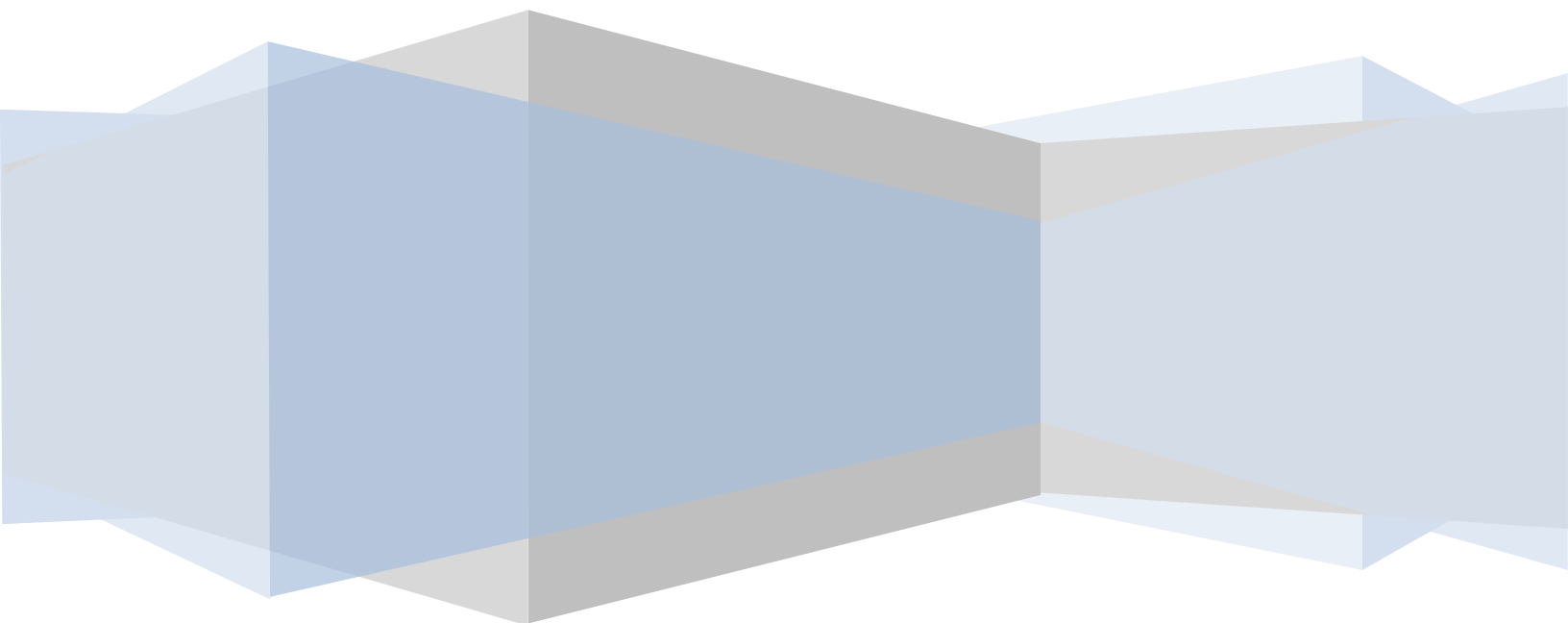


# National Quality Assurance Program

State Quality Assurance Unit

NHM, Assam



Quality Assurance approach is one way to improve quality of the service delivery in Health Institutions through systematic monitoring, feed-back and pursue opportunities for improving services leading to client satisfaction.

### **Quality Assurance**

The Quality Assurance Programme is made up of two main components:

- Quality Assessment
- Quality Improvement

### **OBJECTIVES**

- To facilitate the assessment of quality of reproductive and child health (RCH) services at PHCs, CHCs& District Hospitals.
- To improve in service quality by focusing on the gaps identified during the assessment process.
- To certify the institutions under NQAS.
- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

## Activity No 1

### **Activity 1.a: Quality Assurance Implementation (For Traversing Gaps)**

**FMR Code: 13.1.1 ( Total Approvals = Rs 404.71 Lakhs)**

### **Activity 1.b: Support for Kayakalp Implementation**

**FMR code 13.2.3 (Total Approval = Rs 90 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State: Consultant, Quality Assurance,  
District: DPMs/DQC/HA/DME**

**Following activities have to be completed within 2018-19 under NQAS and Kayakalp**

#### **1. Signages – QA & IEC FUND TO BE USED (13.1.1, 11.4.1, 11.5.1, 11.7.1)**

All Departmental, directional and restrictive signages as per NQAS requirement should be present. (Page no 11-15 to be followed in ***Guidelines for implementation of Kayakalp initiative***). While planning an effective signage system of the hospital following elements should be considered.

- a. Signage should be in uniform colour, preferably a blue background with white colour font in both English and local language. Font size should be clear and visible from a distance.
- b. It should clearly display the name of the department (in departmental signage) and be easily conveying the way (directional signage) and also restrictive signage for critical areas.
- c. **Types of signages: Hospital need to have**

<b>1. Regulatory signages</b>	Signage under PCPNDT Act, No smoking signage, Signage as per AERB guidelines for radiation warning, Signage under BMW Rules 2016 with biohazard symbol, Signage for CCTV surveillance, Illuminated signage for fire exits and fire exit plans on each floor, Display of licenses and certifications for various services like pharmacy, License for registration of sonologist and USG machine, License for blood bank, AERB license etc
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<b>2. Locational or departmental signages</b>	
<b>External location signage</b> One large external location sign with <b>Name of facility displayed at entry and exit point</b> <b>Emergency department</b> signage needs to be illuminated in Red colour and prominently visible <b>Hospital Layout</b> with demarcated block wise establishment needs to be displayed	<b>Internal location signage</b> <b>Internal location signage for all departments/areas</b>
<b>3. Directional Signage</b>	<b>External Directional Signage</b> <b>Internal Directional Signage</b>
<b>4. Directory</b>	Hospital should have departmental directories at appropriate place in the hospital Directories positioned on various floors should include all the services that are available on the particular floor Directories can be positioned outside lifts or building entrances

**2. Display of following Policies: QA & IEC FUND TO BE USED (13.1.1, 11.4.1, 11.5.1, 11.7.1)**

- a. **Quality Policy display** – formation of mission, vision statements as well as quality policy has to be clearly displayed.
- b. **Barrier Free Access and Disable Friendly Services Policy**
- c. **No – discrimination based on gender, religious & cultural preferences and social status Policy**
- d. **Visitor's Policy**
- e. **No smoking policy**
- f. **Policy For Grievance Redresal**
- g. **Dress Code Policy**
- h. **Other policies if required can be displayed but has to be documented**  
(Condemnation policy, Policy for Referral and Transfer, Handing over policy, Antibiotic Policy, Laundry and Linen Policy, End of Life Care Policy, Consultation procedure, Policy for Building Maintenance, Policy on Drugs Prescription, Policy for Maintenance of patient records and information, Consent and informed decision policy, Confidentiality and Privacy of patient with social stigma, Reporting of vital events (Births & Deaths), Equipment Maintenance Policy , Policy for personal protective equipment, Policy for adverse drugs reaction, Policy for avoiding stock outs of drugs and consumables and ensuring drugs as per

EDL)

3. **Citizens Charter** – A citizen's charter listing the various disciplines available, timing, services available, grievance redressal information, important contact information and rights/responsibilities of the visitor should be displayed.
4. **Display of hospital KPIs and department outcome indicators.**
5. **Doctor's duty and availability status should be displayed in the main OPD area.**
6. Display of Doctor and Nurses duty roster department wise.
7. **Printing SOPs** – Each department in the hospital should have SOPs developed and to be kept in the respective departments after due consultation with and endorsed signature of the in charge of the department. Further the nursing staff present in the hospital has to be aware of the contents of the SOPs and adhere to the practices listed in the SOP (to be assessed by periodic interviews). An SOP is a set of written instructions that document a routine or repetitive activity to achieve uniformity of the performance of a specific function. It is a set of instructions that address the **who, what, where, when and How** of an activity. Main contents are title, scope, purpose, responsibility, procedure, forms and formats, records and reference.
8. **Forms, Patient and employee satisfaction surveys** - The various formats to be used in the hospital may be printed – Patient satisfaction surveys – Employee satisfaction surveys, consent forms, data monitoring sheets. A quarterly feedback (For OPD minimum 30) (For IPD minimum 30) patient would be taken as per structured format by Hospital Administrator, BPM and other managerial staff of the Hospital. The feedback would be analyzed to see which are lowest performing attributes and further action to be planned accordingly.
9. **All relevant IEC materials should be displayed department wise.** IEC FUND TO BE USED (Measureable element B1: The facility provides information to care seekers, attendants and community about the available services and modalities)
10. **Complaint box** – As patient satisfaction is of utmost importance, it has to be ensured that a complaint box be established in all hospitals (priority for those hospitals to be pursued for NQAS and Kayakalp). The complaint box should have suggestion/complaint to be written and put in the box. It should also have contact nos of Hospital Superintendent, Matron and Hospital Administrator on it.
11. **Fire safety measures and mock drills** -Mock drills have to be conducted at health facilities. The district disaster management authority and fire department can be utilized for mock drills on disaster and fire safety. **Records of the training have to be maintained at the facility with date and duration of drills with names of attendees and authorized signature of the trainer and the facility in charge.** Installation of fire extinguishers, fire alarms, directional signage for fire exits, fire exit plan have to be established. A **NOC** also has to be obtained from fire safety department. The purpose of

fire drills in hospitals is to ensure that everyone knows how to exit safely as quickly as possible if a fire, smoke, carbon monoxide or other emergency occurs. People need to recognize the sound of the fire alarm. Roles and responsibilities of various staff has to be clearly defined during such a disaster.

- 12. Curtains/screens in patient care areas-** there should be screens/curtains in all patient care areas in the hospital.
- 13. Patient calling system-** to reduce the chaos and long standing queues in the areas like OPD and Laboratory a mike system can be installed or token system can be introduced in all DHs, SDCHs and FRU-CHCs.
- 14. CCTV cameras-**can be installed at appropriate places.
- 15. Calibration of Equipment, AERB certification:** Calibration of all equipment and AERB certification will be done by the approved agency from the State level.
- 16. EQUAS:** EQUAS has to be done for in house laboratories mandatorily for **DHs, SDCHs CHCs and PHCs**. The laboratory has to be registered with govt approved facilities like CMC Vellore or AIIMS. The following link can be followed for registering the lab with CMC Vellore for 2019 Jan to Dec cycle. Online payment/demand draft has to be made after registering; following which samples will be sent from CMC, Vellore to that particular facility for EQUAS. This website can be followed <https://home.cmcvellore.ac.in/clingc/aboutRegistration.aspx> for online registration by the facility.
- 17. Proper waiting area** for patients with amenities like drinking water, sitting arrangement, fans, toilets. **UNTIED FUNDS CAN ALSO BE UTILIZED.**
- 18. Pest Control measures:** Health facility needs to have an effective pest control plan for ensuring pest free environment.  
The salient features for pest control are
  - a. Pest control activities should include anti termite treatment for furniture and fixture.
  - b. Pest control plan should also include routine inspection and monitoring for pest presence
  - c. Pest control plan should include storage condition.
  - d. Engage a pest control agency.
  - e. All records of purchase of pest control materials have to be duly maintained.
- 19.** Frosted glass at window of patient care where privacy is concerned.
- 20.** Telephone/ Intercom services
- 21.** Loose wires should not be seen anywhere.
- 22.** Windows should be provided with grill and wire meshwork. Doors and windows have to be in a good working condition (painted, rust free, easy to open and close). **UNTIED FUND CAN ALSO BE USED.**

- 23. Liquid waste Management:** Liquid Hospital Waste Management System (Hypochlorite solution 1-2%) is a device which completely disinfects the liquid medical waste generated in the hospitals. It is used for removing the toxicity of the waste at the point of source itself.
- 24. Adequate illumination:** Hospital need to ensure that there is adequate lighting and illumination in the circulation area, indoor areas, and procedure of rooms and in front of the facility and on access road of the hospital. Use of energy efficient bulbs like CFL or LED is encouraged.

#### Lighting Requirement in hospital

<b>General Lighting</b>	<b>100 Lux</b>
<b>Nursing Station</b>	<b>150-300 lux</b>
<b>Night Lighting</b>	<b>1 Lux</b>
<b>Examination Lighting</b>	<b>1000 lux</b>
<b>Laboratory</b>	<b>300 lux</b>
<b>Stairs and Corridors</b>	<b>100 lux</b>
<b>Radiology</b>	<b>100 lux</b>
<b>Dispensaries</b>	<b>300 lux</b>
<b>Casualty and OPD department</b>	<b>150 lux</b>
<b>Reception and waiting room</b>	<b>150 lux</b>
<b>Wards</b>	<b>General- 100, Beds- 150</b>
<b>OT</b>	<b>General-</b>

- 25.** Washing Machine can be purchased if required.
- 26.** Utility gloves, gum boots, masks and aprons should be of sufficient quantity. **UNTIED FUNDS CAN ALSO BE UTILIZED.**
- 27.** Cattle Trap Bridge: cattle traps should be installed at all entrances and exits of the Hospital to restrict the entry of stray animals.
- 28. Three Bucket system:** It is essential to use three buckets with a wringing mechanism, prefer a light colored bucket to enable earlier detection of soiling water. The trolley should have the provision to store the disinfectant bottle and Mop. Three bucket system to be ideally practiced. The first bucket should contain water with detergent used in the beginning; the mop is then rinsed in the second bucket containing plain water, and then dipped in the third bucket which will contain disinfectant/ chlorine solution/hospital phenyl. It has to be mopped in unidirectional, inside to outside method.
- 29. Facility Upkeep: UNTIED FUNDS CAN ALSO BE UTILIZED.**  
Hospital upkeep includes the following (refer to pages

1. Infrastructure Maintenance
2. Hospital Appearance
3. Landscape Gardening
4. Maintenance of Open area
5. Maintenance of furniture and fixtures
6. Herbal garden
7. Rain water harvesting esp where water is in short supply.

**30. Prescription pads, BMW bins, liners and BMW carrying trolleys will be procured and distributed from State level. Requisition of Prescription pads has to be sent to the State level three months in advance. No prescription pads should be printed without prior permission.**

**Ten (10) numbers of NQAS facilities are to be selected in each district. Same facilities will also be pursued for Kayakalp.**

**District wise allocation is as follows**

SI No	District	NQAS Total allocation (in lakhs) FMR Code: 13.1.1	Kayakalp Total allocation (in lakhs) FMR Code: 13.2.3	
1	Baksa	12.582	2.350	14.932
2	Barpeta	13.052	1.500	14.552
3	Bongaigaon	10.310	3.250	13.56
4	Cachar	12.600	4.800	17.4
5	Chirang	9.560	1.960	11.52
6	Darrang	11.670	4.400	16.07
7	Dhemaji	8.438	4.050	12.488
8	Dhubri	13.292	3.100	16.392
9	Dibrugarh	15.830	2.700	18.53
10	Dima Hasao	6.068	1.150	7.218
11	Goalpara	11.776	3.550	15.326



SI No	District	NQAS Total allocation (in lakhs)  FMR Code: 13.1.1	Kayakalp Total allocation (in lakhs)  FMR Code: 13.2.3	
12	Golaghat	12.394	3.450	15.844
13	Hailakandi	11.954	3.270	15.224
14	Jorhat	9.584	4.270	13.854
15	Kamrup metro	10.596	2.850	13.446
16	Kamrup rural	11.592	4.150	15.742
17	Karbi Anglong	9.761	4.180	13.941
18	Karimganj	13.910	2.850	16.76
19	Kokrajhar	10.556	4.190	14.746
20	Lakhimpur	12.948	2.450	15.398
21	Morigaon	13.276	2.400	15.676
22	Nagaon	12.250	2.200	14.45
23	Nalbari	12.012	1.900	13.912
24	Sivsagar	11.150	2.500	13.65
25	Sonitpur	8.674	1.050	9.724
26	Tinsukia	13.842	2.450	16.292
27	Udalguri	9.330	1.650	10.98
	Total Amount to be released	309.007	78.620	<b>387.627</b>
	Total Resource (NQAS + Kayakalp)	404.710	90	<b>494.71</b>
	<b>Fund for State HQ</b>	<b>95.703</b>	<b>11.38</b>	<b>107.083</b>

**Detail budget breakup at Annexure-A.**

Signages including Display Quality policy, Citizen charter etc

Following is the detailed budget breakup for Signages – Coloumn 1 in the detailed facility wise budget sheet (sheet no 2 of Annexure A)

<b>Activity No 1      13.1.1</b>			<b>IEC</b>				
<b>Sl No</b>	<b>District</b>	<b>No of facilities</b>	<b>Total budget requirement for Signages Including Display Quality Policy, Citizen's Charter etc.</b>	<b>Budget from FMR- 13.1.1</b>	<b>Budget from FMR- 11.4.1,</b>	<b>Budget from FMR - 11.5.1</b>	<b>Budget from FMR - 11.7.1</b>
1	Baksa	9	75000	20000	19000	19000	17000
2	Barpeta	10	54000	0	18000	18000	18000
3	Bongaigaon	10	84000	29000	19000	19000	17000
4	Cachar	11	66000	11000	19000	19000	17000
5	Chirang	10	79000	24000	19000	19000	17000
6	Darrang	10	90000	35000	19000	19000	17000
7	Dhemaji	9	94000	39000	19000	19000	17000
8	Dhubri	10	123000	55000	23000	22000	23000
9	Dibrugarh	6	60000	5000	19000	19000	17000
10	Dima Hasao	5	60000	5000	19000	19000	17000
11	Goalpara	10	94000	39000	19000	19000	17000
12	Golaghat	10	66000	11000	19000	19000	17000
13	Hailakandi	10	105000	50000	19000	19000	17000
14	Jorhat	10	80000	25000	19000	19000	17000
15	Kamrup Metro	9	72000	17000	19000	19000	17000
16	K Rural	10	108000	53000	19000	19000	17000
17	Karbi Anglong	10	60000	5000	19000	19000	17000
18	Karimganj	10	130000	75000	19000	19000	17000
19	Kokrajhar	10	75000	20000	19000	19000	17000
20	Lakhimpur	9	90000	35000	19000	19000	17000
21	Morigaon	10	90000	35000	19000	19000	17000
22	Nagaon	9	110000	45000	22000	22000	21000
23	Nalbari	9	92000	37000	19000	19000	17000
24	Sivasagar	10	80000	25000	19000	19000	17000
25	Sonitpur	5	65000	10000	19000	19000	17000
26	Tinsukia	10	92000	37000	19000	19000	17000
27	Udalguri	6	48000	0	16000	16000	16000
	<b>Total</b>	<b>247</b>	<b>2242000</b>	<b>742000</b>	<b>516000</b>	<b>515000</b>	<b>469000</b>

Out of total budget, mentioned amount has to be booked in QA FMR 13.1.1 and other amounts as listed in FMR 11.4.1, 11.5.1 and 11.7.1 respectively

**For example – Tinsukia district has total 92000 for signage. So 37000 to be booked under FMR 13.1.1, 19000 to be booked under FMR 11.4.1, 19000 to be booked under FMR 11.5.1 and 17000 to be booked under FMR 11.7.1**  
**Likewise, for all districts.**

Additional Funds may be sanctioned to districts as per the expenditure and requirements subject to submission of SoE, UC, focusing on achievement of Kayakalp and NQAS for the selected facilities.

**All the above mentioned expenditures have to be reported in the following format**

Activity	Quantity Already Available	Physical Quantity Purchased	Unit Cost	Total amount spent
Signage Including Display Quality Policy, Citizen's Charter ect.				
sop/checklist/employee and patient satisfaction survey forms				
Fire Extinguisher, fire alarm, NOC from fire dept, fire exit stickers				
Waste Management (Liquid / solid)				
Drinking WATER / washing machine				
Mock Drill				
patient calling system				
EQUAS				
miscellaneous (curtains, screen, partition in patient care areas, maintenance of furniture)				
intercom				
Display board - Doctors/Nurses Duty Roster				
complaint box (minimum in Six depts) @ 1200 per unit				
Pest Control				
Cattle Trap				
Utility Gloves, gum boots, plastic apron for Cleaning staff				
grills and wire mesh for windows				
Spill management / PPE kit				
facility upkeep				
3 bucket system with trolley				

## **Activity no 2**

**Activity : Quality Assurance Assessment cum mentoring visit**

**FMR Code: 13.1.2 ( Total Approvals = Rs 19.62 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**

	<b>Unit</b>	<b>Approved budget</b>
<b>a) State Quality assessment cum Mentoring visit</b>	<b>10 visits</b>	<b>4.8 L</b>
<b>b) External Assessment of 5 facilities</b>	<b>5</b>	<b>6.0 L</b>
<b>c) State certification of 10 facilities</b>	<b>10</b>	<b>6.9 L</b>
<b>d) District Quality Assessment cum mentoring Visits</b>	<b>27 districts</b>	<b>1.92 L</b>
<b>TOTAL</b>		<b>19.62 L</b>

**a) State Quality Assessment cum mentoring Visits.**

**FMR owner – State Consultant - QA**

**Budget of Rs 4.8 Lakhs approved**

State Quality assessment and mentoring visits will be conducted periodically for hand holding support to the districts and overall assessment of quality assurance activities. Districts making good progress in QA activities will be prioritized. (to be kept at State HQ)

**b) External Assessment of facilities**

**FMR owner – State Consultant - QA**

**Budget of Rs 6 Lakhs approved**

The facilities which are certified (above 70%) in NQAS and validation has been completed from State HQ, will be pursued for National Certification by external assessors. (to be kept at State HQ)

**c) State certification of 10 facilities**

**FMR owner – State Consultant - QA**

**Budget of Rs 6.9 Lakhs approved**

Facilities scoring more than 70% in at least 6 departments for NQAS will be taken up for certification by State and further support. (to be kept at State HQ)

#### **d) District Quality Assessment cum mentoring Visits**

**FMR owner – DPM/DQC**

#### **Budget of Rs 1.92 Lakhs approved**

NQAS assessment is to be conducted at 10 facilities of each District. Internal Assessors of District will do the Assessment. The visit plan is to be communicated to the facility in charge in advance. Assessors of the district will assess the facility and share their finding to Nodal officer of Quality in the District. Nodal officer will share it to SHQ. TA will be borne by District from program management fund. Honorarium of assessor (Rs 300 per assessor per facility) and the cost of the assessment will be given from Assessment fund.

#### **Assessment Protocol**

1. Observation
2. Staff Interview
3. Record Review
4. Patient Interview

Assessment	Assessor	Department
Clinical Process	Doctor	OPD,IPD, OT, Blood bank, Labour Room, Medical Records, NHP, Clinical outcome, Medical & Death Audit
Nursing Process	Clinical Staff	Nursing procedure, Laboratories, Infection Control, BMW, Pharmacy, Ambulance
Management Support and Process	Hospital Administrator	Facility Management, Support Services, Patient Feedback, Disaster management, Hospital data and performance, Outsourcing

#### **Role and Responsibility of Assessor**

1. The assessor would be responsible for ensuring that all relevant standard and criteria are assessed adequately during survey and producing final assessment report to accurately reflect the findings within the agreed timelines
2. They are expected to conduct closing and opening meeting in the facility. After completion of assessment they are required to prepare the gap and submit the report.

3. Role of the assessor will be supportive supervision of the facility.
4. The assessors would facilitate development of 'gap-closure' plan at the facility level through a consultative process.

Sl No	District	DH	SDCH/CHC	PHC	Total amount for release district
1	Baksa	1	1	8	7250
2	Barpeta	1	1	8	7250
3	Bonga	1	1	8	7250
4	Cachar	1	1	8	7250
5	Chirang	1	1	8	7250
6	Darrang	1	1	8	7250
7	Dhemaji	1	1	8	7250
8	Dhubri	1	1	8	7250
9	Dibrugarh		1	8	5250
10	Dima Hasao	1	1	8	7250
11	Goalpara	1	1	8	7250
12	Golaghat	1	1	8	7250
13	Hailakandi	1	1	8	7250
14	Jorhat		1	8	5250
15	Kamrup Metro	1	1	8	7250
16	Kamrup Rural	1	1	8	7250
17	Karbi Anglong	1	1	8	7250
18	Karimganj	1	1	8	7250
19	Kokrajhar	1	1	8	7250
20	Lakhimpur	1	1	8	7250
21	Morigaon	1	1	8	7250
22	Nagaon	1	1	8	7250
23	Nalbari	1	1	8	7250
24	Sivasagar	1	1	8	7250
25	Sonitpur	1	1	8	7250
26	Tinsukia	1	1	8	7250
27	Udalguri	1	1	8	7250
<b>Total budget</b>					<b>191750</b>

### **Activity No 3**

**Activity : Miscellaneous Activities**

**FMR Code: 13.1.3 ( Total Approvals = Rs 2.41 Lakhs)**

**Relevance of the Activity: State HQ**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

Budget of Rs 2.41 L is approved for PGDHQM course (TISS) for 1 participant

### **Activity No 4**

**Activity: Any Other**

**FMR Code: 13.1.4 (Total Approvals = Rs 1200.94 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

<b>Particulars</b>	<b>Approved Budget</b>
a) Labs for life project (Moron Tiloi)	16.3 L
b) AERB re-approval for 45 facilities	135 L
c)AERB approval for 282 facilities	846 L
d) CBMWM for 11158 beds	203.64 L
<b>TOTAL</b>	<b>1200.94</b>

**a) Budget of Rs 16.3 L is approved for Labs for Life project**

1. Staff Training @ Rs 2.52L (Safety practice, service provider training under NQAS, sample collection, BMW implementation)
2. Quality Assurance @ Rs 3.38L (Registration in External Quality Assurance for all tests)
3. Infection control & safety @ Rs 3.43L (Provision of PPE, Hand washing protocols, eye wash station, needle cutter)
4. Equipment management @ Rs 5.6L (calibration and maintenance)
5. IT - @ Rs 1.38 L (QMS documentation, Report Formats, Sample tracking)

**b) Budget of 135 L for 45 facilities reapproved @ Rs 3 L per facility**

**c) 846 L approved for 282 facilities for AERB @ Rs 3 L per facility**

**d) Budget of 203.6335 Lakhs approved for CBMWM for 11158 beds @ Rs5/bed**

## Kayakalp

**FMR Code: 13.2 (Total Approvals = Rs 640.45 Lakhs)**

Particulars	Approved Budget
a) Assessments	89.25 L
b) Kayakalp Awards	218.50 L
c) Support for implementation of Kayakalp	90.00 L
d) Contingencies	2.7 L
e) Swachh Swasth Sarvatra	240.00 L
<b>TOTAL</b>	<b>640.45 L</b>

### Objectives of Kayakalp

- To promote cleanliness, hygiene and Infection Control Practices
- To incentivize public healthcare facilities that show exemplary performance in cleanliness and infection control.
- To inculcate a culture of ongoing assessment to sustain the same.

To promote cleanliness, hygiene and Infection Control Practices in Health Care Facilities, incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols, the Kayakalp award is being given. As observed in last FY very few facilities could achieve this Kayakalp certification and none could achieve NQAS

Therefore based on the scores and gaps of the facilities every district will select 10 Health care facilities (DH compulsory) in each district which will be taken up for certification. Preference may be given to MCH wings, Model Hospitals and previous Kayakalp certified facilities so that certification can be achieved. All CHCs in the ODF block as per the list attached has to be made compulsory 70% in Kayakalp Program in the external assessment.

### Activity no 5

**Activity: Kayakalp Assessments**

**FMR code 13.2.1 (Total Approvals = Rs 89.25 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**



Budget of Rs 55.45 Lakhs approved for peer Assessment of facilities (DH/SDCH/FRU/CHC/Model Hospitals/PHC/MPHC)for Kayakalp (26 DH, 165 SDH/CHC, 550 PHC) to be kept at State HQ

Budget of Rs 28.65 Lakhs approved for external Assessment of facilities (DH/SDCH/FRU/CHC/Model Hospitals/PHC/MPHC) for Kayakalp (9 DH, 50 SDH/CHC, 165 PHC) to be kept at State HQ

Budget of **Rs 5.13 Lakhs** approved for Internal Assessment of facilities (DH/SDCH/FRU/CHC/Model Hospitals/PHC/MPHC) for Kayakalp. (25 DH, 164 SDH/CHC, 1014 PHC) District break up given in details.

District	DH	SDCH/CHC	PHC	Total amount for district release
Baksa	1	5	41	19900
Barpeta	1	9	51	25900
Bonga	1	4	30	15000
Cachar	1	4	32	15800
Chirang	1	3	24	12100
Darrang	1	7	30	16500
Dhemaji	1	4	22	11800
Dhubri	1	6	43	21200
Dibrugarh		8	28	15200
Dima Hasao	1	2	10	6000
Goalpara	1	5	41	19900
Golaghat	1	4	40	19000
Hailakandi	1	3	14	8100
Jorhat		5	44	20100
Kamrup Metro	1	3	24	12100
Kamrup Rural	1	12	72	35800
Karbi Anglong	1	4	46	21400
Karimganj	1	7	31	16900
Kokrajhar	1	2	45	20000
Lakhimpur	1	8	32	17800
Morigaon	1	5	35	17500

Nagaon	1	17	83	42700
Nalbari	1	11	47	25300
Sivasagar	1	4	44	20600
Sonitpur	1	8	58	28200
Tinsukia	1	9	23	14700
Udalguri	1	5	24	13100
<b>Total</b>				<b>512600</b>

The DPM, District Quality Consultant (DQC) and District Urban Health Coordinator will be responsible for achieving the certification. The Internal Assessors of the respective districts will be utilized for gap assessment. Performance Appraisal of DPM, DQC, DUHC and BPM will be based on the certifications achieved in the district for FY 2018-19.

Though preference will be given to 10 facilities per district, internal assessment for Kayakalp will be done in all facilities upto PHC level. The scores generated have to be shared with State Head quarter before 25<sup>th</sup> Sept 2018. As per the directive of Ministry of Health and Family Welfare, the scores generated has to be shared in the website.

Internal Assessors of District will do the Assessment. The visit plan is to be communicated to the facility in charge in advance. Assessors of the district will assess the facility and share their finding to Nodal officer of Quality in the District. Nodal officer will share it to SHQ. TA will be borne by District from program management fund. Cost of assessment would be @ Rs 1000 for DH, Rs 500 for SDH/CHC/FRU and Rs 400 for PHC. All facilities in the district (DH/SDH/CHC/PHC) have to be assessed for kayakalp.

### **Activity No 6**

#### **Activity: Kayakalp Awards**

**FMR code 13.2.2 (Total Approval = Rs 218.50 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**

- 1) Budget of Rs 50 L approved for Award Money for 1 Best District Hospital
- 2) Budget of Rs 20 L approved for 1 Runner Up District Hospital
- 3) Budget of Rs 15 L Approved for Best SDH/CHC
- 4) Budget of Rs 10 L Approved for Runner up SDH/CHC
- 5) Budget of Rs 64 L Approved for Best PHC of District @ Rs 2 Lakh per District (32)
- 6) Budget of Rs 15 L is approved for commendation award for 5 DH @ Rs 3 Lakh per DH

- 7) Budget of Rs 17 L is approved for commendation award for 17 SDH/CHC @ Rs 1 Lakh per facility.
- 8) Budget of Rs 27.5 L is approved for commendation award for 55 PHC @ Rs 0.50 Lakh per PHC

**Criteria of the Award Scheme for District Hospital**

- Cash Award for Hospital securing 1<sup>st</sup> position - Rs. 50.00 Lakh **(approved)**
- Cash Award for Hospital securing 2<sup>nd</sup> position-Rs. 20.00 Lakh **(approved)**
- All other hospitals scoring more than 70%- Rs.3.00 Lakh **(approved for 5 DH)**

**Criteria of the Award Scheme for CHC/SDCH/FRU/Model Hospital**

- Cash Award for Hospital securing 1<sup>st</sup> position throughout State - Rs. 15.00 Lakh **(approved)**
- Cash Award for Hospital securing 2<sup>nd</sup> position throughout State -Rs. 10.00 Lakh **(approved)**
- All other hospitals scoring more than 70%- Rs.1.00 Lakh **(approved for 17 SDH/CHC)**

**Criteria of the Award Scheme for PHC Hospital**

- Cash Award for Hospital securing 1<sup>st</sup> position in the district - Rs. 2.00 Lakh **(approved)**
- All other hospitals scoring more than 70% in the district- Rs.0.50 Lakh **(approved for 55 PHCs)**

**Activity No 7**

**Activity: Contingencies**

**FMR code 13.2.4 (Total Approval = Rs 2.7 Lakhs)**

**Relevance of the Activity: State Level – for additional support**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

This fund will be utilized at State level for the following activities:

1. Printing of Coffee table book.
2. Organizing Kayakalp Award ceremony at State level.
3. Purchase of mementos/trophies/certificates for the State level Award ceremony.

**Activity No 8**

**Activity: Swachh Swasth Sarvatra**

**FMR code 13.2.5 (Total Approval = Rs 240 Lakhs)**

**Relevance of the Activity: All Districts and Blocks (Having ODF Facility)**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**

Budget of Rs 240 Lakhs approved for 24 ODF blocks in Assam under Swachh Swasth Sarvatra

‘Swachh Swasth Sarvatra’, an inter-ministerial joint initiative between the Ministry of Drinking Water and Sanitation and the Ministry of Health and Family Welfare Activity.

The objective of the ‘Swachh Swasth Sarvatra’ initiative is to build on and leverage achievements of two complementary programmes – Swachh Bharat Mission (SBM) and Kayakalp – of the Ministry of Drinking Water and Sanitation and Ministry of Health and Family Welfare, respectively. Under this initiative:

- (a) Ministry of Drinking Water and Sanitation has declared over 700 blocks as Open Defecation Free (ODF). Community Health Centres (CHCs) in ODF blocks of the country will be allocated Rs 10 lakhs under National Health Mission (NHM) to focus on sanitation and hygiene.
- (b) Under Kayakalp, one Primary Health Centre (PHCs) in each district is awarded for meeting quality standards including sanitation and hygiene. Under SBM, the Gram Panchayat in which the PHC which gets awarded under Kayakalp for that district will be noted, and special focus will be given to make it ODF at the earliest.

**Activities for which amount Rs 10 Lakhs may be utilized**

- a. Improving the aesthetic of the hospital building including painting, cladding of exterior and minor repair work.
- b. Improving Housekeeping activities.
- c. Improving condition of toilets and use of housekeeping checklist.
- d. Procurement of cleaning equipment and materials.
- e. Construction of new toilet and urinals if required.
- f. Improving drainage and sewage system in the facility.
- g. Implementation of uniform signage in the facility.
- h. Printing and display of IEC material regarding sanitation and hygiene preferable in local language.
- i. Facility management activities esp pest control, animal control, removal of junk material, landscaping, correction of water logging, improving illumination level and maintenance of open areas/ corridors.
- j. Biomedical and general waste management activities including procurement of additional equipments required for waste management, **however bins, bin liners will be provided from the State level**
- k. Equipments and material liquid infectious waste management.
- l. Waste disposal services.
- m. Maintenance/repair for furniture and fixtures.
- n. Installation of water storage/water conservation system.

- o. Procuring materials for improving infection control practices such as hand rub, PPE, disinfectants.
- p. Monitoring activities of cleaning waste management and infection control practices.
- q. Instituting hospital infection surveillance activities
- r. Training of staff on hygiene, infection control and waste management.
- s. Improving support services related to laundry, kitchen and security.

**Funds may not be utilized**

- 1. As this will be one time grant this amount should not be used for hiring and paying salary to existing staff.
- 2. Major constructions or purchases of drugs etc
- 3. Purchase of any type of diagnostic, therapeutic and rehabilitation equipment etc
- 4. Grant will not be used for any pending payments of contractual agencies under various program/schemes

**A detailed plan for the utilization of the sanctioned amount (Rs 10 Lakh/facility) has to be prepared by the concerned district and shared with State Quality Assurance Team. The amount may be spent after due approval from the State Quality Assurance team.**

**Records of expenses and UC are to be maintained separately and submitted to State Head quarter**

DETAILS ODF BLOCK			
Name of the District	No	Name of the Block	HI
Nalbari	1	Barbhag	Kalag CHC
Nalbari	2	Barigog-Banbhag	Khatikuchi model
Nalbari	3	Madhupur	Chamata CHC, Bornordi
Nalbari	4	Pub-Nalbari	Kakaya CHC
Kamrup M	5	Chadrapur	Chandrapur
Kamrup M	6	Dimoria	Khetri CHC
Kamrup R	7	Rani	Rani CHC
Kamrup R	8	Bezera	Bezera CHC
Sivsagar	9	Amguri	Amugri CHC
Sivsagar	10	Demow	Demow Model
Sivsagar	11	Gourisagar	Gorisagar BPHC
Sivsagar	12	Nazira	Nazira Block PHC
Sivsagar	13	Sivsagar	

Charaidew	14	Lakuwa	Lakuwa Model
Charaidew	15	Sepekheti	Sepekhati Model
Charaidew	16	Sivsagar	Sivsagar (Part)
Charaidew	17	Sonari(Mahmora)	Sonari SDCH
Bongaigaon	18	West Abhyapuri	Abyapuri CHC
Chirang	19	Borbazar	vetagaon CHC
Barpeta	20	Chakchaka	Sarbhog CHC
Bongaigon	21	Dangtol	Bidyapur CHC
Bongaigon	22	Manikpor	Manikpur
Baksa	23	Gobordhana	Jalah CHC
Chirang	24	Sidli Chirang	Bengtol

All the above facilities selected as ODF CHCs, also have to be mandatorily be made compliant for Kayakalp (minimum 70% score in external assessment). Hence the District should plan the gap assessment as per the checklist of Kayakalp.

### **Activity: Trainings**

#### **Quality Assurance Training**

**FMR code 9.5.25 (Total Approval = Rs 6.01 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

<b>Particulars</b>	<b>Approved Budget</b>
a) 9.5.25.1 Quality Assurance training (IA Training)	2.66 L
b) 9.5.25.2 Miscellaneous Activities under (QA) SPT training	3.35 L
<b>TOTAL</b>	<b>6.01 L</b>

### **Activity No 9**

**Activity: Quality Assurance Training (including training for internal assessors at State & District Levels)**

**FMR code 9.5.25.1 (Total Approval = Rs 2.66 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

Budget for 1 batch of Internal Assessors Training approved

All districts have to send nominations of 2 candidates (Medical officer/HA/DQC/GNM) who are not previously certified in Quality Assurance (HA is mandatory if not previously certified)

#### **Activity No 10**

**Activity: Miscellaneous Activities under (QA)**

**FMR code 9.5.25.2 (Total Approval = Rs 3.35 Lakhs)**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

Budget approved for 1 batch of Service Providers Training

All districts and medical colleges have to send nomination of Service Providers (GNM / Pharmacist / Lab Tech / MO).

#### **Activity: IMEP Training**

**FMR Code 9.5.28.5 (Total Approval = Rs 6.70 Lakhs)**

**Relevance of the activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**

Particulars	Approved Budget
a) 9.5.28.5.a ToT on IMEP	1.50 L
b) 9.5.28.5.b IMEP training	5.20 L
<b>TOTAL</b>	<b>6.70 L</b>

#### **Activity No 11**

**Activity : TOT on IMEP**

**FMR Code 9.5.28.5.a (Total Approval = Rs 1.50 Lakhs)**

**Relevance of the activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance**

Budget approved for 3 Trainings (TOT) @ 0.50 L each on IMEP.

Each District has to nominate 4 persons for the TOT (1 MO and 3 GNM/Bsc SN)

The MO and SN have to be from among the 10 facilities selected for Kayakalp and NQAS (from 4 different facilities)

These 4 candidates will function as trainers on IMEP for the respective districts.

### **Activity No 12**

**Activity: IMEP Training**

**FMR Code 9.5.28.5.b (Total Approval = Rs 5.20 Lakhs)**

**Relevance of the activity: All Districts and Blocks**

**FMR Owner/Resource person for the Activity: State:-Consultant, Quality Assurance, District: DPMs/DQC**

Budget approved for 27 trainings at districts @ 0.1925 L per district for IMEP Training at the district.

Staff from various Health institutions in the district (priority to 2 per facility from 10 facilities selected for Kayakalp and NQAS) will be trained in IMEP at the district HQ.

### **Activity No 13**

#### **FMR 16.2 – Program Management Fund**

FMR	Particulars	Unit Cost (Lakhs)	GOI remarks	Approval (Lakhs)
16.2	State Quality Assurance Unit (Review meeting)		4 QAU meeting @ Rs 0.1 Lakhs per meeting	0.4
	District Quality Assurance Unit (Review meeting)		3.24L is approved for bimonthly district QAC review meeting @ Rs 0.02 L per meeting * 6 meetings for 27 districts	3.24
	State Quality Assurance Unit (Monitoring & Evaluation)		Budget of Rs 3.6 L is approved for State level Monitoring and evaluation	3.6
	State Quality Assurance Unit (operational costs)		Budget of Rs 1.8 L is approved for operational cost @ Rs 0.15 L per month * 12 months	1.8
	District Quality Assurance Unit (operational costs)		Budget of Rs 6.48 L is approved for operational cost @ Rs 0.24 L per district for 27 districts	6.48

District Quality Assurance meetings have to be mandatorily conducted once every 2 months (6 meetings in a year). **The minutes of the meeting and action taken on previous minutes have to**



**be shared with the State Quality Assurance unit.** The minutes should contain the review of action plan for the last meeting held and action plan for the current month. Periodic analysis of Patient satisfaction survey, grievance redressal, gap assessment of internal assessments should be done along with timelines and responsible persons.

**Approved cost of DQAC meetings @ Rs 2000 per meeting \* 6 meetings per district.**

**Approved Operational Cost of Rs 24000 per district (@ Rs 2000 per month) can be utilized for Printing, Stationary and other contingencies.**