सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Quality Darpan

An update on National Quality Assurance Program

Vol. 2, No. I, June 2021

Ministry of Health & Family Welfare
Government of India

सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

‘QUALITY DARPAN’

An update on National Quality Assurance Standards

June 2021

मनसुख मांडविया
MANSUKH MANDAVIYA

सत्यमेव जयते

स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

The Public Health Systems in India provides a wide range of health services, ranging from preventive, promotive, curative, palliative to rehabilitative care; thereby focusing on the nation's commitment to achieve 'Universal Health Coverage'. Even with increased access to services, improvement in health indicators can remain elusive, unless the provided services meet minimum quality bench-mark. Therefore, to achieve 'Health for All', it is critical to ensure quality in the delivered care.

The National Health Policy 2017 prioritizes the objective of improving health status through concerted policy action and expanding the scope of services within the public health sector, with an explicit focus on the quality of care. The Ministry of Health and Family Welfare, supports the policy initiative for measurable improvements in quality of care by ensuring safe, effective, patient-centered, timely, efficient and equitable healthcare service delivery.

The National Quality Assurance Program of the Ministry of Health and Family Welfare aims to improve the quality of care delivered in the Public Health Institutions of the country. The Program has many explicit interventions such as National Quality Assurance Standards for District Hospitals, Community Health Centres, Primary Health Centres, Urban Primary Health Centres and Ayushman Bharat Health and Wellness Centres, Kayakalp, LaQshya Program, Mera-Aspataal Initiative, Swachh Swastya Sarvatra, etc. All these initiatives of the Government of India have a prime focus to improve the satisfaction level of the beneficiaries, thereby changing the people's perception about the services delivered at public health facilities of the country.

This biannual update of the 'National Quality Assurance Program' is the reflection, that is, 'Darpan' of the status of 'Quality Improvement' within the Public Health Institutions of the country.

I urge the States and Union Territories to utilize the information provided in the 'Quality Darpan' for a holistic review of the State-wise progress under the program. It may also be utilized as a guide by the States and Union Territories to learn good practices from other States.

(Mansukh Mandaviya)

कार्यालय: 348, ए-स्कंध, निर्माण भवन, नई दिल्ली - 110011 • **Office:** 348, A-Wing, Nirman Bhawan, New Delhi - 110011
Tele.: (O): +91-11-23061661, 23063513 • **Telefax** : 23062358

राष्ट्रीय स्वास्थ्य मिशन

डॉ. भारती प्रविण पवार
Dr. Bharati Pravin Pawar

सत्यमेव जयते

सर्वेसन्तु निरामया

स्वच्छ भारत
एक कदम स्वच्छता की ओर

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

MESSAGE

The Government of India has continuously been engaged in creating an enabling framework to strengthen public health care delivery system. The National Quality Assurance Standards (NQAS), a key initiative of the Ministry of Health and Family Welfare, is driven by the belief that the quality management system in healthcare ensures the safe delivery of health care services and address the need of all stakeholders in the public health sector and provide better health outcomes.

Over the years, significant gains have been made by the States/UTs in terms of the number of health facilities quality certified by improving the process of care delivered to the end-users. With diligent and conscious efforts, the National Quality Assurance Standards have met the international benchmark of International Standards for Quality in Healthcare and are well recognised. Over a period, many initiatives have been added under the gamut of the NQAS like Kayakalp, LaQshya, quality standards for AEFI surveillance, etc. The program has expanded its wings with recently launched National Quality Assurance Standards for Ayushman Bharat- Health and Wellness Centres (AB-HWCs).

The recent COVID-19 pandemic has highlighted the importance of quality in healthcare is evident and also the need to have a robust health system in place. However, progress is not uniform. The States & UTs, having less number of quality certified facilities are expected to develop a comprehensive plan for gap closure and quality certification at all levels.

It is highly appropriate of the Quality Improvement Division, National Health Systems Resource Centre, New Delhi to come up with this biannual update. The initiative reflects the progress of the States/UTs in implementing the program. It would serve as a benchmark for the States/UTs in reviewing the status of committed key deliverables under the program, as per their respective Program Implementation Plans (PIP).

I am certain that the 'Quality Darpan' will meet the objective of providing timely updates on facts, views, achievements, implementation status, trends across the country and new initiatives related to the National Quality Assurance Program.

BPw

(Dr. Bharati Pravin Pawar)

"दो गज की दूरी, मास्क है जरूरी"

Office: 250, 'A' Wing, Nirman Bhavan, New Delhi-110011, Tel. : 011-23061016, 23061551, Telefax : 011-23062828
E-mail : mos-mohfw@gov.in

राजेश भूषण, आईएएस
सचिव
RAJESH BHUSHAN, IAS
SECRETARY

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

MESSAGE

The National Quality Assurance Program aims to improve the quality of care in Public Health Facilities through initiatives like the National Quality Assurance Standards (NQAS), Kayakalp Scheme, Swachh Swasthya and Sarvatra (SSS) Scheme, Mera-Aspataal initiative and LaQshya program. All these initiatives have resulted in considerable improvements in ensuring delivery of quality care at public health facilities in the country. However, challenges still exist in delivering the satisfactory level of quality care services with minimal out of pocket expenditure (OPE).

'Quality Darpan' is an initiative to provide the biannual updates to the States and Union Territories. It also aims to provide outline of upcoming initiatives under the National Quality Assurance Program. 'Quality Darpan' is envisaged to serve as a mirror for the performance of States and Union Territories, in respect to the various quality initiatives undertaken, which ultimately aid in shaping the future course of action.

I earnestly hope that the quality update will motivate the States and Union Territories, Mission Directors, Program Officers and Service Providers to further improve the quality of services at Public Health Facilities by healthy competition amongst the States and Union Territories.

I also appreciate the efforts put in by the Ministry's National Health Mission Team, Quality Improvement Division, and National Health Systems Resource Center, New Delhi in providing the updated information.

Place : New Delhi
Date : 06-09-2021

(Rajesh Bhushan)

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhfw@nic.in

वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

MESSAGE

Sustainable Development Goals (SDGs) have emerged as continued commitment of global community for accelerating the progress of Millennium Development goals (MDGs) and looking beyond. In true sense, the Universal Health Coverage (UHC) is achieved only when all people receive the quality health services without any financial hardship/barrier.

The National Health Mission (NHM) strives to provide quality health care to the citizens of the country in an equitable manner, without anyone having to face the financial hardship as a consequence of availing the services. The public health facilities are supported to ensure the accessible, affordable, acceptable, equitable and quality health care to the citizens of India.

National Quality Assurance Program, an NHM initiative for providing quality health services is being implemented in all the states and UTs. Key features of the programme are unified organizational framework, capacity building, assessment against predefined quality standards, gap-closure, quality certification and incentivisation.

Under the programme, there are National Quality Assurance Standards (NQAS), separately for district hospitals, community health centres, primary health centres, urban – primary health centres and HWC. There is an inbuilt system of assessment of health facilities, followed by closure of gaps and quality certification.

'Quality Darpan' a biannual update portrays a true reflection of the implementation status of the National Quality Assurance Program, with an update on the key interventions and the vision ahead. The information provided in this document aims to support the States and Union Territories in realising their progress and recognizing the low performing indicators, for further improvement.

I appreciate the efforts put in by the Quality Improvement Division, National Health Systems Resource Centre, New Delhi in bringing out this periodic update of the program.

(Vandana Gurnani)

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : vandana.g@ias.nic.in

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary
Tele: 011-23063585 / 23061740
e-mail: jsncd-mohfw@gov.in

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

Message from Joint Secretary (Policy)

Quality of Care has emerged as a key thrust area for both policy-makers and service providers. It serves as an instrument for optimal utilization of resources to improve health outcomes and patient satisfaction. Providing healthcare services, without guaranteeing a minimum level of quality is less than desirable. It is important that the public health care facilities are benchmarked against set quality standards to improve the confidence of the public availing the services, while also boosting the morale of the service providers in these institutions.

High-quality health systems augment the healthcare in each given context, by consistently delivering care that improves or maintains health; by being valued and trusted and by responding to changing population needs. The National Quality Assurance Program throughout its journey so far, has strived in the best possible ways to improve the quality of care in Public Health Institutions of India.

The 'Quality Darpan: An update on National Quality Assurance Program' intends to provide the status update of the program implementation. This document also unveils the latest interventions undertaken under the program. I am sure that the analytical representation of the data provided in this document will aid the States and Union Territories in apprehending their progress and recognizing the weak performing indicators; to continue the improvement in quality of healthcare.

(VISHAL CHAUHAN)

Quality

PREFACE

The various dimensions of service 'Quality' in Indian Health Systems is determined by systematic program evaluation. Avedis Donabedian, a leading figure in the theory and management of quality of healthcare, defined quality of care as "care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts" (Donabedian, 1980). The National Quality Assurance Program contemplates the importance of systemic evaluation for successful program implementation.

This document is intended to provide an overview of the implementation status and the strategies endeavored by the National Quality Assurance Program in past six months, that is January 2021 to June 2021. This biannual update of 'Quality Darpan' is targeted to the program stakeholders including State/District Quality Assurance Units, Facility Quality Teams, External/Internal Assessors etc. This status update act as a reference document for the implementers at field level, to prepare the plan of action for strengthening the program in their respective regions.

The States and Union Territories, by referring to the latest strategies mentioned in this update; are encouraged to bring up the interventions undertaken in their regions, for the successful implementation of various schemes of the National Quality Assurance Program. The data consolidated in this document, is anticipated to act as a guide to the States and Union Territories in assessing their progress so far.

Darpan

TABLE OF CONTENTS

QUALITY IMPROVEMENT

A Positive Deviation from Risks to Opportunities

Quality Improvement in healthcare entails continuous efforts to achieve desirable and sustainable results, by reducing process variation and by improving the outcomes of these processes both for patients, hospitals and the health care system. The Sustainable Development Goals (SDGs) stress that quality is a key element of universal health coverage (UHC). SDG target 3.8 calls on countries to achieve UHC, including financial risk protection alongside access to quality essential health care services. According to World Health Organization (WHO), between 5.7 to 8.4 million deaths are attributed to poor quality care each year, in low and middle-income countries (LMICs), which represents up to 15% of overall deaths in these countries. 60% of deaths in LMICs from conditions requiring health care occur due to poor quality care, whereas the remaining deaths result from non-utilization of the health system. Hence, deviation of such tangible and non-tangible risks towards potential opportunities of improvement becomes a persistent demand of a health care system.

A. LATEST INTERVENTIONS: NATIONAL QUALITY ASSURANCE PROGRAM

A.1 National Patient Safety Initiatives

Primum non nocere (first do no harm) is a fundamental tenet for contemporary medicine. Each year, 134 million adverse events occur in hospitals in low- and middle-income countries (LMICs), due to unsafe care, resulting in 2.6 million deaths (1). There is enough evidence to conclude that safety is a critical component of healthcare delivery.

Being an integral part of the health care system, 'Patient Safety' is significantly related to 'Quality' service provision. With the nation still struggling with COVID-19 pandemic, many inequities in healthcare service provision have become evident. The vulnerable and marginalized populations are being disproportionately affected not only due to the direct effects of the pandemic and lack of access to care, but also due to the State-wise variation in provision of essential health services. The challenges to quality and safer care are many, but interventions are to be targeted for ensuring quality and safe healthcare.

The National Quality Assurance Program over the years, has been targeting its interventions and innovations to improve the quality and safety of health care in public health facilities of the Country. The 'National Patient Safety Initiative' is one of such interventions. The initiative provides a framework through which hospitals can deliver safer patient care. A self-assessment tool has been developed for promoting patient, caregivers and staff safety in healthcare. The tool aims to enhance the implementation of patient safety practices in public health facilities by inclusion of comprehensive set of standards that exclusively target patient safety. It supplements the assessment of health care institutions from the perspective of patient, caregiver and staff safety; builds the capacity of staff for adhering to clinical and evidence-based practices; promotes a self-reporting mechanism, learning and improvement; and involves patients and communities in decision-making for their treatment plan.

As mentioned in the December 2020 update of 'Quality Darpan', National Health Systems Resource Centre (NHSRC) in collaboration with the Ministry of Health and Family Welfare (MoHFW), WHO, Aravinda Eye Care System, Tuscany North-West Trust, Italy and International Society for Quality in Healthcare (ISQua) had organized a national webinar on 'Health Worker Safety: A Priority for Patient Safety' on the occasion of the second World Patient safety Day (WPSD).

Figure 1.1: Celebration of Patient Safety Day 2020

The situational analysis during the pandemic has illustrated that the focus on maternal and newborn care has deviated in some ways due to burden on health systems posed by the pandemic. Therefore, the theme selected for the 3rd WPSD by the WHO is 'Safe Maternal and Newborn Care'. On 17th September' 2021, it is envisaged to celebrate the 'Patient Safety Day' with an aim to encourage health care professionals and key stakeholders of health systems to reinforce the safe and quality mother and newborn care.

A.2 National Quality Standards for Hemodialysis Unit

The Pradhan Mantri National Dialysis Programme was rolled out in 2016 as part of the National Health Mission (NHM) for provision of free dialysis services to the poor. The Guidelines for PMNDP intend provision of dialysis services under NHM in PPP (Public Private Partnership) mode.

Over the years with periodic monitoring and evaluation of the program, it was observed that the quality of services in these 'Hemodialysis Units' should also be assessed. The National Quality Assurance Program had therefore initiated development of the NQAS for Hemodialysis Centres/Units, identical in structural arrangement and measurement system, as the fundamental standards of quality assessments in public health facilities.

The standards are expected to act as a key tool to assess the service delivery, so that evidence-based action plan may be prepared to reduce inequities in patients' access to dialysis services and to reduce the overall cost of care, with a focus on efficient leveraging of resources.

A.3 Quality Assurance of Child-care Services

A healthy birth and happy childhood lead to growth and development of a healthy Nation. India's commitment to safe and healthy childhood is well reflected in the National Health Policy (2017). One

of the key strategies in this direction is to ensure timely provision of quality services for children in all stages of growth and development, resulting in the realization of full potentials in physical, mental, and social development.

Initiatives like, Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK) ensure free services during and after delivery. Such initiatives have motivated the mothers for safe delivery and have reduced newborn morbidity and mortalities. Further, various other initiatives including Rashtriya Bal Swasthya Karyakram (RBSK), Infant and Young Child Feeding (IYCF), MAA (Mother's Absolute Affection), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) offers a comprehensive strategic plan for mother and childcare services.

These initiatives have affected the newborn and childhood mortality, morbidity and many other indicators. Neonatal Mortality Rate has now reduced to 23 (SRS 2018) from 44 (SRS 2000). At the same time, Infant Mortality Rate has reduced to 32 from 68 during the same period. Although, this initiative has shown improvement in many ways, there is a long way ahead. India aspires to achieve Global 'Every Newborn Action Plan' (ENAP) target by 2030 with all the States/UTs to achieve the target by the end of 2035 individually. The targets proposed in the India Newborn Action Plan (INAP) and National Health Policy (NHP) are to reduce preventable newborn deaths and preventable stillbirths to single digit by 2030. Following three interventions have been undertaken under the National Quality Assurance Program for assuring quality of child-care services.

a) MusQan: Ensuring Child Friendly Services

It is well realized that for bringing further improvement, there is a requirement to enhance the quality of care provided to the sick new-borns and children. While States/UTs are encouraged to improve the facilities and make them eligible for certifications under the NQAS, a need was felt to make healthcare facilities more accessible and favourable for both new-borns and children. So, under the NQAS gamut, a new initiative scheme named 'MusQan: Ensuring Child Friendly Services' has been introduced. MusQan intends to ensure timely, appropriate, quality and safe services in public healthcare facilities from birth to 12 years of age. The guideline would elaborate the key features and the strategies for making the facilities child friendly by improving the quality of care in Outpatient Department (OPD), Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU), Paediatric Ward and Nutrition Rehabilitation Centre (NRC).

b) NQAS for Comprehensive Lactation Management Centres

Another initiative under child-care services is development of NQAS for Comprehensive Lactation Management Centres (CLMCs) and Lactation Management Units (LMUs), which are the popularly known as 'Breast Milk Banks' in India. These centres are responsible for donation and processing of human milk, for making it available for sick new-borns admitted in the neonatal intensive care units at public health facilities. Undoubtedly, it is highly important to ensure the quality of lactation management services for ensuring quality of human milk being dispensed to the sick babies. Therefore, a need of establishing the NQAS for CLMCs has been realized with an aim of periodic monitoring and assessments of these centres for assured quality of lactation management services.

c) NQAS for Breastfeeding Services

The third intervention is the development of quality standards for facility-based breastfeeding services. The standards are inspired by WHO's recommendations on 'Protecting, Promoting and Supporting Breastfeeding in facilities providing Maternity and New-born Services', which would mainly cover the key aspects related to breastfeeding practices to be followed at a public health facility. The objective is to ensure the quality of immediate support provided during breastfeeding, feeding practices and additional needs of infants by creating an enabling environment for breastfee07ding.

A.4 Effective dissemination of Standard Treatment Guidelines

Standard Treatment Guidelines (STGs), also termed as clinical guidelines/protocols are components of health services, provisioned to ensure evidence-based medicine and quality of care. STGs list the preferred pharmaceutical and non-pharmaceutical treatments for common health problems experienced by people in a specific health system. STGs extends multifaceted advantages for patients in offering consistency in care and treatment efficacy, for providers by supporting with an expert consensus and improving the quality of care, for supply managers by making demand more predictable and supply system based on an approved formulary, for policy makers by providing focus for therapeutic integration of special programs and promoting efficient utilization of funds.

Considering its importance, MoHFW commissioned a 'Taskforce on Standard Treatment Guidelines' in December 2014, which came up with twelve STGs and ten background documents across fourteen major topics and ten major clinical specialties. These include Major Trauma, Hypertension, Alcohol Dependence, Dry Eye Disease, Snakebite, Diabetic Foot, Management of Acute Respiratory Infections in children, Management of Recurrent Spontaneous Abortions, Management of Sinusitis in Adults, Feeding of Low Birth Babies, Management of Jaundice in Newborn and Approach to Joint Pain.

Over a period, it was observed that Nation-wide dissemination of the developed STGs for effective utilization by the clinical practitioners is equally important for their implementation. In view of this, Quality Improvement Division, NHSRC in collaboration with Indian Council of National Research (ICMR), National Institute of Epidemiology (NIE) is working on development of an e-learning application for dissemination of STGs. The collaborative efforts intend to disseminate the developed STGs for wide-range utilization through a digital medium, to enhance the accessibility of high-quality evidence-based treatment guidelines in remote locations and contribute to better healthcare outcomes while encouraging a rational use of medicines.

A.5 Prescription Audit Guidelines

Rational use of drugs is Right Drug, to Right Patient, in Right dosage and at Right Cost. For a developing country like India, rational use of drugs is pivotal for providing affordable, equitable and quality healthcare and a good prescription is the first step towards the same. Systematic reviews suggest that prescribing errors are common and can affect from 4.2% to 82% of prescription (2). These prescribing errors can result in adverse effects, unsafe treatment, exacerbation of disease, health hazards, and additional financial burden of the patients as well as to the society and ultimately wastage of the limited resources. Almost four in 1000 prescriptions have errors that have the potential for causing adverse effects (3). Another study done to assess adverse drug events by Bates et al. found 28% of adverse drug events to be preventable in their study and concluded that 56% of those preventable adverse events occurred at the stage of prescription (4).

Audit is a simple tool to measure and monitor what is being done against a reference standard and if periodically monitored, it can aid in improving prescription behavior of doctors, prescription quality and enable the patient to receive quality care. The use of Prescription audit for assessing the nature of prescription errors and establishing standards has thus become one viable solution for this problem. Hence, 'Prescription Audit Guidelines' have been envisaged to be disseminated in the States/UTs to capture the current practices, to provide evidence-based solutions to the problems/potential errors and to identify the opportunities for improvement in patient care.

A.6 IT-enabled NQAS Certification System

The National Quality Assurance Program has an inbuilt certification process of the public health facilities based on the internationally accredited National Quality Assurance Standards. Since inception, the certification process is being undertaken manually by the Certification Unit, a sub-division of Quality Improvement Division, NHSRC. With substantial increase in number of certified public health facilities across the country, a need was felt to automate the NQAS Certification Process through an IT-enabled system. The potential benefits of the automatic process would be expediting and streamlining the certification process, reducing manual errors, improve tracking mechanism and improving information access to all the stakeholders including NHSRC/States/Assessors.

To encounter the mentioned advantages, a collaborative partnership between NHSRC, New Delhi and the Centre for Development of Advanced Computing (C-DAC) has been initiated, with an objective of developing and streamlining an automated system of National Quality Certifications of Public Health Facilities under the Program. It also intends to create a national dashboard for real-time monitoring of the certification process at National/State/District/Facility level. In view of the long-term plan of the project due to the complex technicalities involved, an interim software, as a dawning step to automate the process of certification has been intervened.

B. NATIONAL QUALITY ASSURANCE STANDARDS

Public health sector embraces in its roots, all the aspects of care, i.e., preventive, promotive, curative, palliative and rehabilitative services. The 12th five-year plan envisages scoring and ranking of all health institutions by implementation of Quality Management Systems (QMS) in hospitals. The National Quality Assurance Program has systematically adopted the quality improvement framework to improve the ways care is delivered to patients in the public health sector. This has been achieved by measuring, analyzing, evaluating, improving and sustaining the processes of healthcare delivery. The journey so far has rendered tangible outcomes in terms of improvement in service delivery at all levels of public health institutions, including District Hospitals, Community Health Centres, Primary Health Centres, Urban Primary Health Centres and Ayushman Bharat Health and Wellness Centres-Sub Centres.

The institutional framework and defined processes of implementation in the 'Operational Guidelines for Quality Assurance in Public Health Facilities' has enabled the progress achieved under the program so far. The elements of Quality of care, namely; efficiency, effectiveness, safety, people centered, timeliness, equitability and integration have been incorporated under the Program, thereby making it the fulcrum for quality improvement of public health systems in the Country.

B.1 Status of NQAS

The last update (December 2020) of 'Quality Darpan' had documented a cumulative data of physical and virtual certifications of public health facilities (700 in numbers) meeting the National Quality Assurance Standards (NQAS). The COVID-19 pandemic has impacted the process of continual assessments followed by quality certifications of public health institutions in the States/UTs. However, the evidence-based situational analysis has enabled the troubleshooting and the program came up with the 'Protocol of Virtual Assessment' to tackle the ongoing pandemic, protecting the stakeholders from the risk of infection.

Over the last five months (January to May 2021), with continuous mentoring and capacity building of State, District and Facility Quality teams; the number of applications for NQAS virtual assessments have been scaled up from 172 in December' 2020 to 244 (as on 31st May 2021) and the number of virtual assessments conducted is increased from 114 in December 2020 to 189 in May 2021. About 47 assessments have been postponed on requests from States/UTs due to the emergency deputation of the applied facility's staff in COVID-19 related activities. The last update reported a decline in NQAS certifications from 409 in FY 2019-20 to 78 till December 2021. However, the latest data illustrates that a total of 141 facilities have achieved NQAS virtual certification, thereby depicting an increment of 63 number of NQAS virtual certifications within last five months. This clearly indicates the dedicated alliance of States/UTs with the National Quality Assurance Program.

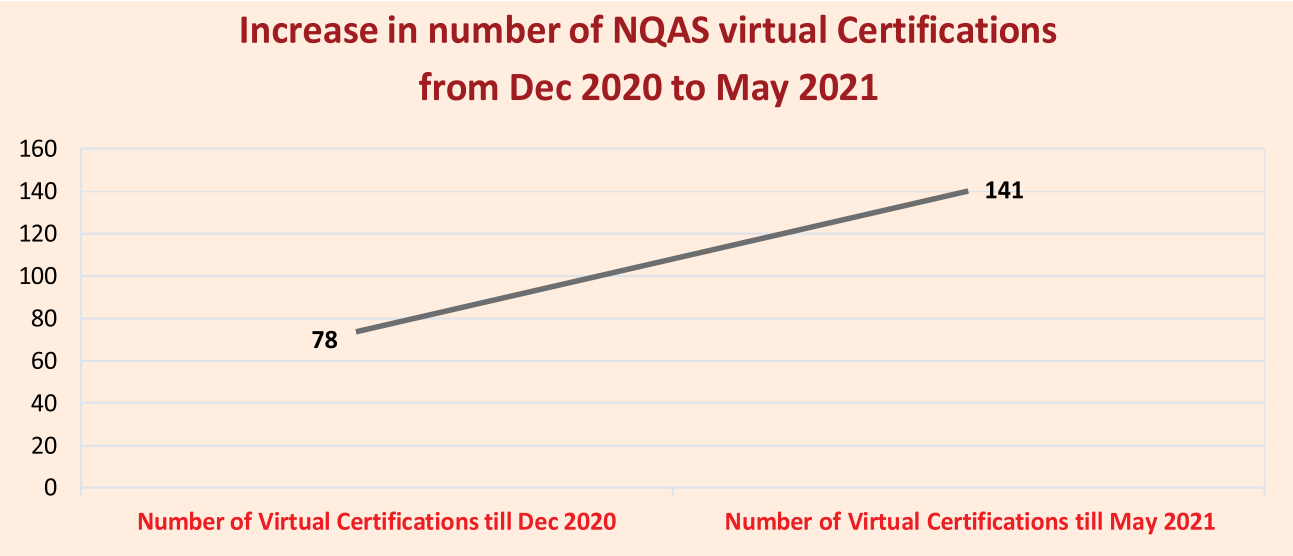

Figure 2.1: Increase in number of NQAS virtual certifications from Dec 2020 to May 2021

As on 31st May 2021, a total of 891 public health facilities are certified under the NQAS with highest number of National Quality Certifications in the State of Gujarat (157) followed by Kerala (119), Haryana (112) and Telangana (104). The States including Tamil Nadu (81), Andhra Pradesh (75) and Maharashtra (56) have managed to acquire more than fifty NQAS certifications. The graphical representations are shown in figures 2.2 and 2.3 with the details annexed in Annexure I. As mentioned in the last update of 'Quality Darpan', the States/UTs including Sikkim, Andaman & Nicobar Islands, Chandigarh, Goa, Ladakh, Lakshadweep and Puducherry have not yet initiated the process of external assessments under the NQAS.

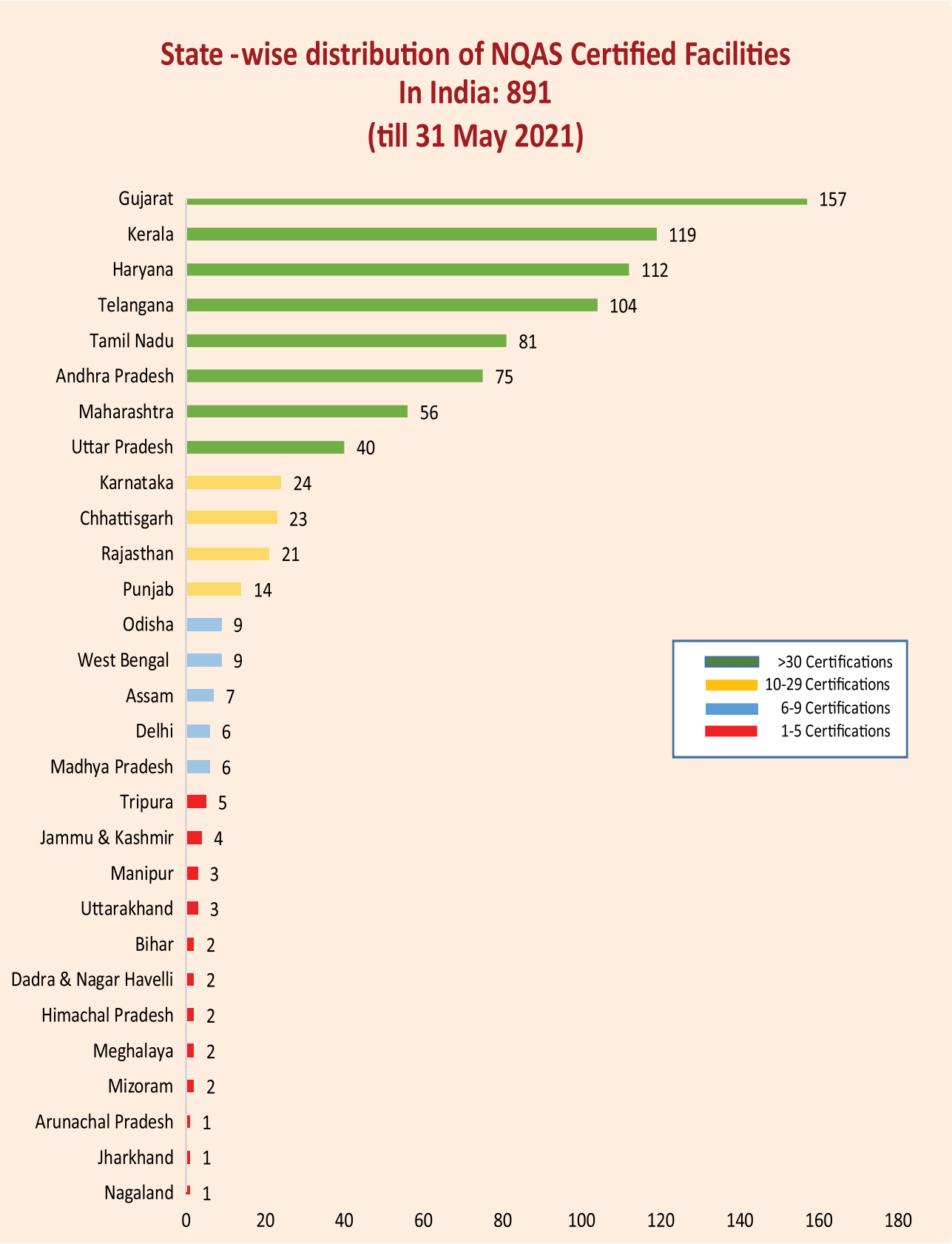

Figure 2.2: State/UT-wise distribution of NQAS certified Public Health Facilities

National status on category-wise distribution of the total 891 NQAS certified public health facilities (till 31st May 2021) can be seen in below figure.

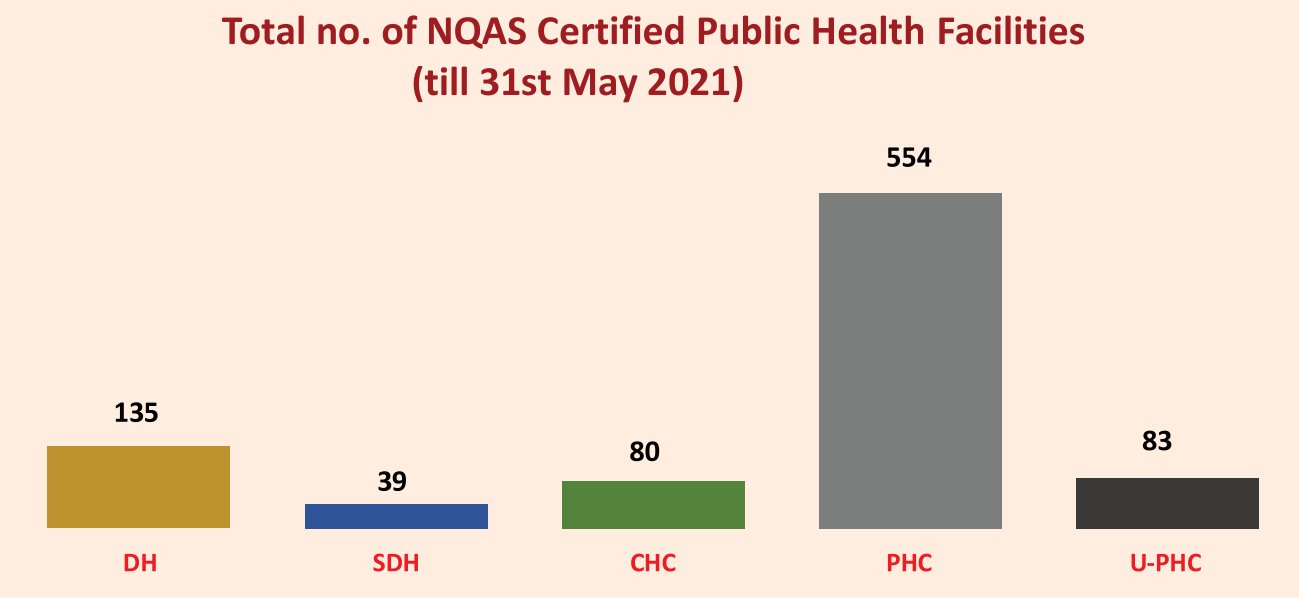

Figure 2.3: Category-wise number of NQAS certified facilities in India

The certification under virtual assessment is valid for a period of one year, subject to full certification on physical re-verification of the respective facility (as and when the pandemic situation improves). Although, as projected in December 2020 update of 'Quality Darpan', many States/UTs had and are actively initiating the application for virtual assessments as per the defined protocol. However, the increased load of COVID-19 patients management on the public health facilities is having a direct impact on the execution of virtual assessment/s of the applied facilities. This resulted in postponement of many of the scheduled assessments as mentioned above. The State Quality Assurance Teams were provided with the technical assistance by Quality Improvement Division, NHSRC to resolve the concern without impeding the process of virtual assessment of the applied facilities.

B.2 Support during COVID-19 pandemic

a) The video developed in March' 2020 on 'Standard Practices of Infection Prevention' targeting the field warriors i.e., housekeeping and support staff was appreciated by the States/UTs. Building on this, another video on 'Linen and Laundry Management of COVID-19 Patients' has also been developed. This video is helpful for the facility staff in understanding the standard protocol for management of linen of COVID-19 patients and is being utilized by the States/UTs for capacity building of the facility teams.

b) The analysis of feedbacks received from the stakeholders including States/Districts/Assessed Facilities/External Assessors etc. had highlighted 'Data Security' as one of the crucial components while using any virtual platform for assessments. The concern had been notified and the potential security related risks to the assessed facility's data had been identified. This resulted in the development of 'Standard Operating Procedures for Data Security during NQAS/LaQshya Virtual Assessments'. The document is serving a s a guide for the States/UTs to ensure the security and integrity of the information/data during the entire course of virtual assessment/s.

c) The need-based requirement of training on Biomedical Waste (BMW) Management has also been assessed and a series seven State-wise online trainings on 'Infection Control Practices and BMW Management in COVID Care' have been conducted by the Quality Improvement Division, NHSRC.

d) The increased cases of COVID-19 in past few months had a negative impact on population and had also affected the mental health and psychological well-being, in terms of recovery rate from the infection. Another step in the series of manoeuvres against the pandemic is the development of a 'Motivational video for patients fighting with COVID-19 infection'. Targeting the patients admitted in hospitals and the patients in home isolation, the video provides a motivational message to stave-off depression and anxiety, while fighting against the infection and also addresses the necessary precautionary measures, dietary requirement and do's & don'ts during the treatment.

C. KAYAKALP AWARD SCHEME

Sanitation and hygiene in all health care facilities are the important pillars for providing quality care services and achieving Universal health coverage (UHC). It ensures adherence to standards of infection prevention and control (IPC) and provides assurance in healthcare facilities to provide patient and staff friendly environment.

Kayakalp initiative of MoHFW has sustainably quantified the accomplishments of States/UTs in continual improvement of IPC practices at facility levels. The initiative has a direct impact on the quality of health service delivery of the public health facilities.

A report published by WHO & UNICEF in December 2020 states that COVID-19 is exposing key vulnerabilities within health systems, including inadequate infection prevention and control (5). All those facilities which have implemented the Kayakalp initiative and are sustaining the IPC standards have been benefited during these times of pandemic.

C.1 Expanding the scope of Kayakalp

Addressing the Eco-friendly initiatives, the MoHFW has launched a 'National Program for Climate Change and Human Health' (NPCCHH) in the year 2019.

Though, many eco-friendly initiatives and practices were already inbuilt in the Kayakalp assessment tools, a focused eco-friendly theme has been added in the revised tool for District Hospitals (DHs), Sub-division Hospitals (SDHs) and Community Health Centres (CHCs). The theme encompasses the standards in respect to energy efficiency, air and noise pollution, reduce, reuse and recycle of waste, save earth and environment and impact on health and well-being.

For encouraging the States/UTs in implementation of the revised tool, a distinguished award category for 'Best Eco-Friendly Hospital' has also been introduced under the scheme, with an award money of Rs 10 Lakh for DH and Rs 5 Lakh for SDH/CHC. The States/UTs shall also be provided with training and technical support for implementation of the eco-friendly standards in the facilities of their respective regions.

C.2 Status of Kayakalp (FY 2020-21)

The last version (December 2020) of 'Quality Darpan' had shown the financial year-wise progress (FY 2015-16 to FY 2019-20) with the data of total number of public health facilities participated in Kayakalp Award Scheme v/s the number of public health facilities which have achieved more than or equal to 70% score in the Kayakalp external assessments. The data revealed the progress of the program implementation over the years i.e., participation of 722 facilities in FY 2015-16 to 34039 in FY 2019-20.

In view of pandemic, the National Kayakalp award distribution for FY 2019-20 was conducted virtually on 12th January 2021. All the awardee facilities were felicitated virtually by Dr Harsh Vardhan, Hon. Union Minister of Health and Family Welfare with a keynote of appreciation to all the winners.

Since the pandemic has affected the country's health system in unforeseen ways, many States/UTs have faced administrative and resource barriers in implementation of Kayakalp. As a result, the external assessments followed by result declaration (for FY 2020-21) of only eleven States/UTs have been completed. These includes Andhra Pradesh, Chandigarh, Goa, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Meghalaya, Odisha, Sikkim and Tripura. Annexure II provides the status of Kayakalp assessments (internal, peer and external) conducted by the States/UTs till 31st May 2021.

The States/UTs including Andaman & Nicobar Islands, Assam, Daman & Diu & Dadra & Nagar Haveli, Ladakh, Kerala, Lakshadweep, Puducherry, Punjab, Telangana, Uttar Pradesh and West Bengal have not yet declared the results of internal assessments. The Quality Improvement Division, NHSRC periodically tracks the status update from the States/UTs and also provides technical support for successful implementation, as and when required. The results are expected to be declared as soon as the situation becomes in control. Out of the total States/UTs, 26 have declared the Kayakalp internal assessment score which indicates the total number of participating facilities under the program as 30,984. Once the data of remaining ten facilities is received, the number of participating facilities would also be increased as compared to FY 2019-20. The below table shows the summary of the results declared by the States/UTs.

Category	FY 2019-20		FY 2020-21	
	Total no. of Health Facilities participated	Total no. of Health Facilities with ≥ 70 % Score	Total no. of Health Facilities participated	Total no. of Health Facilities with ≥ 70 % Score***
Central Govt. Institutions	24	12	Not declared yet	Not declared yet
DHs	817	372	489	106
SDHs/ CHCs	6342	1769	4586	696
PHCs	19026	4078	14185	2054
U-PHCs/U-CHCs	3732	1010	2256	499
HWC-SCs	4098	374	9468	868
Total	**34039**	**7615**	**30984***	**4223****

Table 3.1: Status of Kayakalp External Assessments from FY 2019-20 till 31st May 2021

** Includes data from 26 States/UTs, as ten have not provided the results of internal assessments.*

*** Includes data from 11 States/UTs, as remaining have not declared the results.*

Details of State-wise and Category-wise distribution of facilities achieving ≥70% score under the Kayakalp scheme in FY 2019-20 was given in last version. The updated data for FY 2020-21 (till 31st May 2021) has been given in Annexure III.

The achievement of the above-mentioned eleven States (who have declared the award by 31st May 2021) under the Kayakalp scheme and the States' desired target in Record of Proceedings (ROP) of FY 2020-21 has been compared and shown below.

Kayakalp Target in ROP FY 2020-21 v/s Achievement			
S.No.	Name of the State/UT	Kayakalp Target (as per ROP 2020-21)	Kayakalp awardee facilities FY 2020-21 (as on 31st May 2021)
1.	Andhra Pradesh	550	1519
2.	Chandigarh	16	28
3.	Goa	12	19
4.	Gujarat	1386	1410
5.	Haryana	235	207
6.	Himachal Pradesh	126	156
7.	Madhya Pradesh	343	220
8.	Meghalaya	70	26
9.	Odisha	64 (32 DH, 32 SDH)*	586
10.	Sikkim	21	17
11.	Tripura	80	87

Table 3.2: Kayakalp Target in ROP FY 202-21 v/s Achievement (till 31st May 2021)

**Odisha has provided the target of only DH and SDH level facilities in ROP.*

D. MERA-ASPATAAL INITIATIVE

A patient, while seeking services from any healthcare institution has an expression of satisfaction or dissatisfaction, which is his/her evaluation on quality of the respective hospital. Hence, patient satisfaction is an indicator which is indispensable to the assessment of the quality of care in hospitals. Being treated with respect and dignity and involvement in treatment decisions are intangible issues of patient satisfaction that are paramount issues for patients (6). There is compelling evidence from well-developed lines of research that increasing patient satisfaction improves clinical outcomes.

'Mera-aspataal' or 'My Hospital' initiative was launched with the similar objective to measure patients' satisfaction using information technology, which has proven to be integral in the transition to value-based care. December 2020 update of this document briefed the vision of this initiative which has a definitive aim of capturing patients' feedback and analyses the result for meaningful, quantifiable and actionable data.

D.1 Status of Mera-aspataal

The pandemic of COVID-19 has enticed public attention for acquiring satisfactory healthcare. 'Mera-aspataal' initiative is envisaged to have the potential to fulfil the population's requirement of acceptable healthcare. The scaling up of initiative to other government hospitals and empanelled private health facilities over the years (FY 2016-17 to FY 2020-21) with total 6272 integrated facilities, was shown in last update. States/UTs are substantially integrating their healthcare facilities with Mera-aspataal portal, thereby impacting the desired outcomes of the initiative.

As on 31st May 2021, a total of 8,156 healthcare facilities are integrated with Mera-aspataal portal. The State and Category-wise details of Mera-aspataal integrated facilities have been given in Annexure IV.

Total no. of integrated hospitals	Total no. of valid visits	Total no. of feedbacks reported	Total no. of satisfactions reported	Total no. of dissatisfactions reported
8,156	9,94,81,055	64,22,430	4,926,004	1,496,426

Table 4.1: Status of Mera-aspataal integration and responses (as on 31st May 2021)

Above table shows, a total of 9,94,81,055 valid visits have been reported in the integrated healthcare facilities; out of which only 64,22,430 patients i.e., 6.5% have provided their feedbacks. 76.7% patients reported satisfaction and remaining 23.3% had reported unsatisfaction in their feedbacks.

With number of increased integration of hospitals under the Mera-aspataal portal, the reporting has also shown improvement. The substantial increase over the last four financial years in the responses and satisfaction reported through the portal is shown in table 4.2.

Financial Year	Total no. of valid visits	Total no. of feedbacks reported	Total no. of satisfactions reported
2017-18	4,89,398	3,57,948	73.14%
2018-19	10,05,486	7,35,572	73.15%
2019-20	1143907	8,48,187	74.14%
2020-21	11,06,840	8,87,975	80.22%

Table 4.2: Status of Mera-aspataal integration and responses (as on 31st May 2021)

Figure 4.1 shows that the highest number of facilities integrated with Mera-aspataal are Primary health centres (2955), followed by Community Health Centres (2524), District Hospitals (741), Urban Primary Health Centres (733), Private Hospitals (692) and Sub-Divisional Hospitals (369). Creating a robust and statistically significant database for an evidence-based analysis of patients' satisfaction is equally important. Therefore, increasing the number of integrations becomes significant to attain the initiative's vision and related objectives.

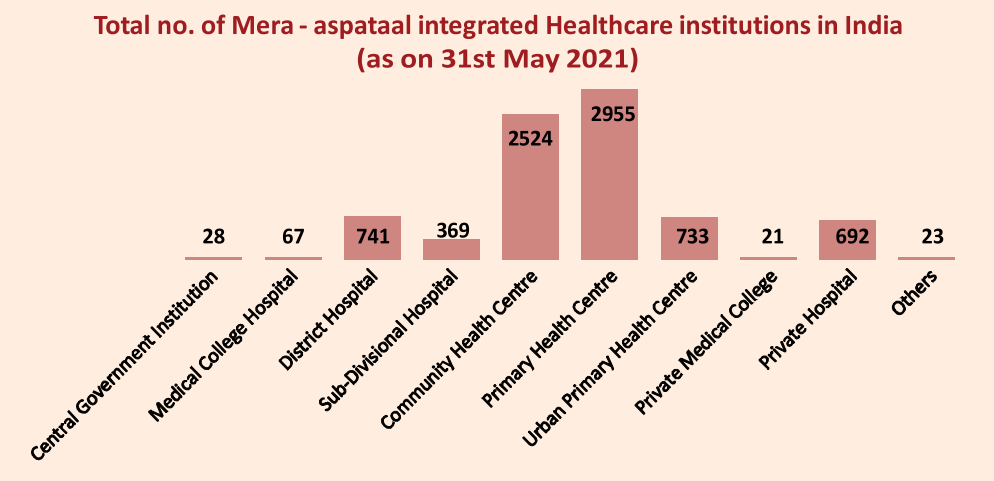

Figure 4.1: Category-wise status of healthcare facilities integrated with Mera-aspataal (as on 31st May 2021)

D.2 Constraints in Mera-aspataal implementation

The major constraint, as evident is, the reporting of feedbacks from the patients. National, State and Facility Quality teams are applying various region-specific interventions including capacity building and behavior change communications to address the concern.

Further, the cumulative analysis of the reported data since September 2016 till May 2021 reveals the 'Staff Behaviour' as the main reason of patients' dissatisfaction amongst the other defined indicators of dissatisfaction. Research shows that despite the technical quality of care delivered, provider's empathy is the key indicator of whether a patient will or will not be satisfied. Patients also perceive empathic care better than clinical care. Even doing simple things like increasing eye contact with patients will boost satisfaction and engagement.

Both the concerns could be resolved with increased advocacy among the population and capacity building of staff on behavioral aspects, in addition to the clinical skills.

E. SWACHH SWASTH SARVATRA

Swachh Swasth Sarvatra (SSS) with its three broad objectives (as mentioned below) has proven to be supportive to the community in each of the Open Defecation Free (ODF) Block, especially in these times of pandemic when meeting basic standards of cleanliness and quality is critical. The three broad objectives of the scheme are as follows:

- Enabling Gram Panchayat, cities and wards (where Kayakalp awarded PHCs/UPHCs are located) to become and sustain ODF.
- Strengthening CHCs/UCHCs/U-PHCs in ODF blocks/Wards/Cities, to achieve a high level of cleanliness to meet the Kayakalp standards through a support of Rs 10.0 Lakh for CHCs/U-CHCs and Rs 50,000 for U-PHCs under the NHM.
- Build capacity through training in Water, Sanitation and Hygiene (WASH) to nominees from such CHCs and PHCs.

  December 2020 update of 'Quality Darpan' reported the extension of SSS to urban areas with complementary efforts of Ministry of Housing and Urban Affairs (MoHUA) and Ministry of Health and Family Welfare (MoHFW). Total 2,473 health facilities were supported financially till FY 2020-21 under the scheme. Below figure shows the financial year-wise status of CHCs inclusion under the SSS scheme.

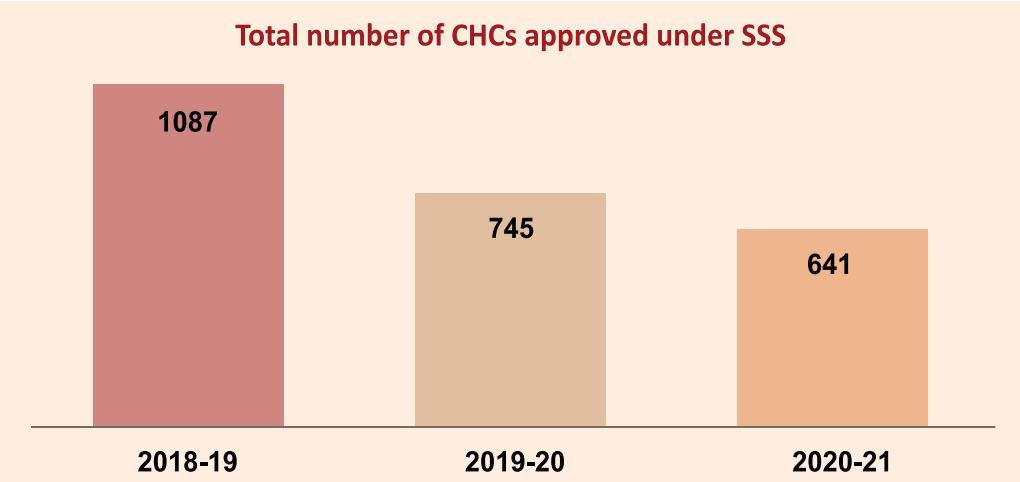

Figure 5.1: Total number of CHCs included under SSS from FY 2018-10 to FY 2020-21

In FY 2021-22, Rs. 5,285 Lakh have been approved for 641 CHCs and 240 U-PHCs; as a one-time grant of Rs 10 Lakh per CHC and Rs 50,000 per U-PHC. The aim is to support the respective facilities in achieving a minimum 70% benchmark of Kayakalp. The State-wise details have been given in Annexure V.

Number of health facilities achieving Kayakalp Awards are increasing every year with the financial support rendered through this scheme. Number of Kayakalp awarded CHCs has increased from 323 in FY 2016-17 to 1,096 in FY 2018-19. Similarly, number of Kayakalp awarded U-PHCs has increased from 556 in FY 2018-19 to 808 in FY 2019-20.

F. LAQSHYA PROGRAM

All women need access to antenatal care in pregnancy, skilled care during childbirth, and support in the weeks after childbirth. All births need to be assisted by skilled health professionals, as timely management and treatment can prevent the negative outcomes. The components of antenatal care remains an integral part of Indian health system since long. It was during the third five-year plan (1961–66) that the recruitment of Auxiliary Nurse Midwives (ANMs) provided the rural women access to some elements of antenatal care. Maternal and child health services became a vital part of the health system during the fifth five-year plan (1976–79), when maternal and child health services were integrated with the family planning services. The implementation of National Rural Health Mission in 2005 (further amalgamated with National Urban Health Mission to launch National Health Mission in 2013), has also played a significant role in declining Maternal Mortality Ratio in India through a noticeable improvement in maternal health care services.

LaQshya program of MoHFW has been focusing on the same ground since 2017, to reduce preventable maternal and new-born mortality, morbidity and stillbirths; improve quality of care during intra-partum and immediate post-partum period in the Labour Room and Maternity Operation Theatre (MOT); enhance satisfaction of beneficiaries, provide positive birthing experience and Respectful Maternity Care (RMC) to all pregnant women receiving care in public health facilities.

MMR of India has declined to 113 per 1,00,000 live births (SRS 2016-18) from 130 per 1,00,000 live births (SRS 2015-16). Skilled assistance during deliveries has increased substantially, the proportion of births assisted by a skilled provider increased from 47% in 2005-06 to 81% in 2015-16 (8).

F.1 Status of LaQshya

The last version of 'Quality Darpan' had reported a total of 14 Labour Rooms (LRs)and Maternity Operation Theatres (MOTs) certified under virtual assessments of LaQshya. With rigorous efforts, the number of virtual certifications under the program has increased from 14 in December 2020 to 104 in May 2021..

Type of Assessment	Applications Received	Assessments Conducted	No.of Certified LRs & MOTs
LaQshya	97	71	104

Table 6.1: LaQshya Assessment Status of Public Health Facilities under Virtual Assessment Protocol (till 31st May 2021)

The periodic analysis of virtual assessments under LaQshya Program had revealed internet connectivity as one of the major constraints faced by the assessee facilities during the virtual tours. To address this,

'Protocol for LaQshya Assessment of Public Health Facilities, having internet connectivity issue during Virtual assessment' has been developed and shared by the States/UTs on 6th April 2021.

Cumulative data of LaQshya certified LRs and MOTs till 31st May 2021 are shown in below figures. The details have also been annexed as Annexures VI and VII. The below figures (6.1 and 6.2) show total certifications under LaQshya Program since its inception i.e. 370 LRs and 302 MOTs. The green bars depict the States with more than 30 LaQshya Certified LRs/MOTs, orange bar depicts more than 10-29, blue bar depicts more than 6-9 and red bar depicts 1-5 certifications in the respective States/UTs.

The States of Maharashtra, Gujarat, Madhya Pradesh and Tamil Nadu have >30 LaQshya certifications. However, few States/UTs have not yet initiated the process of program implementation. The Quality Improvement Division, NHSRC in collaboration with State/District Quality Assurance Committees (SQAC/DQAC) and Facility Quality Teams is putting in continuous efforts to support the States/UTs for further increase in the number of LaQshya certifications.

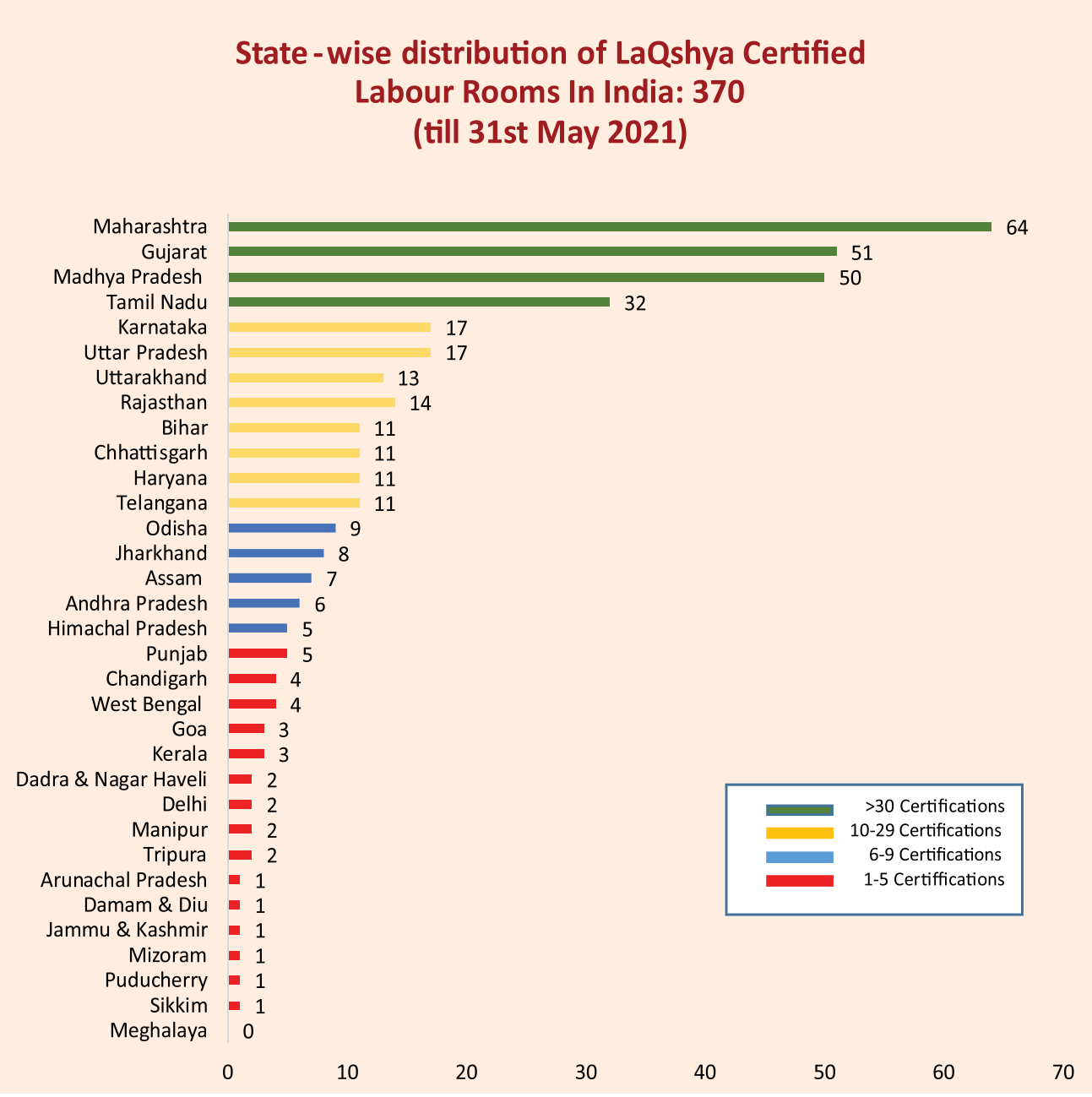

Figure 6.1: State-wise distribution of LaQshya Certified LRs (till 31st May 2021)

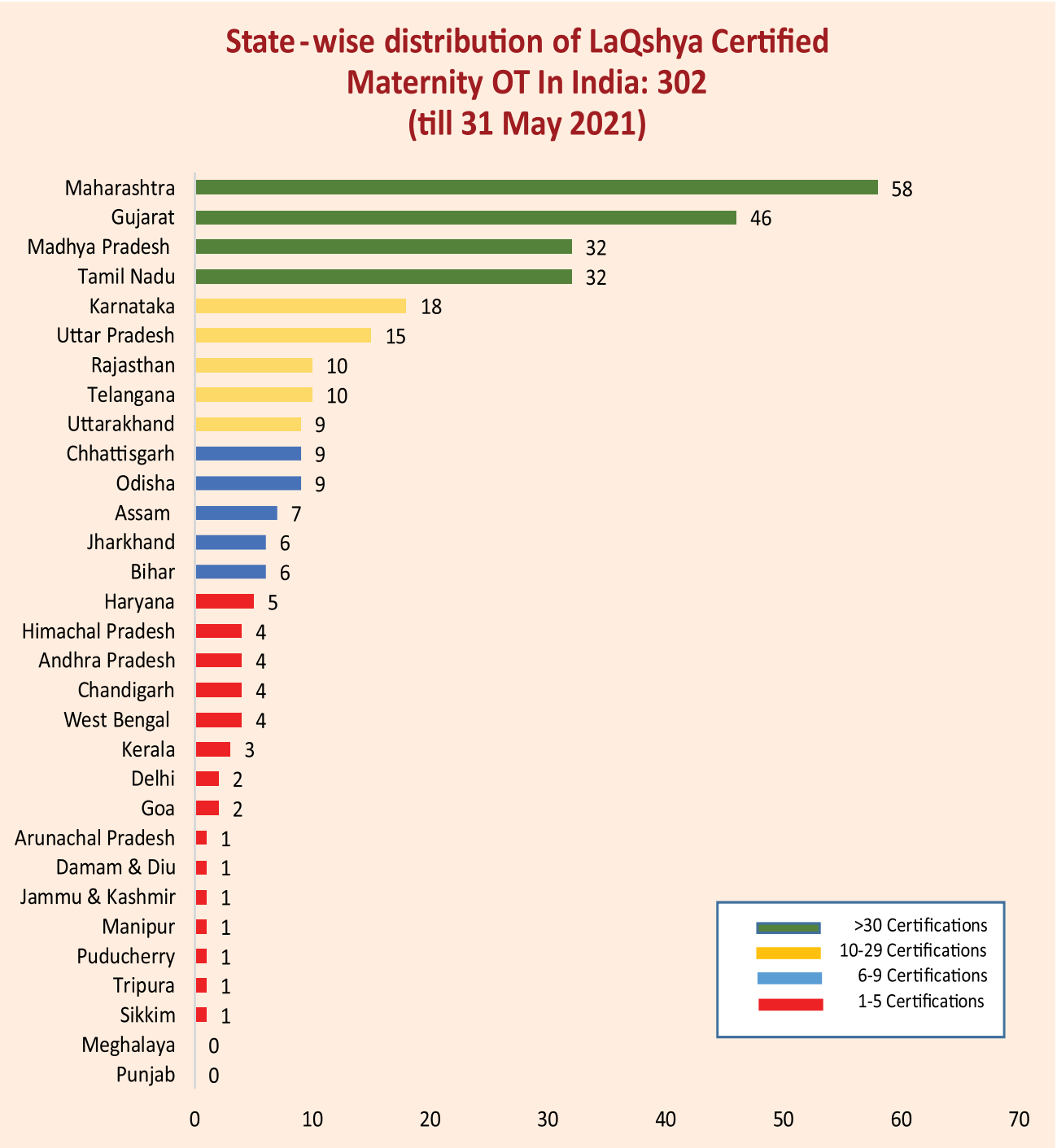

Figure 6.2: State-wise distribution of LaQshya Certified MOTs (till 31st May 2021)

F.2 Branding of LaQshya

Branding of LaQshya certified departments is one of the State level achievements under the Program. 'LaQshya Guidelines' mentions about the 'LaQshya Medals/Badges' as Platinum, Gold and Silver, based on the State assessment's quality scores of the Labour Rooms/Maternity OTs. The department (LR/MOT) achieving >90% score may be awarded the Platinum Badge, >80% score may be awarded the Gold Badge and >70% with the Silver Badge. The branding would not only encourage the facility staff but also builds confidence among the community about the quality of services delivered to them. The guidance note for 'Claiming the LaQshya Incentives and Branding' has been shared with the States/UTs

to encourage the State Quality Teams to acknowledge the awarded facilities at State level by branding their quality of Maternal and Child Health services. The States/UTs may brand the State certified departments in their respective regions by referring to the 'LaQshya Guidelines' and the 'Guidance note for claiming the LaQshya Incentives and Branding'.

G. QUALITY ASSURANCE UNDER NUHM

The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, particularly the poor and other disadvantaged sections. This is done by facilitating equitable access to quality health care, through a revamped primary public health care system, targeted outreach services and involvement of the community and urban local bodies. NUHM serves the objective of improving the primary healthcare facilities in urban India and making them easily accessible for the economically weaker sections of the society in these areas. It covers all State capitals, District headquarters, and other cities and towns with a population that exceeds 50,000, according to 2011 census. The scheme has been able to establish a system for convergence of all communicable and non-communicable disease programs through integrated planning and has provided a common platform of availability of all services at one point with a robust referral mechanism.

It is critical to ensure that the quality of health services provided in these Urban Primary Health Centres (U-PHCs) and Urban Community Health Centres (U-CHCs) meets the standard requirement and are acceptable to the beneficiaries. Hence, the National Quality Assurance Program in convergence with NUHM has been inclined to support the initiative since its inception.

G.1 NQAS and NUHM

December 2020 update of 'Quality Darpan' reported the status of baseline assessments of U-PHCs and the capacity building support rendered to the States/UTs for successful program implementation. The National Quality Certification of urban facilities serves as an indicator to evaluate the status of quality health service provision in these facilities. Total number of functional U-PHCs in India are 4889, out of which 89 U-PHCs have managed to attain National Quality Standards. Over the years, the States/UTs have scaled up the implementation of NQAS in urban facilities and are continuing their efforts for increasing the number of NQAS certifications of urban health facilities. Till 31st May 20201, out of total 891 NQAS certified public health facilities, 9.31% are urban health centres.

G.2 Kayakalp and NUHM

Similarly, the involvement of urban health centres under Kayakalp Award Scheme has also marked progress over the years from 2042 in FY 2017-18 to 3732 in FY 2019-20. As per the Kayakalp data, a total of 3630 urban health facilities have participated under the scheme in FY 2020-21. Till May 2021, a total of 2256 urban facilities (U-PHCs/U-CHCs) in 25 States/UTs have participated under the scheme out of total 3630 functional urban facilities in the respective States/UTs (data from States/UTs including Andaman & Nicobar Islands, Assam, Daman & Diu & Dadra & Nagar Haveli, Ladakh, Kerala, Lakshadweep, Puducherry, Punjab, Telangana, Uttar Pradesh and West Bengal has not been provided yet).

Eleven States/UTs (Andhra Pradesh, Chandigarh, Goa, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Meghalaya, Odisha, Sikkim and Tripura) which have declared the results of FY 2020-21, total 631 urban facilities (U-PHCs & U-CHCs) have been awarded under the Kayakalp scheme i.e. 56% of the total participated urban facilities of these States/UTs. Remaining States/UTs are yet to complete the process of external assessments followed by result declaration.

G.3 Other initiatives under NUHM

In addition, the Health Management Information Systems (HMIS) key performance indicators of quality improvement for urban health dashboard have been developed. As per the evaluated need for strengthening the capacity for Mera-aspataal integration of urban health & wellness centres (U-HWCs), a guidance note for integration of U-HWCs with Mera-aspataal has also been developed.

H. TRAINING AND CAPACITY BUILDING

Quality improvement trainings and capacity building enables SQACs, DQACs, Facility Quality Teams, Assessors and other stakeholders to strengthen their capabilities to implement and sustain effective healthcare services. The National Quality Assurance Program believes in the process of improvement by reducing risks and increasing opportunities. The training modules including Awareness Training (one day), Internal Assessors' Training (2 days), External Assessors' Training (5 days), Training for Service Providers (3 days), NUHM training etc. are periodically being evaluated and need-based training program are being added to the institutional training modules as per the requirement.

H.1 Status of Trainings conducted

A total of 35 virtual trainings have been conducted in FY 2020-21 as per requirement of the States/UTs. As mentioned under 'Support during COVID-19' of this document, the situational analysis has reported a need for training on Biomedical Waste (BMW) Management. As a result, a series seven State-wise online trainings on 'Infection Control Practices and BMW Management in COVID Care' have been conducted in May-June 2021. Capacity building for implementation of 'Eco-friendly' initiative under the Kayakalp and recently launched 'NQAS for HWC-SCs' has also been planned in the upcoming months. Till date, a total of 577 trainings under the National Quality Assurance Program have been conducted.

H.2 Quality Professionals under the Program

The trained human resource for quality improvement as reported in last update has a minimal variation since December 2020 till May 2021. The main reason being the engagement of healthcare professionals of States/UTs in COVID-19 related duties. As on 31st May' 2021, total number of External Assessors under the program are 511 and total number of Internal Assessors are 4569. Below figures illustrate the State/UT-wise distribution of External & Internal Assessors in India.

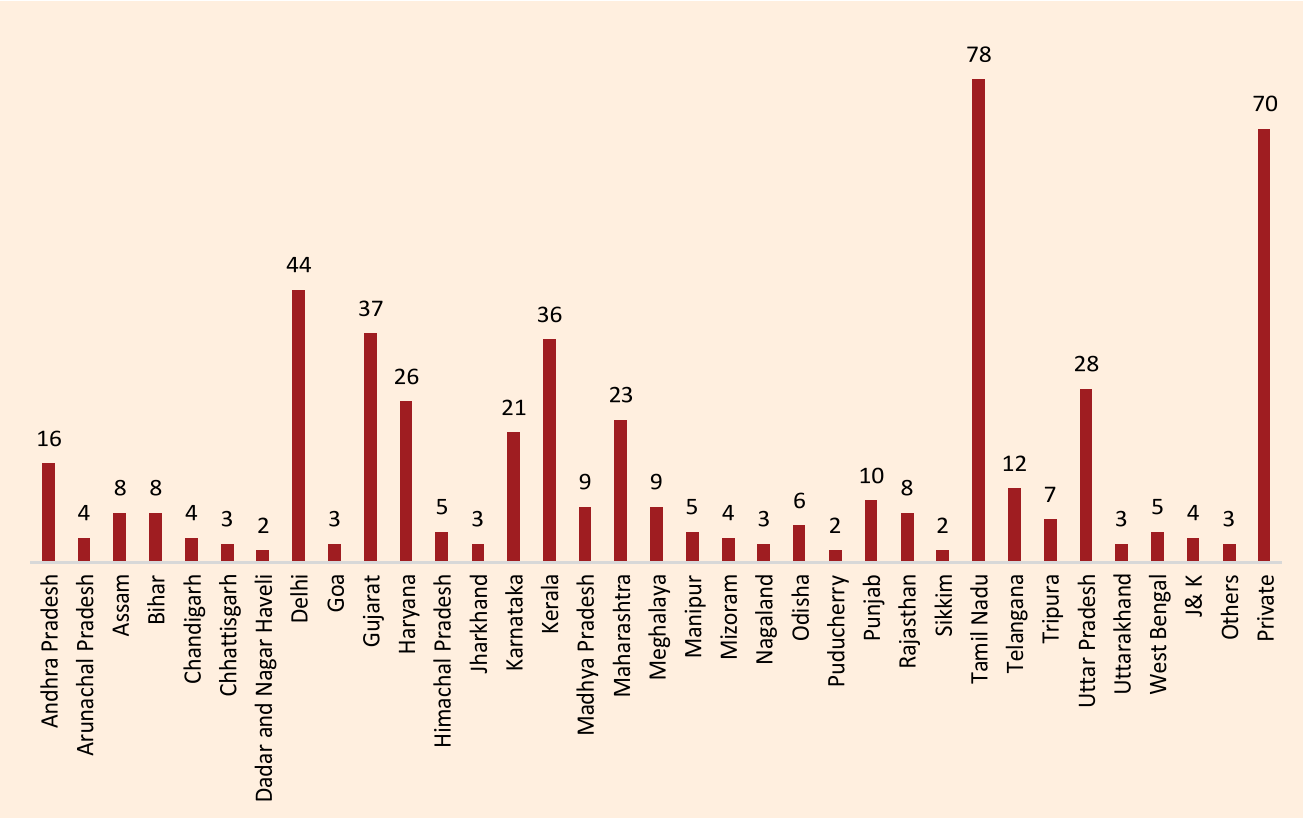

Figure 7.1: Total no. of External Assessors in India (as on 31st May 2021)

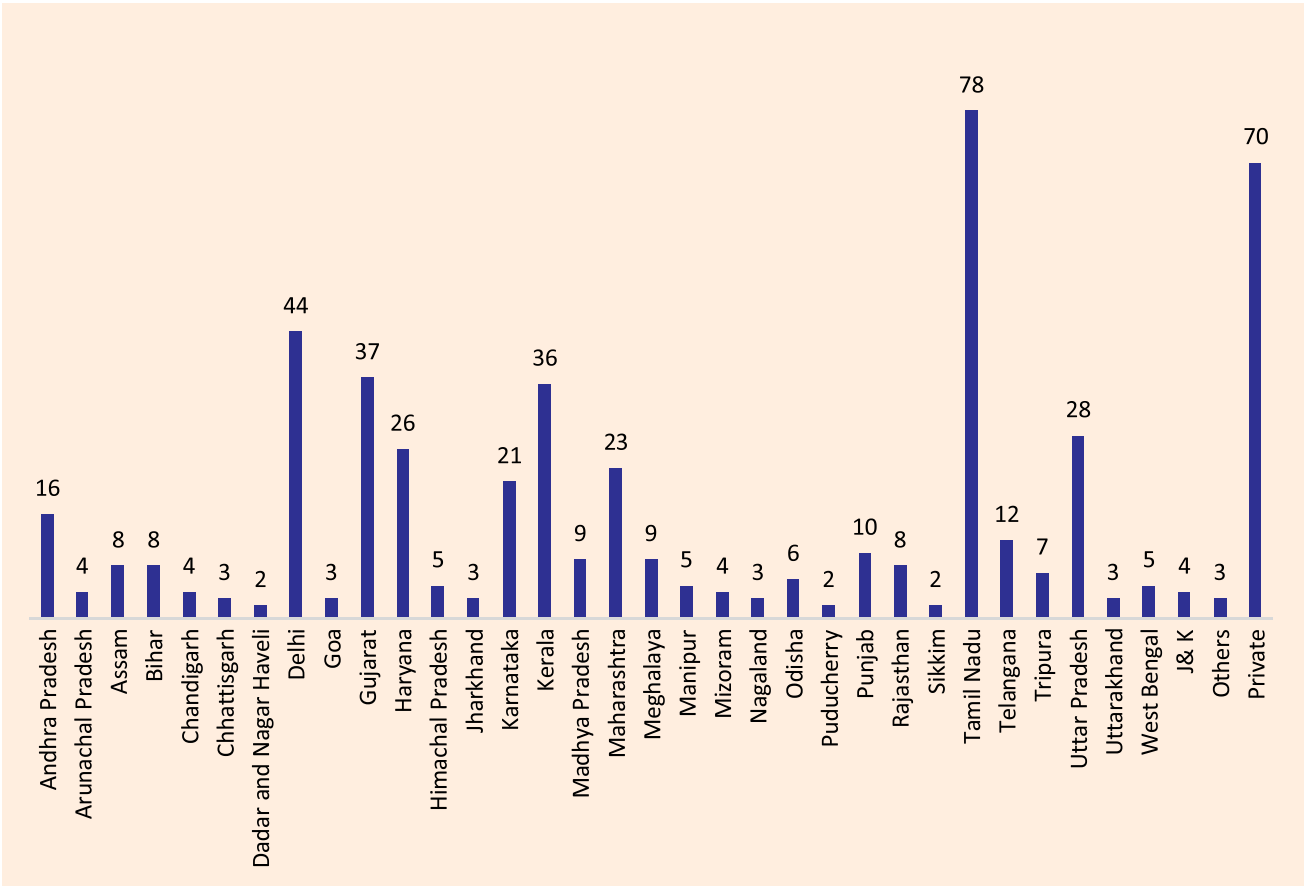

Figure 7.2: Total no. of Internal Assessors in India (as on 31st May 2021)

I. VISION AHEAD

The health systems across the Country have benefitted by the initiatives undertaken under the National Quality Assurance Program. Over the years, the program has built an environment where all the program stakeholders intersect under one roof and works towards the continuous Quality Improvement.

Few upcoming initiatives under the National Quality Assurance Program have been enlisted below:

- Launch of 'Child Friendly Service Initiatives under the NQAS'.
- Development of 'NQAS for Oncology and Elderly Care Services'.
- Expansion of scope of NQAS with quality standards for 'Data management and E-Record Maintenance'.
- Development of an App for 'SCAET' (Skill and Competence Assessment & Enhancement Tool).
- Development of a framework for engaging family and community in patient care.
- Development of 'NQAS for implementation of Patient Safety Framework.
- Development E-STAG for dissemination of Standard Treatment Guidelines (STGs).

The document, as titled, 'Quality Improvement: A Positive Deviation from Risks to Opportunities'; embraces the efforts undertaken under the program over the years. The program evaluation portrays the opportunities of improvement offered by the program interventions for the process owners. The National Quality Assurance Program, with similar fervor; will work towards healthcare quality in India.

J. ANNEXURES

ANNEXURE I

State & Category-wise distribution of NQAS Certified Public Health Facilities in India (till 31st May 2021)						
States/UTs	DH	SDH	CHC	PHC	U-PHC	Grand Total
Andhra Pradesh	9	16	21	29		75
Arunachal Pradesh				1		1
Assam	2			4	1	7
Bihar	1			1		2
Chhattisgarh	7		6	10		23
Dadra & Nagar Haveli	1			1		2
Delhi	6					6
Gujarat	6		3	132	16	157
Haryana	10	1	5	84	12	112
Himachal Pradesh	1		1			2
Jammu & Kashmir	3		1			4
Jharkhand	1					1
Karnataka	8			11	5	24
Kerala	3	4	7	79	26	119
Madhya Pradesh	5			1		6
Maharashtra	1	1	1	53		56
Manipur	2			1		3
Meghalaya				2		2
Mizoram	1				1	2
Nagaland					1	1
Odisha	2		2		5	9
Punjab	8	1	1	1	3	14
Rajasthan	4		5	9	3	21
Tamil Nadu	14	13	22	29	3	81
Telangana	7	1		90	6	104
Tripura		1		4		5
Uttar Pradesh	26		2	11	1	40
Uttarakhand	2			1		3
West Bengal	5	1	3			9
Grand Total	**135**	**39**	**80**	**554**	**83**	**891**

ANNEXURE II

State-wise details of Kayakalp assessments status till 31st May 2021			
State/UT	**Total no. of Internal Assessments conducted**	**Total no. of Peer Assessments conducted**	**Total no. of External Assessments conducted**
Andaman and Nicobar Islands	0	0	0
Andhra Pradesh	2679	1963	1844
Arunachal Pradesh	124	124	14
Assam	0	0	0
Bihar	445	256	96
Chandigarh	41	41	41
Chhattisgarh	1753	680	0
Damam Diu & Dadra Nagar Haveli	0	0	0
Delhi	35	33	0
Goa	76	42	26
Gujarat	5533	4853	3922
Haryana	637	272	242
Himachal Pradesh	760	277	195
Jammu and Kashmir	592	149	0
Ladakh	0	0	0
Jharkhand	430	298	200
Karnataka	3316	0	0
Kerala	0	0	0
Lakshadweep	0	0	0
Madhya Pradesh	1829	784	380
Maharashtra	1742	1134	244
Manipur	187	100	92
Meghalaya	233	76	76
Mizoram	83	73	0
Nagaland	196	49	45
Odisha	1976	993	786
Puducherry	0	0	0
Punjab	0	0	0
Rajasthan	4315	3945	536
Sikkim	30	28	26
Tamil Nadu	3207	2296	2096
Telangana	0	0	0
Tripura	355	355	116
Uttar Pradesh	0	0	0
Uttarakhand	410	378	85
West Bengal	0	0	0
Grand Total	**30984**	**19199**	**11062**

ANNEXURE III

State-wise and Financial year-wise distribution of NQAS Certified Facilities in India (till 31st December' 2020)	
State/UT	**Total no. of Facilities scoring 70% or more score in Kayakalp external assessment**
Andaman and Nicobar Islands	Result not declared
Andhra Pradesh	1519
Arunachal Pradesh	Result not declared
Assam	Result not declared
Bihar	96
Chandigarh	28
Chhattisgarh	Result not declared
Damam Diu & Dadra Nagar Haveli	Result not declared
Delhi	Result not declared
Goa	19
Gujarat	1410
Haryana	207
Himachal Pradesh	156
Jammu and Kashmir	Result not declared
Ladakh	Result not declared
Jharkhand	Result not declared
Karnataka	Result not declared
Kerala	Result not declared
Lakshadweep	Result not declared
Madhya Pradesh	220
Maharashtra	229
Manipur	90
Meghalaya	26
Mizoram	Result not declared
Nagaland	Result not declared
Odisha	586
Puducherry	Result not declared
Punjab	Result not declared
Rajasthan	1495
Sikkim	17
Tamil Nadu	Result not declared
Telangana	Result not declared
Tripura	87
Uttar Pradesh	Result not declared
Uttarakhand	Result not declared
West Bengal	Result not declared
Grand Total	**6185**

ANNEXURE IV

State & Category-wise list of Healthcare Facilities Integrated with Mera-aspataal (as on 31st May 2021)											
State/UT	Central Government Institutions	Medical College Hospitals	District Hospitals	SDHs	CHCs	PHCs	U-PHCs	Private Medical Colleges	Private Hospitals	Others	Grand Total
Andhra Pradesh	1		16	48	174						239
Arunachal Pradesh			16								16
Assam	1										1
Bihar	1		37								38
Chandigarh	1	1	2								4
Chhattisgarh	1	1	21								23
Dadra and Nagar Haveli			1	1	2	7					11
Daman and Diu			2								2
Delhi	7	1	31	1						3	43
Goa			2	1							3
Gujarat		20	24	33	282	1164	266		161	2	1952
Haryana		4	23	6	4	1	25				64
Himachal Pradesh			11	7	1	1					20
Jammu and Kashmir			23	5	16	1	1				46
Jharkhand	1		24	3	50		1				79
Karnataka	1	2	38	59							101
Kerala			5	24	277	692	1			1	1000
Madhya Pradesh	1		58				140			6	205
Maharashtra	3		45	92	358						498
Manipur	1		7								8
Meghalaya	1		12								13
Mizoram			9				2				11
Nagaland			11								11
Odisha	1		32								33
Puducherry	1		1								2
Punjab	1		21	11							33
Rajasthan	1	32	28	25	527	5	39				657
Sikkim			4								4
Tamil Nadu			31					19	530		580
Telangana		2	22	23	47	605	220				919
Tripura			8	11							19
Uttar Pradesh	2	2	157		715						877
Uttarakhand	1	1	19	19	71	479	38	2	1	11	642
West Bengal	1	1									2
Grand Total	**28**	**67**	**741**	**369**	**2524**	**2955**	**733**	**21**	**692**	**23**	**8156**

ANNEXURE V

Financial year-wise status of CHCs approved under SSS Scheme				
State/UT	FY 2018-19	FY 2019-20	FY 2020-21	Grand Total
Andhra Pradesh	0	0	0	0
Arunachal Pradesh	2	2	2	6
Assam	26	10	30	66
Bihar	11	24	97	132
Chandigarh	0	0	0	0
Chhattisgarh	13	0	0	13
Delhi	0	0	0	0
Goa	0	0	0	0
Gujarat	0	0	12	12
Haryana	0	0	0	0
Himachal Pradesh	0	5	0	5
Jammu and Kashmir	6	21	17	44
Jharkhand	22	48	24	94
Karnataka	71	70	16	157
Kerala	152	0	0	152
Ladakh	0	0	1	1
Madhya Pradesh	50	246	0	296
Maharashtra	193	116	50	359
Manipur	0	0	0	0
Meghalaya	10	1	3	14
Mizoram	3	4	0	7
Nagaland	0	0	4	4
Odisha	4	37	222	263
Punjab	40	23	0	63
Rajasthan	100	100	40	240
Sikkim	2	0	0	2
Tamil Nadu	35	10	10	55
Telangana	31	15	17	63
Tripura	0	0	1	1
Uttar Pradesh	16	5	10	31
Uttarakhand	298	0	0	298
West Bengal	0	0	85	85
Andaman and Nicobar Islands	0	0	0	0
Dadra and Nagar Haveli	0	0	0	0
Daman and Diu	0	0	0	0
Lakshadweep	0	0	0	0
Puducherry	4	0	0	4
Grand Total	**1089**	**737**	**641**	**2467**

ANNEXURE VI

State and Category-wise LaQshya Certified Labour Rooms (till 31st May' 2021)					
State/UT	**Medical Colleges**	**DHs**	**SDHs**	**CHCs**	**Grand Total**
Andhra Pradesh		4	2		6
Arunachal Pradesh		1			1
Assam		7			7
Bihar		10	1		11
Chandigarh		4			4
Chhattisgarh	1	6	1	3	11
Dadra & Nagar Haveli		1	1		2
Damam & Diu		1			1
Delhi		2			2
Goa	1	1	1		3
Gujarat	11	23	4	13	51
Haryana		7	2	2	11
Himachal Pradesh		5			5
Jammu & Kashmir				1	1
Jharkhand	1	6		1	8
Karnataka	1	16			17
Kerala		3			3
Madhya Pradesh		41		9	50
Maharashtra		24	40		64
Manipur		2			2
Meghalaya					
Mizoram		1			1
Odisha	1	7		1	9
Puducherry		1			1
Punjab		5			5
Rajasthan		13	1		14
Sikkim		1			1
Tamil Nadu	7	20	5		32
Telangana		9	1	1	11
Tripura		1	1		2
Uttar Pradesh		17			17
Uttarakhand	1	4	5	3	13
West Bengal	1	1	2		4
GRAND TOTAL	**25**	**244**	**67**	**34**	**370**

ANNEXURE VII

State and Category-wise LaQshya Certified Maternity OTs (till 31st May' 2021)					
State/Ut	Medical Colleges	DH	SDH	CHC	Grand Total
Andhra Pradesh		4			4
Arunachal Pradesh		1			1
Assam		6	1		7
Bihar		6			6
Chandigarh		4			4
Chhattisgarh	1	5	1	2	9
Damam & Diu		1			1
Delhi		2			2
Goa		1	1		2
Gujarat	11	23	4	8	46
Haryana		1	1	3	5
Himachal Pradesh		4			4
Jammu & Kashmir				1	1
Jharkhand	1	4		1	6
Karnataka	2	16			18
Kerala		3			3
Madhya Pradesh		31		1	32
Maharashtra		23	35		58
Manipur		1			1
Meghalaya					
Odisha	1	7		1	9
Puducherry		1			1
Punjab					
Rajasthan		9	1		10
Sikkim		1			1
Tamil Nadu	7	20	5		32
Telangana		8	1	1	10
Tripura		1			1
Uttar Pradesh		15			15
Uttarakhand	1	4	4		9
West Bengal	1	1	2		4
GRAND TOTAL	**25**	**203**	**56**	**18**	**302**

K. REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Crossing the global quality chasm: Improving health care worldwide. Washington (DC): The National Academies Press; 2018 (https://www.nap.edu/catalog/25152/crossing-the-global-quality-chasm-improving-health-care-worldwide, accessed 26 July 2019).
2. Ross S, Bond C, Rothnie H, Thomas S, Macleod MJ. What is the scale of prescribing errors committed by junior doctors? A systematic review. British Journal of Clinical Pharmacology. 2009 June.
3. Velo GP, Minuz P. Medication errors: prescribing faults and prescription errors. British Journal of Clinical Pharmacology 2009.
4. Bates DW, Cullen D, Laird N, Petersen LA, Small SD, Servi D, et al. Incidence of adverse drug events and potential adverse drug events: Implications for prevention. JAMA 1995; 274:29-34.
5. 'Fundamentals first: Universal water, sanitation, and hygiene services in health care facilities for safe, quality care': WHO, UNICEF, December 2020.
6. Cleary PD, Edgman-Levitan S. Health care quality, incorporating consumer perspectives. JAMA. 1997;278:1608-12.
7. International Institute of Population Sciences and ICF.2017. NFHS-4, 2015-16: India. Mumbai: IIPS.

LAQSHYA
लक्ष्य

L. LIST OF CONTRIBUTORS

Author

1. Dr Shivali Sisodia, Consultant-Quality Improvement, NHSRC

National Team, Quality Improvement

National Health Systems Resource Centre, New Delhi

1. Dr J N Srivastava, Advisor
2. Dr Deepika Sharma, Senior Consultant
3. Dr Shivali Sisodia, Consultant
4. Dr Arvind Prakash Srivastava, Consultant
5. Dr Sushant Agrawal, Quality Assurance Expert, ADB
6. Dr Arpita Agrawal, Consultant
7. Dr Chinmayee Swain, Consultant
8. Ms Vinny Arora, Consultant
9. Ms Indu Suryawanshi, Secretarial Assistant

Regional Resource Centre for North-Eastern States, Guwahati

1. Dr Ashoke Roy, Director, RRC-NE
2. Mr Anupjyoti Basistha, Consultant

Certification Unit, Quality Improvement, NHSRC, New Delhi

1. Mr Gulam Rafey, Consultant
2. Dr Abhay Kumar, Data Analyst
3. Dr Neeti Sharma, Consultant
4. Dr Alisha Dub, Consultant
5. Mr Divyanshu Bharadwaj, Junior Consultant

Reviewers

1. Dr Sachin Mittal, Director-NHM II
2. Maj Gen (Prof) Atul Kotwal, Executive Director, NHSRC
3. Dr J N Srivastava, Advisor-QI, NHSRC
4. Dr Ashoke Roy, Director, RRC-NE

National Health Systems Resource Centre

NIHFW Campus, Baba Gangnath Marg, Munirka, New Delhi-110067

Design & Printed by by Royal Press #93101 32888