable standards and remains to be the source of public complaints on hospitals. The cause of the problem is considered to be not only infrastructural related but mostly attitudinal problem related to the practices for cleanliness and safety.

The CASH initiative was launched in 2014 with recognition of the unsanitary and unsafe conditions in most of the Hospitals in the country. The objective of CASH initiative is to improve the cleanliness and safety of health facilities and reducing health care-associated infections. The implementation supported by use of the national audit tool developed and used for assessment, identify gaps and intervene in the facilities.

Implementation of CASH has brought considerable improvement in some of the Hospitals; however, further efforts are needed to maintain the results and scaling up into all facilities including health centers.

Thus, this manual is developed and revision to the audit tool is made in order to strengthen the implementation of CASH based on the implementation experiences and adapting relevant approach and indicators to guide the intervention, monitoring and evaluation. It is expected all health facilities in the country will apply the manual and audit tool in order to ensure clean, safe and people centered health services.

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Acronyms

CASH: Clean and Safe health facilities

CSD: Clinical service directorate

HCAI: Health Care Acquired infection

HCFs: Health Care Facilities

HSQD: Health Service Quality Directorate

IPPS: Infection prevention and patient safety

UNICEF: United Nations International child Fund

WASH FIT: Water, sanitation and Hygiene Facility Improvement Tool

WHO: World Health organization

I. Introduction and back ground

Health care facilities (HCFs) need to be safe, effective and patient-centered within the context of quality of health care delivery. Cleanliness of health facilities is an important determinant of quality of care and patient satisfaction. It is not possible to have a good health facility without being clean and tidy. Health facilities needs to be responsive to the values, beliefs and culture of patients in all aspects as well as creating a healing health care environment.

The essence of good cleaning is not only that thing look clean but they are also safe in terms of not transmitting infectious agents. This calls for measurement of cleanliness both in aspects of environmental cleanliness as well as safety measures. It makes a statement to patients and visitors about the attitudes of staff, managers and the senior management board in their efforts to provide quality care and in the way the health facilities are organized and run. Excellence in patient care is dependent on getting the basics right, making sure that the patients is cared for appropriately and that the general environment is clean, comfortable and safe. Patients should also be the corner-stone in the whole health care delivery process. There has been increasing consensus that the cleanliness of the health facilities particularly hospitals are not up to the expectation of acceptable standards and remains to be the source of public complaints. According to SPA (2014), two-third of the sample facilities had an improved water source within 500 meters and 81percent) have a functioning client latrine. Health centers and health posts had lesser improved water source, which was 71% and 45% respectively.

Thus, clean and safe health facilities (CASH) initiative was launched in recognition of the unacceptable conditions of the health facilities in relation to cleanliness and safety conditions. Many hospitals had weak health care waste management system and WASH provisions. Besides, the hospitals compound and floors are crammed with old furniture and equipment making the hospitals unclean to sight. Service areas such as cleaning, kitchen, laundry, facility management are not well developed. The problem

was deep rooted in the society so much so that people associate bad odors with hospitals. The cause of the unacceptable situations in the HCFs is recognized to be partly attitudinal problem which was rampant among the facilities community. Consequently, the CASH initiative gives focus to attitudinal change intervention at all levels to improve the condition. The other important element is the Audit tool which was developed to guide and track the intervention and found to be an important tool.

Remarkable achievements were achieved in some of the Hospitals which implemented CASH in effective and innovative approaches. The assessment of CASH in selected hospitals in July 2016 in collaboration between FMOH and WHO identified that key enabling factors of CASH which include: effective leadership and governance; mentorship and peer-to-peer learning activities; patient, family and community engagement; and accountability mechanisms. The intervention covered aspects of WASH and environmental health supported by the national developed audit tool. There is need to revise the tool and develop implementation manual to guide the implementation.

This manual and revised audit tool is intended to provide guidance on the approaches of CASH program implementation at scale and sustainably.

1.1 Goal and Objectives of CASH

The objective of CASH is create clean and safe HCFs is to improve the cleanliness and safety of health facilities and reducing health care-associated infections to contribute to quality of health care and people centered health service.

Specifically, create safe environment for patients, attendants, visitors, staff and members of the general public; increased patient confidence in local health care settings in relation to environmental hygiene and the organizations commitment to prevent health care associated infections.

CASH program has important linkages with a number of health service delivery purposes including quality universal health coverage (UHC), infection prevention and control (IPC), and child and maternal health. Clean and desirable HCFs is an essential component to achieving several Sustainable Development Goals (SDGs), including SDG 3 — *ensure healthy lives and promote well-being for all at all ages* — and SDG 6 — *ensure availability and sustainable management of water and sanitation for all*.

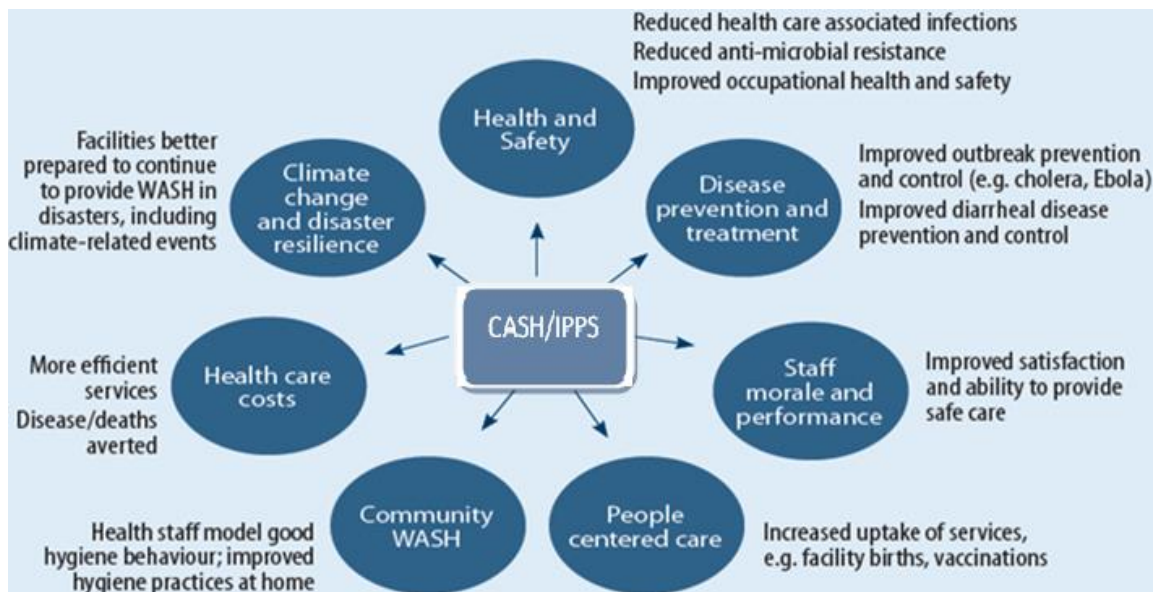
II. Objective and scope of the Manual

The primary objective of this manual and audit tool is to provide evidence and expert consensus recommendations on how to implement Clean and safe health care facilities program sustainably and on the standards included in the audit tool to be in place at all health care facilities to improve the current situation of cleanliness and safety problems.

CASH has been implementing in all public health facilities from primary health care unit to tertiary level Hospitals. Emphasis shall be given to facility management, safe and adequate Water supply, Sanitation and Hygiene practice of health care facilities including health care waste management, infection prevention and patient safety.

III. Benefits of CASH Implementation

Clean and safe HCFs can increase demand and trust in services, improve the quality of care, strengthen staff morale and performance and reinforce the role of staff in setting societal hygiene norms. In addition, such services strengthen the resilience of health systems to prevent disease outbreaks, allow effective responses to emergencies, including natural disasters and outbreaks, and bring emergencies under control.



IV. Definitions

Below are the descriptions applicable to the key terms used in this manual.

Cleaning: procedure that physically removes all visible dust, soil, blood or other body fluid, from inanimate objects as well as removing sufficient number of microorganism to reduce risk for those who touch skin or handle the object.

Patient Safety: - is the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments.

Infection prevention: is a systematic effort or process of placing barriers physical, chemical and mechanical) between a susceptible host (person lacking effective natural or acquired protection) and the pathogenic microorganisms.

Environmental health: - addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health.

Environmental hygiene: is a group of activities that aims to protect people from dangerous conditions arising from unsanitary shelters, HCFs, feeding centers, air etc. These conditions include unsanitary water supplies, waste disposal, and housing structures.

Healthcare associated infection: Is a term used interchangeably with “healthcare facility acquired infection” or “healthcare associated infections (HAIs)” and is defined as a situation in which patients coming to health institutions seeking treatments acquire an infection/s in healthcare facility afterwards other than diseases/health problems they had. It is a time related criterion which refers to Infections occurring more than 48 hours after admission

V. Guiding principles and strategies

5.1 Guiding principles

- Clean care is safe care
- Cleanliness is more of attitude than structure
- Cleanliness is everybody’s responsibility
- Health facilities are healing places

5.2 Strategies

Some of the key intervention approaches to be followed are:

- Engage all staffs on CASH
- Promotional intervention to influence the attitude and behavior of staff, patients/clients on cleanliness and safety practices
- Sustained advocacy, communication, capacity building and learning on CASH
- Conduct regular ongoing cleaning campaigns
- Integrate CASH/IPPS activities incremental improvement plan on annual plan and progress performance reports
- Create a sense of ownership and make CASH/IPPS everyone’s priority agenda on patient/care giver forum, community forum etc
- Development and implementation of cleaning manual, standards and tools

- Provision of enabling environment for CASH including infrastructures and supplies
- Conducting internal and external audits and establish incentive and reward mechanism

VI. CASH technical domains

Three of the major thematic areas (components) of CASH are:

- Management and Structure
- Facility management
- Water, Sanitation and Hygiene (WASH)

VII. Implementation Framework

Five process phases of CASH implementation are indicated below.



It is adapted through integration of the WHO (2017) developed WASH in HCFs facility improvement tool (WASH FIT). It provides description of a risk-based and continuous improvement framework for undertaking water, sanitation and hygiene (WASH) improvements as part of wider quality improvements in HCFs.

Phase 1: Preparation and organizing

This phase is an important part of the program to meet the set objectives and it involves below indicated functions:

- Establish CASH/IPPS committee at facility level and sub-teams dealing with different technical domains and develop ToR including role and responsibilities
- Establish CASH governance structures and including assigning focal persons
- Provide orientation on CASH implementation manual and audit tool for staff
- Adapt guidelines, strategies and tools for CASH
- Develop and implement communication and advocacy strategy
- Identify and engage stakeholders on CASH program
- Allocation and mobilizing resources
- Launch CASH program for the facility

Phase 2: Assessment

Assessment will be conducted using *CASH audit tool*. This is a problem identification phase which also helps to identify the baseline and the progress. Each indicator of the standards will be assessed and score given in three categories: green color (signifies the indicator is fully met), yellow (intermediate fulfilled) and red (signifies the indicator is not met). The count of each of the categories and proportion (%) to be identified for: the total indicators, by technical domains, by standard and each of the indicators. These indicate the status of the facility and the gaps/problems.

Example: Summary of the assessment finding

Domain	***	**	*
WASH			
Facility management			
Structure and management			

For each of the problems, it is important to identify related causes through discussion with staff at different level. The causes can be identified on three possible roots: *resource*, *people* (skill and motivation) and *process* related problems.

Causes Assessment

Problem/gap	Cause		
	Resource	People	Process

Beside the audit tool indicators, outcome indicators and the status need to be identified. These involve service utilization, facility based injuries and infections, and patient/client satisfaction.

Different units could have varying risk condition; below table indicate the risk levels associated with different units.

Functional areas risk category

Category 1: <i>Very High Risk</i>	Category 2: <i>High Risk</i>
Control of infection wards & areas cohosting infectious patients Intensive Care Units Neonatal ICU	CSSD, Accident and Emergency Isolation rooms and catering facilities Day Hospital/Day services including Chemo Day ward/OPD including Treatment rooms & Clinical Consult

Operating theatres/Endoscopy
Renal Dialysis Unit
High Risk Patients
Immune compromised patients

Rooms /Radiology
Where invasive procedures are carried out, e.g. Vascular and neuroradiology, barium studies, etc.
Treatment/Clinical Consulting rooms
Wards-Maternity, CCU and surgical

Category 3: *Moderate Risk*

Wards-All other ward types
Day activity areas (Noninvasive)
Rehabilitation area
General pharmacy
Laboratory, including pathology
Mortuary
Radiology& Medical Imaging
OPD, Treatment & clinical consult Rooms (Noninvasive)
Public thoroughfares
Residential/On-call /overnight accommodation
Physiotherapy
Occupational Therapy
Main stairwells

Category 4: *Low Risk*

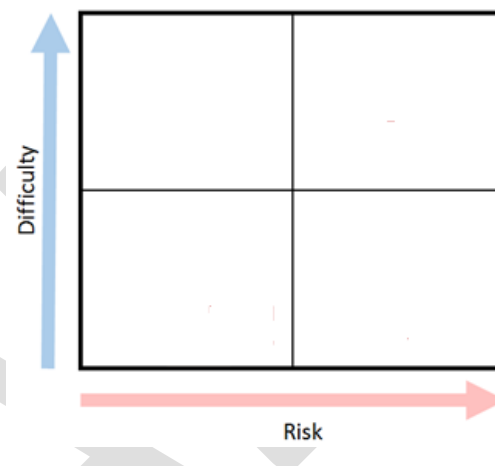
Administrative areas
Non-sterile supply areas
Record Storage and archives
Engineering workshops
Plant rooms
External Surrounds
Central Stores
Fire escapes
Library
Meeting Rooms
Retail areas
Staff Change Facilities

Phase 3: Planning

The problems and related causes identified will be further assessed for prioritizing intervention area or activities. This can be made based on *risk analysis* and *feasibility to intervene* the problem or the gap during given time period and resource.

The planning process may follow:

- Prioritize intervention area or activities
- Identify the resource required, responsibilities and timeframe
- Develop an improvement plan



Phase 4: Implementation

The implementation process may involve:

- Developing detail activities timeline
- Taking action per the set timeline on action plan
- Communicate and hold meetings with key individuals to investigate how actions are progressing and identify any barriers to progress

Phase 5: Auditing, Monitoring and Evaluation

Monitoring the progress of the CASH/IPPS implementation at all levels is very important to track the progress and identify best practices. Overall auditing / assessment using the nationally prepared audit tool is expected to be conducted every six months. An audit process is conducted to improve facility cleanliness and safety according to the standard. Timely and effective feedback and reporting is required by the facility itself.

Hospitals report is integrated in the Hospitals performance monitoring indicators (HPMI). As part of monitoring and evaluation of the initiative, the activity report is also important and mandatory to the respective next level organizations.

VIII. Audit process

As indicated on the implementation framework, auditing is conducted as part of baseline assessment and progress monitoring. Proposed standards are indicated for each of the thematic area indicators.

The aim of setting standards of cleanliness is to ensure that everyone can determine whether the hospital is sufficiently clean irrespective of the service provided. This requires measurement to ensure standards are met. A documented monitoring plan ensuring all functional areas are assessed in accordance with their risks is important.

There are three levels of auditing procedure: *technical*, *managerial* and *external*. An audit process at technical, managerial and external level should be considered to ensure hospital cleanliness and safety as per the standard. Timely and effective feedback and performance information should be provided following the audit process. Targets and outcomes for achievement should be shared for wards and the hospitals as a whole and teams need to be encouraged to steadily improve performance.

The duration and frequency of each audit activity will be determined in the national manual for auditing and respective hospitals are expected to adopt accordingly.

The **technical audits** include regular audits by frontline supervisory staff such as cleaning services heads and ward or department managers and it is performed as part of the daily management and supervision of cleaning services.

Managerial audit include regular scheduled multidisciplinary team audits that form part of the ongoing management supervision of cleaning services. Multidisciplinary audit

team members should include cleaning service head, nurse managers, technical services manager, IP specialist, food services manager, and patient representative, etc.

Additionally, patient attendants could effectively be utilized to conduct audit of respective wards in collaboration with ward head nurses. With proper guidance and orientation by the hospital professional, patient attendants can assume responsibility of ensuring respective patient rooms' cleanliness. This assignment should be voluntary and based on rotation basis making sure that all attendants in the ward assume responsibility.

External audit are done to validate the internal audit process and provide an independent and objective assessment of cleanliness and safety. These can be facilitated by an external team or a monitoring unit and conduct at least once in a year. Personnel involved in auditing should have a detailed knowledge and understanding of HCFs and hospital cleaning services, be competent to judge what is acceptable in terms of cleanliness and safety.

The audit findings shall be used to constantly improve the cleanliness and safety condition as well as provide recognition and awards to most improved HCFs. The recognition process would be integrated in to the recognition mechanism of the Ethiopian health institutions alliance for quality (EHIAQ) initiative.

Proposed frequency internal audit and response time

Risk area	Frequency for Internal Audit	Time frame for corrective action
Very High Risk	Two times a week	Immediately
High Risk	Weekly	Immediately
Moderate Risk	Monthly	Within 24 hour or up to a week depending on infection and safety risk

Using the Audit Tool

- The audit tool has a total of 31 standards for a Hospital and 28 standards for health center. Each standard has indicators (specification criteria) are that facilities are expected to fulfill.
- During auditing/assessment different means of verifications are used
 - ✓ Review documents
 - ✓ Observations
 - ✓ Interview

The audit tool is designed and convenient to check and tick each verification criteria on the assessment tool.

- Standards that fully met the verification criteria (100%) score and labeled Green
- Standards that partially met the verification criteria (above 50%) score and labeled yellow
- Standards that partially met the verification criteria (below 50%) score and labeled Red.

The CASH audit score can be calculated using the below formula and can also be used for each thematic area and to calculate the overall audit score.

$$\text{Number of standards met} / \text{total number of standards} * 100\%$$

IX. Role and responsibilities

Ministry of Health (MOH):

- Responsible to oversee the initiative nationally.
- Prepares national policy, guideline, manuals, standards and tools.
- Provides capacity building on cleaning to RHBs and health facilities .
- Supports the efforts for cleanliness by providing financial, material and technical support.
- Mobilizes resources for the initiative.

- Conducts sustained advocacy and communication to mobilize the public
- Develop monitoring and evaluation framework and conduct regular M&E
- Documents best practices and prepare change package for scale up
- Conduct external audit of cleanliness and safety of health facilities and recognize best and worst performing hospitals.

Regional Health Bureau (RHB) :

- Oversee the regional health facility clean and safe initiative
- Establish relevant regional governance structure to oversee the initiative
- Conduct sustainable advocacy and mobilization to the public
- Liaise with MOH cleanliness project unit to implement the initiative
- Mobilize resources
- Conduct regular M&E with the regular time table and provide regular feedback
- Document best practices and prepare change package for scale up
- Conduct external audit
- Provide support for the health facilities

Health Facilities:

- Organize multi-professional teams to coordinate and facilitate the CASH implementation process
- Mobilize and allocate resources (human and supplies)
- Conduct baseline and ongoing health facility assessment and prepare plan
- Make CASH/IPPS everybody's agenda (Through HDA, staff forum, caregiver forum)
- Prepare and sign service level agreements with departments/case teams/ and staff.
- Mobilize and engage all staff, care givers, and patients on regular ward & facility wide cleaning campaign.
- Implement and continuously monitor the standards for CASH/IPPS
- Develop facility level policy & procedure on cleanliness and safety and arrange orientation for all staff, patients, attendants and visitors.

- Improve water supply system by making alternate/backup water sources
- Establish a system of monitoring & evaluation to keep track of CASH implementation
- Design recognition mechanism for best performing departments/case teams to create a positive competitive environment .
- Monitor and support the initiative

CASH/IPPS coordination committee within a facility

- Develop CASH specific action plan and cascade to department/Case team level
- Support the implementation of the facility CASH plan
- Conduct ongoing CASH/IPPS assessment, use the assessment for improvement plan, and give feedback to facility management/SMT & department/Case team
- Conduct regular team meetings, set action points at each meeting and document minutes
- Provide training to clinical and non-clinical staff, e.g. cleaners, technicians
- Organize facility wide cleaning campaign
- Establish surveillance and report system for HCAI
- Monitor and support health posts and HEW

Full time Environmental health officer/designated person

- Act as a secretary at CASH/IPPS implementing team
- Follow facility CASH/IPPS practice regularly
- Conduct daily supervision to key function areas and give information to CASH implementing team
- Participate on senior management team representing CASH implementing team

Department /case team

- Develop
Comply with checklist distributed by CASH implementing team
- Supervise the cleaning of respective departments
- Make CASH/IPPS a priority agenda of HDA to change attitude on cleanliness
- Conduct regular cleaning campaign at department/case team level
- Provide report to CASH implementing team

All staffs

- Every staff is responsible to keep his/her working area clean and safe all the time
- Practice CASH/IPPS standards at all time at work
- All staff should attend trainings organized by the facility
- All staff expected to participate department and facility level CASH campaign
- Expected to report when there is cleaning problem in the working area

Patients (other clients);

- Practice hand washing regularly using soap and water:
- Have regular washes, showers or baths and wear pyjamas. Please ask hospital staff if you need any assistance.
- Expect staff to have washed their hands before having direct contact with you.
- Please remember that you can ask health facility staff to wash their hands – they will be happy to do so, as your health is their priority.
- Keep your room/bed space tidy and uncluttered so staff can clean more easily.
- Expect your room to be cleaned every day.
- Do not store food items and utensils on the bed sides.
- Expect to have fresh bed linen and pyjamas at least once a week.
- Tell the nurse in charge if you are concerned about cleanliness.
- Let staff know immediately if you have diarrhea or vomiting
- Dispose wastes in the right labeled containers

- Attend health education sessions in the health center

Visitors / Care givers:

- Do not visit if you are unwell and minimize your visits especially if it is outbreak.
- Try to keep your visits to a minimum if there is an outbreak of diarrhea and vomiting on the facility/ward you are visiting. Ward staff will advise you.
- Plan your visits so there are only two people at the bedside at any one time.
- Do not sit or sleep on any patients beds.
- Comply to appropriate hand washing practice using soap and water
- Do not touch relative/friends' wound or any medical equipment provided for them.
- Check with nurses/other staff before bringing children to wards for visit.
- Tell the staffs if you have concern on hygiene and sanitation
- Ask the staff what items are allowed to bring to the hospital
- You may have to take special precautions if the person you are visiting has an infection and is put into isolation away from other patients on a side ward. Please follow the advice that ward staff give you.
- Do not touch, sit and sleep on patient bed side
- Ask the health workers during visiting time which material is allowed and forbidden
- Implement hand Wash practice at critical time
- Dispose wastes in the right labeled containers
- Care for the health centers cleanliness
- Attend health education sessions

Annexes:

Annex 1: CASH Audit tool for Hospitals

Annex 2: CASH Audit tool for Health centers

Annex 1

CASH AUDIT TOOL- HOSPITAL

Clean and safe health care facility(CASH) Audit Tool	
Hospital General Information	
Date of Assessment	
Hospital Name	
Region, Zone/Sub city, District/ woreda	
CEO	Name
	phone no
	Email
CASH focal person	Name
	phone no
	Email
Number of Staff(Total)	
Number of Environmental health officers	
Number of Staff (Cleaners)	
Number of Staff(Laundry staffs)	
Name of Assessors	

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1. CASH Structure and management

No	Standard	Verification Criteria	Score			Remark
			***	**	*	
1	Management, commitment, support and coordination	<input type="checkbox"/> Governing board support & monitor CASH/IPPS activities <input type="checkbox"/> SMT establish a system to support and monitor CASH/IPPS activities <input type="checkbox"/> SMT ensure adequate resource allocation (human & budget for material & supplies) <input type="checkbox"/> Department performance assessment and mechanism of recognition in place				
2	Functional/Active CASH/IPPS coordinating committee	<input type="checkbox"/> Updated TOR for the committee <input type="checkbox"/> Availability of annual CASH specific operational plan at focal point, committee and SMT <input type="checkbox"/> Conduct regular meeting at least quarterly and minutes should be documented <input type="checkbox"/> Conduct progressive assessment quarterly & report should be sent to SMT <input type="checkbox"/> All hospital health professionals, laundry staffs, kitchen staffs and				

		housekeeping staffs should be trained on CASH/IPPS <input type="checkbox"/> Conduct Hospital wide Campaign at least quarterly with focusing changing the attitude of people				
3	The hospital has a strategy to improve the implementation of CASH.	<input type="checkbox"/> Involvement of all departments/units <input type="checkbox"/> Involvement of patients <input type="checkbox"/> Involvement of communities <input type="checkbox"/> Involvement of senior physicians				

2. Facility Management

No	Standard	Verification criteria	Score			Remark
			***	**	*	
4	Protective Surrounding fence	<input type="checkbox"/> Fence which surrounds all the hospital ground which will not allow the entrance of pets and other animals with a functional gate <input type="checkbox"/> Safe especially for psychiatric and pediatric patients <input type="checkbox"/> At least with two gates that could aid in case of emergencies.				
5	External ground appearance and tidiness	<input type="checkbox"/> Hospital external ground (at least 5m-20m from the fence) is free from any hospital & community generated waste				

		<input type="checkbox"/>				
6	The hospital should have good Internal compound appearance and tidiness	<input type="checkbox"/> Tidy and well maintained internal ground <input type="checkbox"/> Free abandoned medical equipment/ old cars, etc <input type="checkbox"/> Designated social green areas/parks with seating facilities <input type="checkbox"/> Clinical and General waste containers placed only in recommended places <input type="checkbox"/> Clearly marked, well lit, and safe walk ways including from parking area <input type="checkbox"/> Electrical wires are secured and safely fixed within the compound				
7	The hospital has an appropriate Signage so as to make accessible for clients/patients	<input type="checkbox"/> Easily visible Hospital sign directing people from around (approximately 3- 5 meters from floor level, framed, legible text and visible at day and night) <input type="checkbox"/> Clear signage in the hospital showing the name of the hospital wards, departments, clinics, hazards, etc <input type="checkbox"/> Signs on doors, toilets, etc described/written either in pictures, words or both and consistent in				

		<p>appearance</p> <p><input type="checkbox"/> Signs for toilets are visible from all patient areas</p>				
8	The hospital has a Clean and tidy Hospital buildings & immediate surrounding	<p><input type="checkbox"/> Clean, tidy, and free from cracks Hospital buildings</p> <p><input type="checkbox"/> Drainage system within and around hospital building(s) e.g. gutters, pipes, etc, should be free from any obstructions, e.g. vegetation</p> <p><input type="checkbox"/> Doors, windows, and window frames are clean, not damaged, properly fixed, and painted</p>				
9	The hospital should have clean and safe Hospital building corridors and waiting area	<p><input type="checkbox"/> Visibly clean, free from any obstacles, well lit and suitable for any whether condition</p> <p><input type="checkbox"/> Stairs, steps and lifts, internal and external, including all component parts, are visibly clean and well-maintained</p> <p><input type="checkbox"/> Waiting area with adequate space, clean & not damaged chairs, and health education program</p>				
10	The hospital ensures good Traffic flow management	<p><input type="checkbox"/> Defined and posted time (schedule) for visitors</p> <p><input type="checkbox"/> Restrict only authorized persons at those high risk areas</p>				
11	The hospital has a regular	<input type="checkbox"/> Continuous electricity availability (24/7) in the hospital with backup				

	supply safe Electric supply	source <input type="checkbox"/> All electric lines, switches, sockets, and ventilation grills are properly, insulated, and safe				
12	The hospital has a Fire safety plan	<input type="checkbox"/> The Hospital has Fire safety plan <input type="checkbox"/> Fire Emergency drill conducted at least annually <input type="checkbox"/> Contact address in case of fire emergency posted on working areas <input type="checkbox"/> Staff trained on fire safety <input type="checkbox"/> Functional fire extinguishers (expire date is up to date) placed at easily recognizable place. <input type="checkbox"/> Functional & annually inspected water hose				
13	The hospital practices Housekeeping works	<input type="checkbox"/> There are adequate number of cleaners per the standard <input type="checkbox"/> There is adequate cleaning supplies <input type="checkbox"/> Cleaning work plan developed and implemented <input type="checkbox"/> Established system for monitoring cleaning activity				
14	The hospital has Pest & rodent control system	<input type="checkbox"/> Established system/mechanism for pest and rodent control (outsourced or trained and assigned personnel) <input type="checkbox"/> Regular pest & rodent				

		control/inspection every 3 month				
15	The hospital has Noise pollution control system	<input type="checkbox"/> Free from internal sound disturbance (e.g. sounds from generator, constructions, workshop, etc) <input type="checkbox"/> No noise pollution sign should be posted inside the compound				
16	The hospital has Adequate Ventilation and Illumination	<input type="checkbox"/> All rooms/service areas have adequate natural or artificial light access <input type="checkbox"/> All service areas/rooms are well ventilated with natural or artificial system				

3. Water, Sanitation, and Hygiene

3.1 Water

No	Standard	Verification criteria	Score			Remark
			***	**	*	
17	The hospital ensures availability of adequate water supply	<input type="checkbox"/> Improved water supply piped into the facility or in premises <input type="checkbox"/> Water available at all times (24 hrs/day 7 days a week) and of sufficient quantity for all service areas. <input type="checkbox"/> A reliable drinking water station is present and accessible for staffs, patients and care givers at all times				

		and all locations/wards.				
18	The hospital has appropriate Storage/Reservoir to ensure continuous water supply	<input type="checkbox"/> Water storage is sufficient to meet the needs of the facility for 2 days <input type="checkbox"/> Drinking water is safely stored in a clean bucket/ tank with cover and tap <input type="checkbox"/> Reservoirs are made from rust resistant material <input type="checkbox"/> Cleaning of reservoirs conducted on regular base twice a year (at least every six month) <input type="checkbox"/> Reservoirs placed at least 50 cm above the ground and are protected with surrounding fence.				
19	The hospital should have Water safety plan	<input type="checkbox"/> Hospital have a water safety plan <input type="checkbox"/> All water pipelines are installed underground and free from leakage <input type="checkbox"/> Water is tested regularly four times a year through collecting a representative sample <input type="checkbox"/> Drinking water from the reservoir has appropriate chlorine residual (0.2mg/l or 0.5mg/l in emergencies) and recorded regularly (weekly)				
20	The hospital should have adequate Showers	<input type="checkbox"/> A separate male and female shower for in-patient wards (one shower per 40 patient) with continuous water availability and light <input type="checkbox"/> A separate male and female staff				

	<p>shower</p> <ul style="list-style-type: none"> <input type="checkbox"/> Free from any solid and liquid waste <input type="checkbox"/> Visibly clean wall-attached shower chairs (free from blood and body substances, scum, dust, lime scale, stains, deposit or smears.) <input type="checkbox"/> Showers have a door with lock. If there is no door, privacy curtains should be installed 				
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3.2 Sanitation and Waste Management

No	Element	Standard	Score			Remark
			***	**	*	
21	The hospital should have adequate rest room	<ul style="list-style-type: none"> <input type="checkbox"/> Availability of proportional toilet to patient ratio (one toilet to 20-24 patients) <input type="checkbox"/> Separated for male and female patients/clients <input type="checkbox"/> Separated for patient and staff <input type="checkbox"/> Visibly clean from any solid and liquid waste <input type="checkbox"/> Free form bad odor <input type="checkbox"/> Ensure privacy with functional door and lock. <input type="checkbox"/> Adequate functional artificial light for the night time. <input type="checkbox"/> At least one toilet meets for menstrual hygiene management (tap water inside the room etc) 				

		<ul style="list-style-type: none"> <input type="checkbox"/> Toilets at maternal waiting area/maternity ward are suitable for pregnant mothers <input type="checkbox"/> At least one toilet meets the needs of people with reduced mobility. <input type="checkbox"/> Functional hand hygiene stations (running tap water, soap, dust bin, etc) within 3 m from latrines. <input type="checkbox"/> Functional waste bin 				
22	<p>The hospital should practices Proper solid Waste management system</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Health care waste management manual/SOP available in clinical areas <input type="checkbox"/> Functional waste collection containers for 1) non -infectious (general) waste, 2) infectious waste and 3) sharps waste in close proximity at necessary service point. <input type="checkbox"/> Waste correctly segregated at all waste generation points. <input type="checkbox"/> Separate functional waste transport equipment for clinical, domestic and in the case of Mercury & other toxic materials <input type="checkbox"/> Domestic waste pit(for burning of non-infectious waste) and burial pit(for the burial of non-combustive waste) free from odor/offensive smell <input type="checkbox"/> Dedicated ash pits available for 				

		<p>disposal of incineration ash</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fenced and protected waste storage and disposal site (burial pit, incinerator, placental pit, etc) <input type="checkbox"/> Separated storage area for Hazardous and non-hazardous waste before treatment/disposal of or moved off site. <input type="checkbox"/> Appropriate personal protective equipment for all staff in charge of waste transportation, treatment and disposal. 				
23	The hospital should have an appropriate and functional Incinerator	<ul style="list-style-type: none"> <input type="checkbox"/> Functional and well-designed incinerator (type) <input type="checkbox"/> A trained person is responsible operating incinerators <input type="checkbox"/> Sufficient energy/temperature supply for incinerator for complete combustion 				
24	The hospital should have an appropriate and functional placental pit (Where applicable)	<ul style="list-style-type: none"> <input type="checkbox"/> Clean and functional placental pit without unpleasant or distasteful odor <input type="checkbox"/> Anatomical- pathological waste is put in a dedicated pathological waste/placenta pit, burnt in a crematory or buried in a cemetery 				
	The hospital	<input type="checkbox"/> Proper liquid waste management				

25	<p>should practices Proper Waste managemene nt system</p>	<p>system with sewerage line connected to a municipal or own septic tank.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional liquid waste treatment system before discharging from the facility <input type="checkbox"/> Sewerage lines connected from liquid waste generation points source are free from any leakage <input type="checkbox"/> Separate sewerage line & septic tank for pathogenic/chemical waste and general/non infectious connected 				
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3.3 Hygiene

No	Element	Standard	Score			Remark
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26	<p>The hospital has Proper hand hygiene stations</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Functioning hand hygiene stations (running tap water, soap, alcohol hand rub, etc) are available at all points of care/service area and waste disposal site <input type="checkbox"/> Visibly clean sink and wall-attached dispensers/soaps <input type="checkbox"/> Hand hygiene promotion materials clearly visible and understandable at key places. <input type="checkbox"/> Hand hygiene compliance activities 				

		are undertaken regularly.				
27	The hospital ensures hygiene and cleanliness of all rooms	<input type="checkbox"/> Visibly clean, shine, washable & uniform physical appearance floor with no cracks and holes <input type="checkbox"/> Visibly clean & washable wall surface and ceiling including skirting with no cracks and holes <input type="checkbox"/> All furniture's (chairs, tables, commodes/lockers, curtains/screens, mirrors, and notice board) are visibly clean and not damaged <input type="checkbox"/> All parts of the bed (including mattress, bed sheets/linen, bed frame, wheels, castors, patient pajamas, and bed nets) are visibly clean and not damaged <input type="checkbox"/> All medical equipments (weighing scales, drip stand, oxygen cylinder, autoclaves, baby incubator, etc) are visibly clean and non functional stored away from the room <input type="checkbox"/> The waste receptacle are visibly clean and covered <input type="checkbox"/> Beds for patients separated by a distance of 1 meter from each other edge.				
28	The hospital	<input type="checkbox"/> Developed, posted and practiced				

	<p>should ensure Food hygiene practices</p>	<p>SOP at least for Dish washing & Food Safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> Separate kitchen room and store are <input type="checkbox"/> Kitchen room& store visibly clean, well ventilated, odor free, well lit and free from rodents <input type="checkbox"/> Food preparation & serving equipments are visibly clean, not damaged, not stained, and free from rust <input type="checkbox"/> Food transportation carts are made from aluminum with functional door <input type="checkbox"/> Dishwashers are three compartment with detergent, and running hot and cold water <input type="checkbox"/> Cutting boards are made from plastic (propylene plastic) <input type="checkbox"/> All food handlers have regular medical checkup every three month <input type="checkbox"/> The Hospital provides food hygiene training twice a year for all food handlers <input type="checkbox"/> All food handlers wear the recommended PPE while on job and apply personal hygiene practice <input type="checkbox"/> Fridges and freezers are available separated with food type <input type="checkbox"/> All fridges and freezers are visibly clean, temperature monitored, and 				
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		<p>with functional gage</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Hospital establish functional food safety monitoring team 				
29	The hospital should ensure personal hygiene and appearances of staff	<ul style="list-style-type: none"> <input type="checkbox"/> Staff dresses clean uniforms with name and job title identification <input type="checkbox"/> All staff wears proper PPE on task specified <input type="checkbox"/> Staff uniforms are not allowed in staff canteens/restaurants 				
30	The hospital ensures the availability of Laundry/Linen processing/service	<ul style="list-style-type: none"> <input type="checkbox"/> Prepared, posted, and applied SOPs for linen processing. <input type="checkbox"/> Designated area for sorting soiled and non soiled linen <input type="checkbox"/> At least two separately designated sink system for soaking soiled linen <input type="checkbox"/> Adequate laundry machines for washing, twisting, drying, and ironing. <input type="checkbox"/> Sufficient and separate trolleys for transporting clean/washed, soiled, and non-soiled linens. <input type="checkbox"/> Two separate door system for receiving soiled and exit of cleaned linen <input type="checkbox"/> Separated room for cleaned linen with clean and not damaged shelves <input type="checkbox"/> Designated, adequate, clean, and 				

		protected place for natural air drying that can serve in any weather condition				
31	Instrument processing	<input type="checkbox"/> Prepared and posted SOPs and job aids for instrument processing. <input type="checkbox"/> Staffs properly follow the recommended steps of instrument processing soon after the procedure (i.e. decontamination, cleaning, sterilization and storage). <input type="checkbox"/> Adequate and functional instrument processing machines are provided <input type="checkbox"/> Clean and protected shelves for processed/sterilized instruments <input type="checkbox"/> Instrument processing machines are calibrated (preventive maintenance) annually <input type="checkbox"/> Instrument processing equipments (buckets, tooth brush, etc) are clean and not damaged				