



An update on National Quality Assurance Program

Vol. 2, No. 11, December 2021

**Ministry of Health & Family Welfare
Government of India**



'QUALITY DARPAN'

An update on National Quality Assurance Program

December 2021

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'QUALITY AND PATIENT SAFETY'

To provide an updated status of key interventions and activities under the program, the bi-annual update of 'Quality Darpan' was first published in June 2020. This six-monthly update was released with an aim to provide the nation-wide status, which may serve the States and Union Territories in comprehending their progress and addressing the challenges in program implementation. Subsequently, two more versions of the update were released in December 2020 and June 2021. 'Quality Darpan: An update of National Quality Assurance Program' was released by the Hon'ble Union Minister of Health & Family Welfare on 17th September 2021.

Quality improvement in healthcare is directly related the process-driven approach, level of patient satisfaction, efficiency of service delivery and the health outcome. The systematic approach undertaken so far, under the National Quality Assurance Program has led to measurable improvement in the quality of healthcare services at Public Health Facilities in the country. The last three versions of 'Quality Darpan' have documented many such initiatives for improving the quality of care, which supports attainment of the program objectives of achieving safe and patient-centric benchmarked care.

The complexity of health care systems and delivery of services, the unpredictable nature of health care and the regional variations make the implementation of the interventions challenging under the National Quality Assurance Program. Improvement involves a substantial shift from the traditional methods of healthcare delivery and addressing challenges that can improve the patient care. This update of December 2021 provides a brief report on such achievements under the program in the past six months.

I. Latest Updates

a) Patient Safety Initiative

The 72nd World Health Assembly (WHA), vide its resolution WHA 72.6 on 28 May 2019 urged the member countries to keep patient safety as a key strategic priority in the universal health coverage (UHC) agenda. The resolution further requests all member countries to develop normative guidance on minimum standards, policies, best practices and tools for patient safety, including safety culture, human factors, hygiene infrastructure, clinical governance and risk management. Since then, 17th September is observed as the 'World Patient Safety Day' (WPSD) every year.

The overall objectives of WPSD are to enhance understanding of patient safety, to increase public engagement in health care safety and to promote actions to prevent and reduce avoidable harm in health care. Each year a theme is selected to focus on a priority area, critical to patient safety embedded in the Universal Health Coverage.



Figure 1.1: Patient Safety Week 2021

Patient Safety Week

The National Health Systems Resource Centre (NHSRC) had organized a national webinar on the theme of WPSD for the year 2020 'Health Worker Safety: A Priority for Patient Safety', wherein speakers from the Ministry of Health and Family Welfare (MoHFW), World Health Organization, Aravinda Eye Care System, Tuscany North-West Trust, Italy and International Society for Quality in Healthcare (ISQUUA) were invited.

Likewise, the theme selected by WHO for World Patient Safety Day 2021 is 'Safe Maternal and Newborn Care', highlighting the significant burden of risks and harm which women and newborns are exposed to, when receiving unsafe care during childbirth.

On the occasion of WPSD 2021, the MoHFW celebrated 'Rogi Surasha Saptah' (Patient Safety Week) from 11th to 17th September 2021. The NHSRC had organized a series of webinars from 11th to 16th September 2021 on topics related to ensuring safe maternal care, newborn care, medication safety, safety in ambulatory care, radiation safety and fire safety. A daily average of 200 participants from the States and Union Territories attended the national webinars.

In addition, the States and Union Territories were provided with a detailed day-wise action plan to commemorate the day and the states were encouraged to utilize it along with the liberty to add more activities, if desired.

Hon'ble Union Minister of Health & Family Welfare, Shri Mansukh Mandaviya inaugurated the Patient Safety Day on 17th September 2021 and appreciated the efforts undertaken by the States and UTs during the 'Patient Safety Week'. Nearly 3000 participants attended the event. Hon'ble Health Minister highlighted the different steps undertaken by the Government of India to ensure a safe health care system including the National Patient Safety Implementation Framework, the National Quality Assurance Programme, the Kayakalp award scheme and the LaQshya Program. The participants showed their commitment towards the MoHFW's vision of ensuring Patient Safety in the country by taking the 'Patient Safety Pledge'.



Figure 1.2: Hospital Staff taking Patient Safety Pledge

Appreciating the State efforts in implementation of National Quality Assurance Standards, Hon'ble Union Minister of Health & Family Welfare virtually felicitated the States and Union Territories. The best performing States and Union Territories were selected based on the performance in program implementation, by dividing them in four criteria, i.e., high focus states excluding north-east, high focus states in north-east, non-high focus large states, non-high focus small states and UTs.

Based on the mentioned categories, first prize was given to the States of Manipur, Andhra Pradesh, Telangana and Uttar Pradesh under DH and SDH category and second prize to Jammu & Kashmir, Chhattisgarh, Gujarat and Tamil Nadu. Under CHC category, the States of Haryana, Andhra Pradesh and Tamil Nadu were awarded the first prize; followed by Jammu & Kashmir, Chhattisgarh and West Bengal as the runner-up. Manipur, Haryana & Telangana received the first prize under PHC category and Tripura, Kerala & Madhya Pradesh got second prize. Under U-PHC category, the States of Nagaland, Kerala and Gujarat received the first prize, while Mizoram, Haryana and Telangana were the second prize winners.

Similarly, the awards were distributed for the successful implementation of the LaQshya program. For LaQshya certified Labour Rooms, Chandigarh, Goa and Dadra Nagar Haveli & Daman & Diu were awarded the first, second and third prize, respectively under the small States/UTs category. Under the category of large States, Gujarat received the first prize, followed by Uttarakhand and Maharashtra as the second and third prize winners. For LaQshya certified Maternity OTs in small states category, awards were given to Chandigarh, Puducherry and Goa while Gujarat, Madhya Pradesh and Maharashtra received awards under the large states category.

The felicitation was followed by technical sessions on 'Key priorities under global patient safety action plan 2021-2030, Patient Safety in Maternal and Newborn Health and Pharmacovigilance Program in India' from the experts of WHO and esteemed institutions including AIIMS-New Delhi and John Hopkins University.

The celebration of Patient Safety Week further emphasized that Patient Safety is an integral part of the Quality Improvement and safe and high-quality healthcare signifies the achievement of right care, at right time, in right place, and at right cost, thereby building a sustainable health system. The Quality Improvement Division, NHSRC has been working in this direction since inception and by comprehending the efforts undertaken so far, the Division has been renamed as 'Quality and Patient Safety Division' from 1st January 2022.

b) Launch of New Guidelines/Schemes

Operational Guidelines for Improving Quality in Public Health Facilities 2021

With emerging needs and the expanded scope of the National Quality Assurance Program to ensure the quality and patient-centric care, the 'Operational Guidelines for Quality Assurance in Public Health Facilities 2013' have been revised as the 'Operational Guidelines for Improving Quality in Public Health Facilities 2021'. Over the years, the program has evolved and has periodically added new initiatives/interventions under its ambit, which includes LaQshya, MusQan, AEFI Surveillance, Kayakalp etc. Additionally, the certification process under the NQAS has strengthened over the period, which has increased the program's visibility and the benefits of its implementation among the public health facilities. Keeping in view, all the new interventions and strategic approaches undertaken by the program, throughout this period, the revised guidelines were developed. The guidelines encompass a comprehensive framework for measurable improvements in quality of care by providing a roadmap for effective planning and systematic implementation of Quality Management System, with defined roles and responsibilities of the program stakeholders.

The guidelines were launched on 17th September 2021 by the Hon'ble Union Minister of Health & Family Welfare, Government of India and have effectively been disseminated to the States and Union Territories.



Figure 1.3: Launch of 'Operational Guidelines for Improving Quality in Public Health Facilities 2021'

MusQan: Ensuring Child Friendly Services

With an aim to ensure the childcare around birth, a new initiative named 'MusQan: Ensuring Child Friendly Services' has been introduced under the ambit of NQAS. MusQan intends to ensure timely, appropriate, quality and safe services in public healthcare facilities from birth to 12 years of age. It aims to achieve a persuasive transition in the existing models of neonatal and paediatric care delivered at the public health facilities, by converting it into safe and child friendly care. The 'MusQan' Guidelines constitutes the NQAS checklists for Out-

patient Department (OPD), Special New-born Care Unit (SNCU)/New-Born Stabilization Unit (NBSU), Pediatric Ward and Nutrition Rehabilitation Centre (NRC), based on which the quality of delivered care in the respective departments can be assessed. The scheme was launched on the 17th of September 2021' by the Hon'ble Union Minister of Health, Sh. Mansukh Mandaviya.

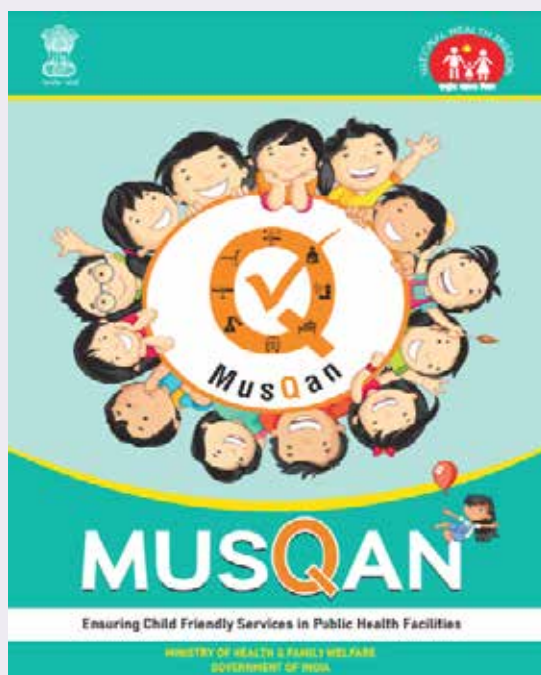


Figure 1.4: MusQan Guidelines

II. Other Developments

a) Prescription Audit Guidelines

'Prescription' is one of the significant components of a clinical process and so is the 'Prescription Audit'. The use of Prescription audit for assessing the nature of prescription errors and establishing standards has thus become one viable solution for this problem. As envisaged under the program, the 'Prescription Audit Guidelines' have effectively been disseminated in the States/UTs on 12th August 2021. It aims to aid as a tool to measure and monitor the prescription, followed by gap analysis and improvement to enable the patient to receive right care. The consistent efforts are being undertaken to advocate to the States/UTs that substantial coordinated efforts between the facility Quality Teams and the Clinicians is crucial in effective implementation of these guidelines.

b) IT-enabled NQAS Certification System

The use of Information Technology in the Certification Process under the NQAS had been highlighted in the previous update. An automated system of Certification under the NQAS has successfully been initiated as a collaborative partnership between NHSRC, New Delhi and the Centre for Development of Advanced Computing (C-DAC).

In addition, the 'Interim Software for Certification Process' has been made fully functional from 5th October 2021 onwards, for which a National Level orientation had been provided to the State Quality Teams. To ensure the confidentiality of the data, each State and UT has been provided with a login id and password, separately. To further ease the process, 'Interim Software Manual' has also been circulated to the States. Till date, all the States/UTs have successfully implemented the automated process for the certification.

c) Effective dissemination of Standard Treatment Guidelines

The pandemic of COVID-19 has highlighted the importance of digital technology to enhance the accessibility of high-quality evidence-based data and the treatment guidelines/protocols in remote locations, which directly contributes to better healthcare outcomes of the country.

The NHSRC in collaboration with the Indian Council of Medical Research-National Institute of Epidemiology (ICMR – NIE) is in process of developing an e-learning application on Standard Treatment Guidelines (ESTAG), for effective and meaningful dissemination of the Standard Treatment Guidelines (STGs). The Steering Committee for the same has been constituted for the overall supervision of the project and the Working Group of NIE for pilot testing the application. The E-learning application shall be developed in web as well mobile (android and iOS) where participants could be able to self-register for undergoing the e-course, followed by self-evaluation and generation of an e-certificate.

d) Skill and Competence Assessment & Enhancement Tool (SCAET)

Delivering quality service requires quality human resource with adequate knowledge and technical skills as per the job requirement and to ensure the same, assessing the skills and competency of the human resource becomes important. Skill and Competence Assessment & Enhancement Tool (SCAET) is envisaged to establish a system of continuous assessment of competencies of health care providers and to plan the need-based training and skill enhancement programs. Additionally, the competency evaluation may potentially provide an opportunity for the development of a 'Competency-based Management System' that can be used for workforce planning, recruitment, and development, as well as performance management of health care providers. The draft paper of SCAET is under development.

III. National Quality Assurance Standards

The launch of revised Operational Guidelines in 2021 has drawn the attention of States and UTs towards a well laid operational plan and the roadmap for progressive implementation of the National Quality Assurance Program. It has further been supported by the MoHFW's advisory (on 1st October 2021) to the States (attached as Annexure 'A'), wherein targets for FY 2021-22 and four consecutive years (from FY 2022-23 to FY 2025-26) for NQAS certifications of public health facilities have been defined for each of the respective States and Union Territories.

Reinforcing the uptake of the defined roadmap, 'Two-days National level QA Nodal Officers Workshop' had been conducted in December 2021. The workshop was intended to review the efforts undertaken by the States and Union Territories in the program implementation and discuss the roadmap for substantial progress. The workshop also provided a platform for cross learning the innovations and ideas for better implementation of the National Quality Assurance Program. Key action points identified after the conduct of nodal officers' workshop are:

- NQAS orientation of District Magistrates,
- To prepare a branding guidance document for public recognition of the NQAS nationally and state certified facilities,
- Increasing the visibility of the program at top level in the State's Health Department,
- To conduct quarterly review meetings at the national and state level,
- To strengthen state certification mechanism by mandatory submission of evidence of state assessment and certification.



Figure 1.5: National level QA Nodal Officers Workshop: 16th-17th Dec 2021

Status of NQAS

The last update had reported the detailed data of physical and virtual certified public health facilities across the country. In view of the improved situation of the pandemic and relaxation in the inter-state travel by the Government of India, the physical assessments were subsumed from 1st September 2021 onwards, followed by which the external assessment teams were deputed for the assessments after due consent of the team members.

The resumption of physical assessments has led to an increase in number of NQAS certifications of the public health facilities from 891 (in May 2021) to 1368 (till 31st December 2021). The State-wise details NQAS Certified Facilities has been provided in 'Annexure B'. This upsurge of 477 number of certifications in past seven months reveals the extra efforts undertaken by the State, District and Facility Quality Teams, despite managing the challenges posed by COVID-19. As mentioned earlier, the targets defined by the MoHFW for progressive annual increment in number of NQAS certified facilities are expected to further aid the States/UTs in strategic planning. Below figure shows the Quarter-wise Progress of NQAS Certified Public Health Facilities in FY 2021-22, where Q1, Q2 and Q3 depicts the three quarters from January 2021 till December 2021.

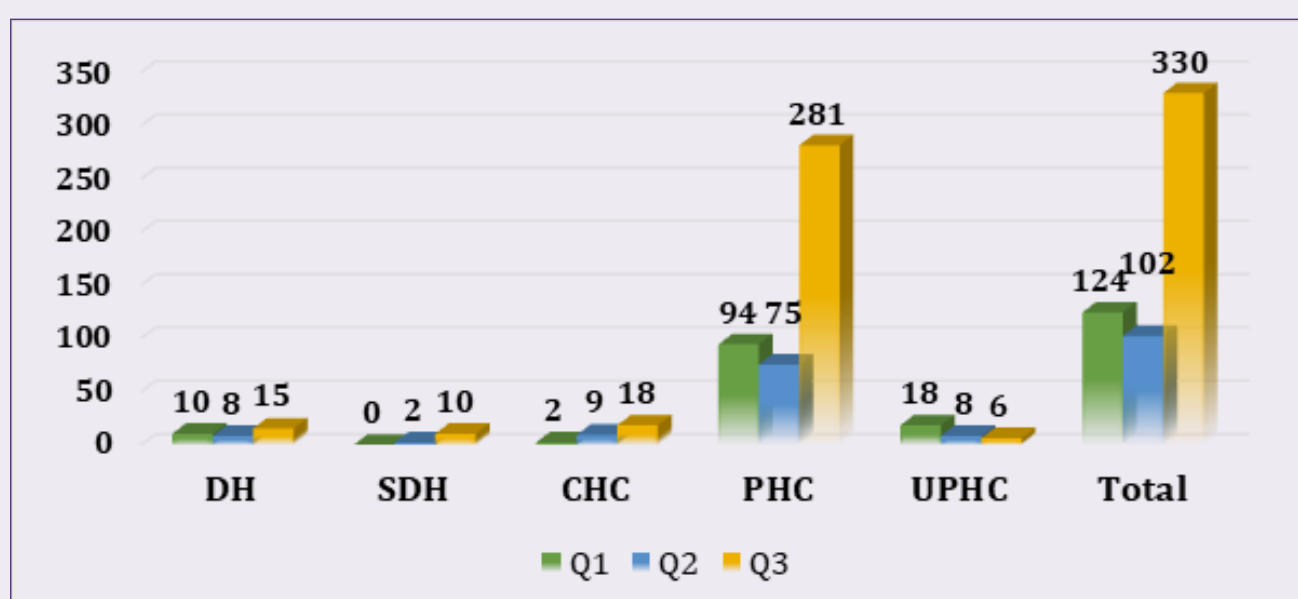


Figure 1.6: Quarter-wise Progress of NQAS Certified Facilities in FY 2021-22

Figure 1.7 shows the State-wise distribution of the NQAS certified facilities in the country as on 31st Dec 2021. The figure shows the highest number of certifications (362) in Andhra Pradesh, followed by Gujarat (191), Kerala (138), Haryana (122), Tamil Nadu (119) and Telangana (113). The States/UTs including Sikkim, Andaman & Nicobar Islands, Chandigarh, Goa, Ladakh, Lakshadweep and Puducherry have still not initiated the external assessments under the NQAS.

State-wise distribution of NQAS Certified Public Health Facilities In India: 1368 (till 31st Dec 2021)

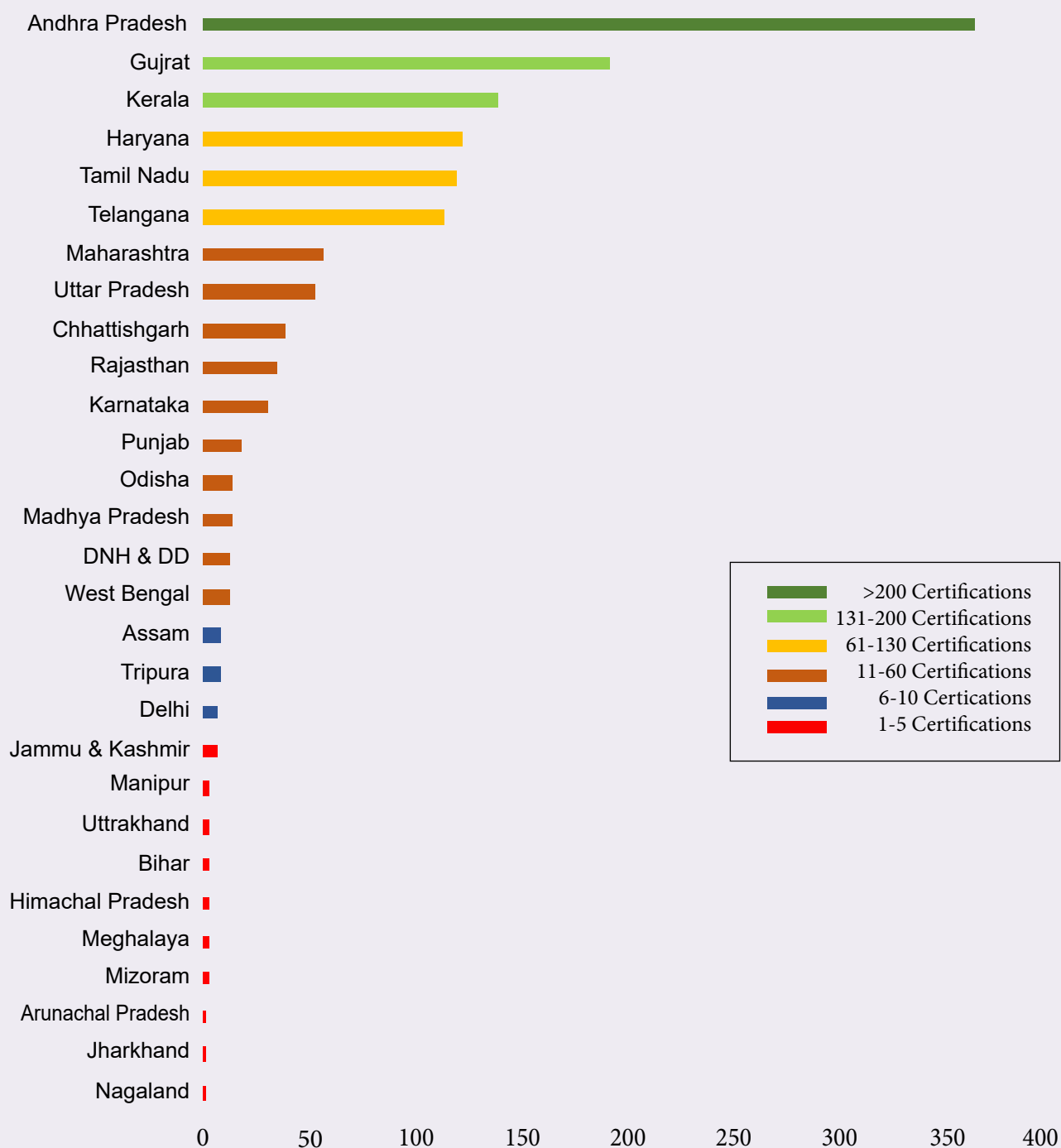


Figure 1.7: State/UT-wise distribution of NQAS certified Public Health Facilities

National status of category-wise distribution of the NQAS certified public health facilities (till 31st Dec 2021) can be seen in figure 1.8.

Category-wise distribution of NQAS Certified Public Health Facilities (till 31st Dec 2021)

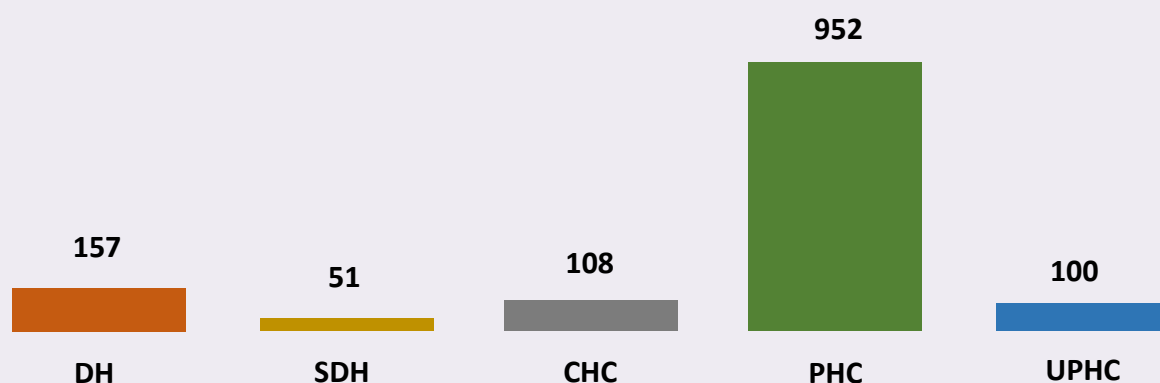


Figure 1.8: Category-wise number of NQAS certified facilities in India

NQAS Certification of SUMAN Notified Facilities

Under the Surakshit Matritva Aashwasan (SUMAN) initiative, assured quality services are committed to be delivered to all pregnant women, mothers up to six months after delivery and all sick infants at SUMAN notified public health facilities.

The MoHFW has communicated to the States and UTs that all the SUMAN notified facilities are expected to be initially State NQAS certified, followed by National certification of the respective facilities within six months of notification. Also, in case the Quality certification of all departments is not possible, the departments where SUMAN beneficiaries would be availing the services, needs to be NQAS certified.

Till date, 9176 facilities have been notified under SUMAN, out of which 715 facilities are NQAS National and 1786 facilities are NQAS State certified, respectively.

To expedite the certifications of remaining SUMAN notified facilities, a 'National Workshop on NQAS Certification of SUMAN Notified Facilities' had been conducted on 13th October 2021. In addition, a guidance note has been disseminated to the States for implementing the NQAS certification in the SUMAN notified facilities.

Expanded Scope of the NQAS

a) NQAS for Health & Wellness Centres

The announcement of Ayushman Bharat with its twin pillars of Health & Wellness Centres (HWCs) for the provision of Comprehensive Primary Healthcare and the Pradhan Mantri Jan Arogya Yojana represents a paradigm shift towards India's path to Universal Health Coverage (UHC). The HWCs have been envisaged to deliver an expanded range of primary care services, which addresses the need of the population, thus extending the access, universality and equity in healthcare service delivery. More than 81,000 HWCs have become operationalized till date.

Since the Government is focusing not only on the availability of services but the quality of the available services too, it seemed important to introduce the quality standards in the HWCs. As a result, the 'National Quality Standards for Health & Wellness Centres- Sub Centres (HWC-SCs)' were introduced and had been disseminated to the States/UTs through the 'National dissemination workshop for Quality Standards of HWCs-SC' which was held on 2nd July 2021. Followed by this, a series of State-level dissemination workshops have been conducted

in the month of October 2021 for the States of Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh, Andhra Pradesh, Telangana, & Karnataka. The remaining States/UTs are planned to be covered in January 2022. The first state to apply for the National Quality Certification of Health and Wellness Centre is Gujarat, the external assessment of which was conducted on 22nd December 2021.

b) NQAS for Haemodialysis Unit

June 2021 version of this document mentioned about the development of the National Quality Assurance Standards for the Haemodialysis Centres/Units as a step to strengthen the Pradhan Mantri National Dialysis Programme.

The development of the quality standards for Haemodialysis Centres/Units has successfully been completed in consultation with the expert groups and have been approved by the MoHFW for further implementation in the field.

Annexure 'B'

Draft Quality Standards for Haemodialysis Unit

Standard	Measurable Elements	Checkpoints	Checkpoints	Assessment	Mean of verification
Area of Concern - A Service Provision					
Standard A1	Facility Providers Curative Services				
ME A1.14	Services are available for the time period as mandated	Dialysis services are available as per time mandated		RR/OB/SI	Check for timing of Dialysis centre as per MOU
ME.A1.19	The facility provides Dialysis services	Availability of haemodialysis services		RR/OB/SI	
		Availability of services to manage complications during dialysis process			1. Hypotension 2. Dialyzer reactions (both anaphylactic reaction and non specific reaction) 3. Haemolysis 4. Air embolism

Figure 1.5: NQAS for Haemodialysis Unit

c) NQAS for Comprehensive Lactation Management Unit

The Quality Standards for Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMC) for assuring the quality of lactation management services (including screening, donation, storage, processing, distribution of the donated human milk and mothers own milk etc.) delivered at the 'Breast Milk Banks' have been developed and approved by the MoHFW for implementation. The National Quality Assurance Standards (NQAS) for Comprehensive Lactation Management Centres (CLMC) are aimed to be utilized as a tool in assessing and maintaining the quality of services at the Human Milk Banks. These standards are targeted to support the stakeholders in self-assessment and evidence-based action planning to improve the quality of services of their respective Human Milk Banks.

IV. Kayakalp Award Scheme

In view of the potential benefits promoting good hygiene and infection control practices in a healthcare facility, the assessments under the Kayakalp scheme have successfully been completed by the States and Union Territories, despite the challenges posed by the COVID-19 pandemic.

In the last update, the result declaration of FY 2020-21 of only eleven States/UTs had been reported. However, all the States and Union Territories (except Ladakh and Lakshadweep) have now declared the results of FY 2020-21 under the Kayakalp.

In FY 2020-21, a total of 42,633 healthcare facilities participated in the assessments conducted under the scheme, out of which 12618 facilities have achieved Kayakalp award, by acquiring more than or equal to 70% score. It includes 458 District Hospitals, 469 Sub-divisional Hospitals, 2089 Community Health Centres, 6330 Primary Health Centres, 1303 Urban Primary Health Centres, 22 Urban Community Health Centres, 1932 Health & Wellness Centres and 15 Central Government Institutions. The State and Category-wise details has been provided in 'Annexure 'C'.

The increase in number of healthcare facilities achieving Kayakalp awards have increased over the years as shown in Figure 1.9.

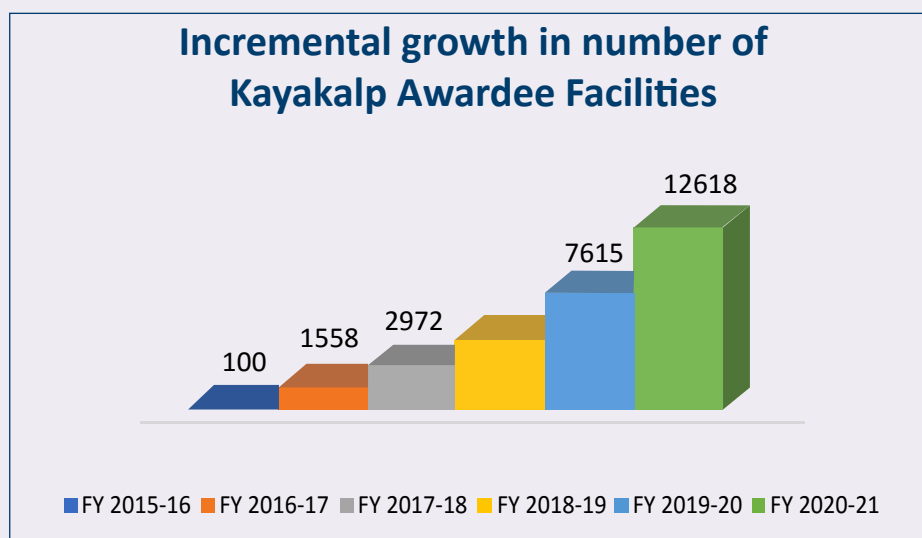


Figure 1.9: Financial year-wise increase in Kayakalp Awardee Facilities

V. Mera-asptaal Initiative

'Mera-asptaal' has made significant progress in terms of integration of health facilities. Cumulative number of health facilities (public and private) integrated with 'Mera Asptaal' has increased from 8,156 in May 2021 to 9,485, as on 31st December 2021. Year-wise progress in facilities integrated with 'Mera-asptaal' is tabulated below.

Financial Year	No. of Facilities integrated
2016-17	141
2017-18	806
2018-19	1701
2019-20	1627
2020-21	1791
2021- 22 (till 31 st December 2021)	5210
Grand Total	9485

Table 1.1: Financial year-wise increase in Mera-asptaal integrated facilities

As on 31st December 2021, 28 central government institutions, 70 medical college hospitals, 752 District Hospitals, 462 Sub-Divisional hospitals, 2560 CHCs, 3018 PHCs, 1403 UPHCs, 21 private medical colleges, 692 private empanelled hospitals and 23 other hospitals across 34 states and UTs are integrated with Mera-asptaal. Amongst the 9,485 integrated health facilities, maximum number of health facilities are integrated in the State

of Gujarat (1952), followed by Uttar Pradesh (1348) and Kerala (1000). State-wise details have been provided in 'Annexure D'.

As reported earlier, the uptake of the initiative among the population is meagre and hence the reporting of feedbacks. It may be seen that the Mera-aspataal integrated health facilities have reported a total of 17,83,0137 valid visits, out of which only 2% patients i.e., 3,10,735 have reported their feedbacks. Therefore, it is important to increase the visibility of the initiative among the beneficiaries, so that the objectives of the 'Mera-aspataal' initiative could be achieved. Efforts have already been undertaken in this direction by translating the feedback questionnaire in various languages including English, Hindi, Gujarati, Tamil, Telugu and Kannada. Twelve more local languages including Assamese, Bengali, Mizo, Manipuri, Khasi, Oriya, Kashmiri, Punjabi, Marathi, Kankani, Malyalam and Nepali shall be included for affluent reporting by the beneficiaries.

VI. Swachh Swasth Sarvatra

As envisaged under the objectives of the Swachh Swasth Sarvatra (SSS) scheme, it has proven to be supportive to the facilities in achieving the Kayakalp awards. Total number of CHCs achieving Kayakalp awards have increased from 323 CHCs in FY 2016-17 to 2089 CHCs in 2020-21. Similarly, the number of U-PHCs achieving Kayakalp awards have also increased from 556 in 2018-19 to 1303 in 2021-22.

In the year 2021-22, Rs. 1948.55 lakhs have been approved as a one-time grant to the CHCs & U-PHCs in the ODF blocks and wards under the scheme. This includes @ Rs. 10 Lakhs per CHC for 210 CHCs and 12 U-CHCs and Rs. 50,000 per U-PHC for 344 UPHCs. Total number of health facilities supported over the past four financial years under the SSS is shown in Table 2.1.

Financial Year	Number of Health Facilities financially supported under SSS
2018-19	1087
2019-20	745
2020-21	641
2021-22	566

Table 1.2: Financial year-wise status of no. of facilities supported under the SSS

VII. LaQshya Program

As on 31st December 2021, incremental growth in LaQshya certified departments has led to national level certifications of 451 Labour Rooms (LRs) and 365 Maternity-OTs (MOTs). Financial year and Category-wise details of LR and MOT Certifications is given below.

Category	2019-20		2019-20		2020-21		2021-22 (till 31st Dec 2021)	
	Departments Certified		Departments Certified		Departments Certified		Departments Certified	
	LR	MOT			LR	MOT	LR	MOT
Medical Colleges	5	4	19	20	6	4	6	5
DH	15	13	147	131	59	43	87	69
SDH	1	0	43	38	14	12	22	16
CHC	1	1	15	11	17	8	16	8
Grand Total	22	18	202	182	96	69	131	96

Table 1.3: Financial year wise status of LaQshya certified LRs & MOTs

Till 31st December 2021, 451 Labour Rooms and 366 Maternity OTs have been certified under the LaQshya Program, out of which the State of Maharashtra has the highest number of LaQshya certified LR and MOTs (130), followed by Gujarat (95) and Madhya Pradesh (95). State-wise details of the LaQshya certified facilities may be seen in the Figure 1.10. Financial year-wise details of LaQshya certified LR & MOT have been given in 'Annexure E'.

LaQshya certified LR & MOTs (till 31st Dec 2021)

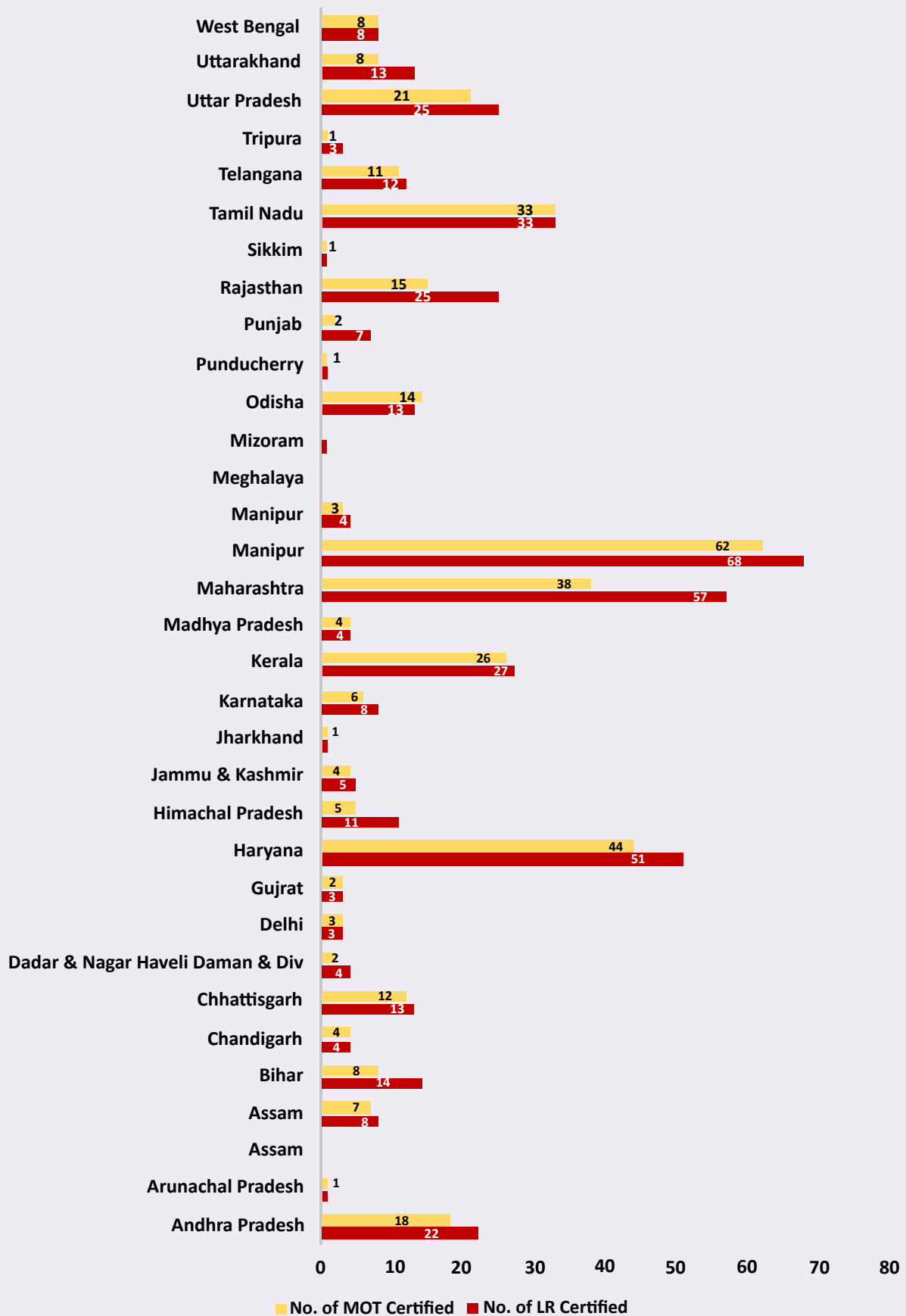


Figure 1.10: State-wise status of LaQshya certified LRs & MOTs

VIII. Training and Capacity Building

It is evident from the data that the virtual platform is helpful in sustaining the training and capacity building of the States, District and Facility Quality Teams during the pandemic. A total of 36 batches of virtual trainings had been conducted in FY 2020-21 as per requirement of the States/UTs. As the situation improved, the capacity building and mentoring of the respective stakeholders through physical mode have been subsumed with the External Assessors Training in August, followed by October and December 2021. Till date, a total of 604 batches of trainings under the National Quality Assurance Program have been conducted as detailed in table below.

Name of the Program	Type of the Training	Number of Trainings(Cumulative)
NQAS	Awareness Training	43
	Internal Assessor	151
	Service Provider Training	105
	External Assessor Training/Refresher	24
	Others (Thematic)	110
Kayakalp	Awareness Training	24
	Swachh Bharat Abhiyan	22
	External Assessors	26
NUHM	Awareness Training	13
	IA cum SPT	46
LaQshya	IA cum SPT	40
Grand Total		604

Table 1.4: Total no. of trainings conducted under the National Quality Assurance Program (till 31st Dec 2021)

To address the increasing demand of the trainings by the States and UTs, 'Training of Trainers' (ToT) module has been advised to be planned by the States and UTs, so that a sustainable model of capacity building of human resources could be built at State level.

Three consecutive External Assessors Trainings in FY 2021-22 (till 31st Dec 2021) has resulted in increase in the pool of External Assessors under the NQAS from 511 (reported in May 2021 version) to 626 External Assessors as on 31st December 2021. In addition, 100 more Internal Assessors have been empaneled in the past six months, thereby increasing the pool of Internal Assessors from 4569 to 4696.

State-wise details of External and Internal assessors empaneled under the National Quality Assurance Program have been given in 'Annexure F and G' respectively.

IX. Conclusion

Quality of care is a dynamic process which involves continuous monitoring and need-based interventions. The National Quality Assurance Program, with its inbuilt improvement model develops and supports all such strategic approaches which may aid the health systems in achieving the health outcomes to desired level, both qualitatively and quantitatively.



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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
DO No. Z-18015/26/2020-NHM-II
1st October, 2021



Dear Colleague,

Ministry of Health & Family Welfare has undertaken a thorough revision of Quality Assurance Framework in the Country and has finalized the revised "Operational Guidelines for Improving Quality in Public Healthcare Facilities – 2021". The Guidelines have been released by Hon'ble Union Minister of Health & Family Welfare on 17th September, 2021. Services provided by Public Health Facilities need to be benchmarked against National Quality Assurance Standards which are internationally accredited by International Society for Quality in Health Care (ISQua). Formal certification against these standards assures the patients that the care delivered to them is at par with the best in country.

Ensuring Quality is also one of the focus areas of the National Health Policy (NHP-2017). The Ministry is committed to support the States/UTs in achieving the Quality certification against National Quality Assurance Standards (NQAS). Proposed targets for the State/UTs are given in Annexure-I. These targets may please be kept in mind preparing the NHM PIPs for the coming years.

For achieving these targets, you are requested to include status of NQAS certified facilities in your regular review of districts and monitoring dashboard.

In addition, following actions may be thought-of for achieving tangible progress:-

- Sensitization of District Magistrates on the Quality Assurance Program.
- Identification of the technical support institutions for harnessing their capacities for achieving quality certification for the facilities.
- Allocating targets to CMOs/Civil Surgeon (equivalent) for achieving NQAS certification of health facilities.
- Surakshit Matritva Aashwasan (SUMAN) notified facilities, LaQshya certified and Kayakalp winner facilities could be taken on priority for NQAS certification.
- Identification of individual subject matter experts who could be trained and empanelled for providing hand-holding support to the facilities.
- Strengthening the State/UT NQAS certification mechanism.
- Filling all vacant positions of state & district consultants under the National Quality Assurance Program.

Should the State need technical assistance, this Ministry/National Health Systems Resource Centre (NHSRC) may please be contacted.

Harm Regards,

Encl.: as above

Yours sincerely,

(Rajesh Bhushan)

ACS/Pr.Secy./Secy., Health – All States/UTs
CC to Mission Director, National Health Mission – All States/UTs

(Ref. DO. No. Z- 18015/26/2020-NHM-II, dated 22nd September)

Targets for NQAS certification of Public Health Facilities

(Denominator – Number of Institutions as per RHS 2019-20)

Level of Health Facilities	Cumulative Certified FY 2021-22 (Percentage)	Cumulative Certified FY 2022-23 (Percentage)	Cumulative Certified FY 2023-24 (Percentage)	Cumulative Certified FY 2024-25 (Percentage)	Cumulative Certification FY 2025-26 (Percentage)
1.District Hospital	40	50	60	70	75
2.Sub-district Hospital	12	25	40	50	60
3.Community Health Centre	12	25	40	50	60
4.Primary Health Centre	12	25	40	50	60
5.Urban Primary Health Centre	12	25	40	50	60
6.HWC (SC)	2	10	20	40	60

State & Category-wise distribution of NQAS Certified Public Health Facilities in India (till 31 st Dec 2021)						
State/UT	DH	SDH	CHC	PHC	U-PHC	Grand Total
Andhra Pradesh	9	16	21	316		362
Arunachal Pradesh				1		1
Assam	2			5	1	8
Bihar	1			1		2
Chhattisgarh	9		7	17	5	38
Dadar & Nagar Haveli & Daman & Diu	3	1	2	6		12
Delhi	7					7
Gujarat	8	1	4	160	18	191
Haryana	11	1	6	92	12	122
Himachal Pradesh	1		1			2
Jammu & Kashmir	3		1	2		6
Jharkhand	1					1
Karnataka	8			17	5	30
Kerala	5	4	9	88	32	138
Madhya Pradesh	7			5	1	13
Maharashtra	1	1	1	53		56
Manipur	2			1		3
Meghalaya				2		2
Mizoram	1				1	2
Nagaland					1	1
Odisha	2		4		7	13
Punjab	11	1	1	1	3	17
Rajasthan	6	1	7	17	3	34
Tamil Nadu	14	22	33	47	3	119
Telangana	7	1		99	6	113
Tripura		1		6	1	8
Uttar Pradesh	31		5	15	1	52
Uttarakhand	2			1		3
West Bengal	5	1	6			12
Grand Total	157	51	108	952	100	1368

State & Category-wise details of Kayakalp Awarded Facilities in FY 2020-21								
State/UT	DHs	SDHs	CHCs	PHCs	UPHCs	UCHCs	HWCs	Total Awardee facilities
Andaman and Nicobar Islands	1	0	1	3	0	0	0	5
Andhra Pradesh	12	26	138	536	234	0	573	1519
Arunachal Pradesh	3	0	5	9	0	0	0	17
Assam	16	2	60	155	17	0	24	274
Bihar	6	4	24	27	22	NA	11	94
Chandigarh	1	1	0	2	0	1	23	28
Chhattisgarh	18	1	29	160	19	2	151	380
Dadra & Nagar Haveli & Damam & Diu	2	1	4	11	0	0	22	40
Delhi	19				82			101
Goa	1	0	3	5	4	0	6	19
Gujarat	9	24	206	922	87	0	162	1410
Haryana	11	9	25	96	55	3	8	207
Himachal Pradesh	5	12	2	120	1	0	16	156
Jammu and Kashmir	2	0	12	17	7	0	1	39
Ladakh								Award not declared
Jharkhand	13	2	28	32	11	0	80	166
Karnataka	33	88	121	577	72	3	8	902
Kerala	10	12	18	294	22	0	0	356
Lakshadweep								Award not declared
Madhya Pradesh	35	13	71	73	28	0	0	220
Maharashtra	1	0	84	275	33	3	0	396
Manipur	7	1	4	46	6	0	25	89
Meghalaya	2	NIL	7	14	1	NIL	2	26
Mizoram	7	1	8	43	5	0	0	64
Nagaland	6	0	2	25	5	0	13	51
Odisha	23	15	128	286	80	1	53	586
Puducherry	1	0	1	5	0	0	1	8
Punjab	17	22	52	24	46	0	7	168
Rajasthan	16	12	264	739	104	0	361	1496
Sikkim	4	0	2	11	0	0	0	17
Tamil Nadu	29	150	331	825	229	9	353	1926
Telangana	8	6	3	219	55	0		291
Tripura	3	4	10	41	4	0	25	87
Uttar Pradesh	106	0	215	295	74	0	0	690
Uttarakhand	10	7	10	30	0	0	7	64
West Bengal	21	56	221	413	0	0	0	711
Central Government Institutions	15							15
Grand Total	458	469	2089	6330	1303	22	1932	12618

State & Category-wise list of Healthcare Facilities Integrated with Mera-asptaal (as on 31st Dec 2021)											
State	CGI	Medical College	DH	SDH	CHC	PHC	UPHC	Private Medical College	Private Hospital	Others	Grand Total
Andhra Pradesh	1		17	51	180		556				805
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 & Daman & Diu			3	1	4	11					19
Delhi	7	1	31	1						3	43
Goa			2	1							3
Gujarat		20	24	33	282	1164	266		161	2	1952
Haryana		4	23	9	9	7	28				81
Himachal Pradesh			11	7	1	1	16				36
Jammu and Kashmir			23	5	16	1	1				46
Jharkhand	1		24	5	57		1				88
Karnataka	1	5	45	144	1	53	73				323
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				16
Meghalaya	1		12								13
Mizoram			9				8				17
Nagaland			11				6				17
Odisha	1		32								33
Puducherry	1		2								3
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			9	11							20
Uttar Pradesh	2	2	158		730		2				1348
Uttarakhand	1	1	19	19	71	479	38	2	1	11	642
West Bengal	1	1									2
Grand Total	28	70	752	462	2560	3018	1403	21	692	23	9485

Financial Year-wise Status of LaQshya Certified LR & MOT in States/UTs								
State/UT	2018-19		2019-20		2020-21		2021-22	
	LR	MOT	LR	MOT	LR	MOT	LR	MOT
Andhra Pradesh	1		1	1	1		20	18
Arunachal Pradesh			1	1				
Assam	1	2	6	5			1	
Bihar	1		10	6			3	2
Chandigarh			4	4				
Chhattisgarh	1	2	7	5	1	1	4	3
Dadra & Nagar Haveli	2				1	1	1	1
Delhi			1	1	1	1	1	1
Goa			3	2				
Gujarat	8	7	19	20	21	16	3	1
Haryana	1		6	2	4	3		
Himachal Pradesh	1		1	1	2	2	1	1
Jammu & Kashmir					1	1		
Jharkhand			4	3	3	2	1	1
Karnataka			11	11	2	4	14	11
Kerala	1	1	2	2			1	1
Madhya Pradesh		1	10	9	29	16	18	12
Maharashtra			49	49	1		18	13
Manipur			2	1	0		2	2
Mizoram							1	
Odisha			6	7	2	1	5	6
Puducherry			1	1				
Punjab			4				3	2
Rajasthan	1	1	9	7	2	2	13	5
Sikkim							1	1
Tamil Nadu	2	2	22	22	6	6	3	3
Telangana	1	1	10	9			1	1
Tripura			2	1			1	
Uttar Pradesh			8	9	8	6	9	6
Uttarakhand	1	1	3	3	7	3	2	1
West Bengal					4	4	4	4
Grand Total	22	18	202	182	96	69	131	96

State-wise list of Empanelled External Assessors under the NQAS (as on 31 st Dec 2021)		
S. No	State/UT	Total No. of External Assessors
1	Andhra Pradesh	28
2	Arunachal Pradesh	4
3	Assam	8
4	Bihar	11
5	Chandigarh	4
6	Chhattisgarh	8
7	Dadar and Nagar Haveli & Daman & Diu	2
8	Delhi	46
9	Goa	4
10	Gujarat	39
11	Haryana	29
12	Himachal Pradesh	6
13	Jharkhand	3
14	J & K	8
15	Karnataka	24
16	Kerala	37
17	Madhya Pradesh	20
18	Maharashtra	34
19	Meghalaya	9
20	Manipur	5
21	Mizoram	4
22	Nagaland	3
23	Odisha	10
24	Puducherry	3
25	Punjab	10
26	Rajasthan	14
27	Sikkim	2
28	Tamil Nadu	85
29	Telangana	27
30	Tripura	7
31	Uttar Pradesh	38
32	Uttarakhand	3
33	West Bengal	5
Total External Assessors (State Government)		540
Total External Assessors (Non-Government)		86
Total No. of External Assessors		626

State-wise list of Empanelled Internal Assessors under the NQAS (as on 31 st Dec 2021)		
S. No	Name of State/ UT's	Total No. of Internal Assessors
1	Andhra Pradesh	61
2	Arunachal Pradesh	61
3	Assam	186
4	Bihar	199
5	Chandigarh	24
6	Chhattisgarh	53
7	Dadar and Nagar Haveli	86
8	Daman & Diu	15
9	Delhi	162
10	Goa	83
11	Gujarat	77
12	Haryana	168
13	Himachal Pradesh	54
14	Jharkhand	143
15	J & K	94
16	Karnataka	167
17	Kerala	118
18	Lakshadweep	17
19	Madhya Pradesh	326
20	Maharashtra	296
21	Meghalaya	77
22	Manipur	149
23	Mizoram	56
24	Nagaland	104
25	Odisha	97
26	Puducherry	32
27	Punjab	307
28	Rajasthan	336
29	Sikkim	20
30	Tamil Nadu	492
31	Telangana	57
32	Tripura	14
33	Uttar Pradesh	295
34	Uttarakhand	112
35	West Bengal	123
36	Others	35
Total No. of Internal Assessors		4696



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