



QUALITY DARPAN

An update on National Quality Assurance Programme















Vol V, No. 1 June 2024



"Brimming with creativity and allure, an exhilarating visual delight" -THE PHOTOGRAPHIC REVIEW













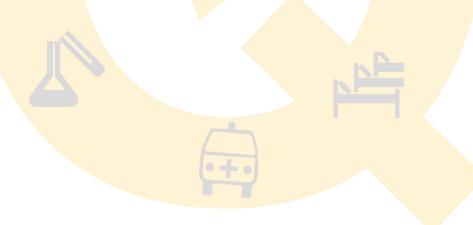


Preface

Improving the quality of healthcare has become a focus area for both policymakers and public health practitioners serving to optimize resource utilization, enhance health outcomes, and increase patient satisfaction. Providing healthcare services without ensuring a minimum standard of quality is both ineffective and unethical. Benchmarking public healthcare facilities against established quality standards is crucial to instilling confidence in the public, accessing these services and boosting morale among service providers.

High-quality health systems play a vital role in each specific context by consistently delivering care that enhances or maintains health, earning trust and value from the community, and adapting to evolving population needs. The National Quality Assurance Program has been dedicated to enhancing the quality of care in India's public health institutions, striving to make meaningful improvements.

QPS division of the NHSRC publishes Quality Darpan to provide overall snapshot & progress of the Quality in Public Healthcare Facilities. This edition of 'Quality Darpan: An Update on the National Quality Assurance Program' aims to provide an overview of the program's implementation status for last six months from January 2024 to June 2024, along with highlighting the latest interventions. The analytical presentation of the data in this document is expected to assist states and union territories in assessing their progress, identifying areas for improvement, and continuing their efforts to enhance quality.



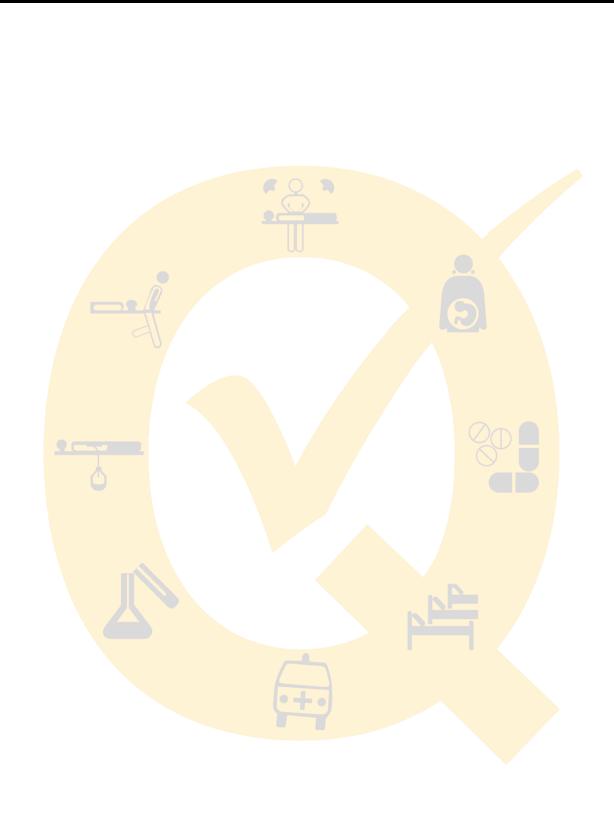
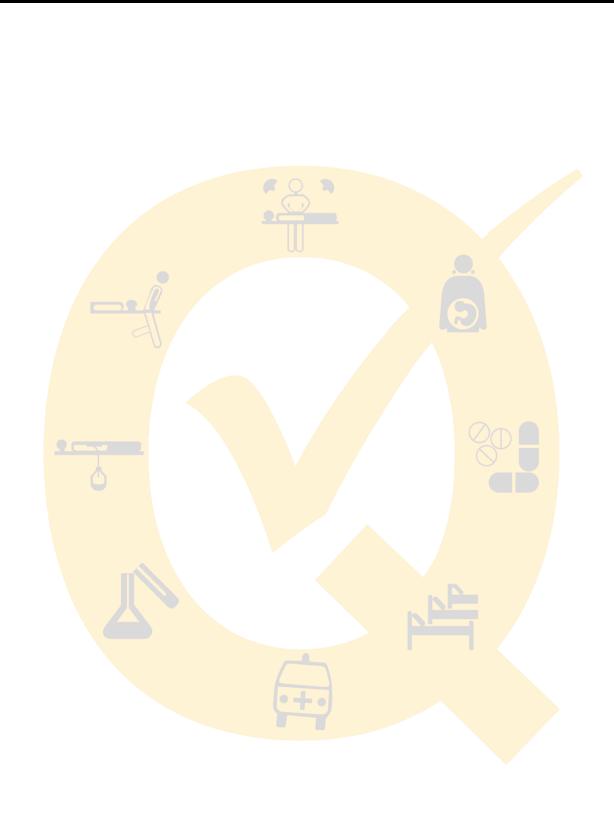


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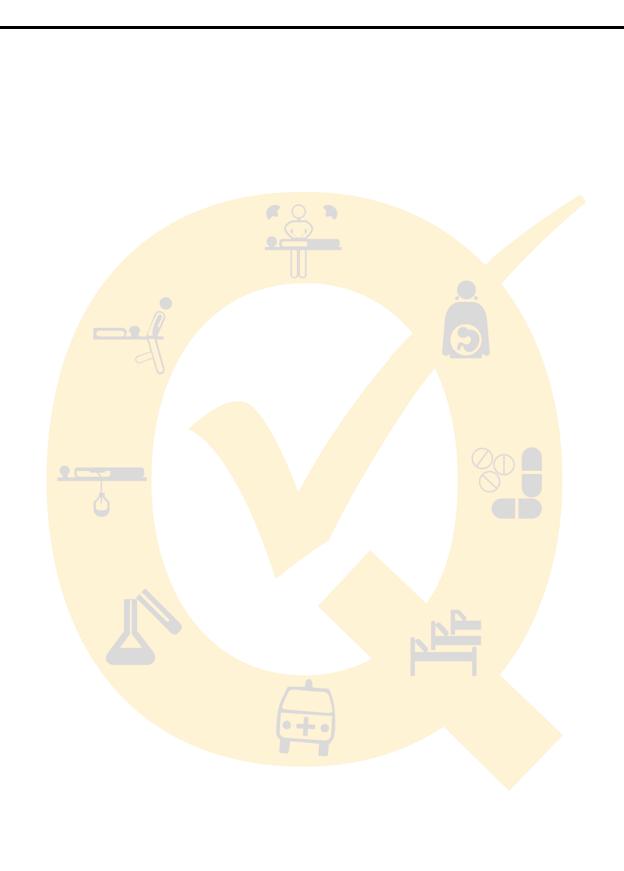




Section 1:

Progress Under National Quality
Assurance Standards





QUALITY AND PATIENT SAFETY

"Quality is never an accident. It is always a result of an intelligent effort"

-John Ruskin

PROGRESS UNDER NATIONAL QUALITY ASSURANCE STANDARDS

LATEST INITIATIVES AT A GLANCE

A major step towards improving the quality of the Indian Public Healthcare facilities have been taken with the implementation of the National Quality Assurance Standards. The program has created quality standards for public healthcare institutions (primary & secondary). It is based on the ideas of sustainability and measurability. Since its inception, the National Quality Assurance Standards have been essential in guiding strategic planning, providing direction, and assessing healthcare facilities, all of which have contributed to the improvement of healthcare standards across the country.

1.1 ISQua Audit of the Certification Unit

The International Society for Quality in Health Care External Evaluation Association provides accreditation for organizations and educational programs focused on health care quality. A week-long physical audit was undertaken by a three-membered team from 26th February to 2nd March 2024 to understand the processes undertaken by the Certification Unit. And on 18th June 2024, the Quality & Patient Safety Division of the NHSRC became the only organisation in the country to have all the works like Standards, Trainings and Certification Unit accredited by the ISQua.



Fig 1.1 ISQua Team with NHSRC Officials (L-R): Dr Syed, Maj Gen Prof (Dr) Atul Kotwal, Dr Susan Yates, Mr Brian Johnston, Dr J N Srivastava, Brig Sanjay Baweja

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1.2 Launch of Virtual Certification of AAM-SC

The Ministry of Health and Family Welfare has envisioned a target to achieve NQAS certification of all public healthcare facilities by December 2026 (Health Secretary's Letter is placed as Annexure – A). Since the major proportion of public health facilities is Ayushman Aarogya Mandir – Sub Centre (AAM-SCs); hence, to expedite progress towards this goal, NQAS certification of AAM-SCs in a virtual mode has been launched on **28**th **June 2024** by the Hon'ble Minister of States for Health & Family Welfare.

Virtual quality certification does not intend to replace the existing certification process. Rather, it complements and supports the ongoing efforts of the States/Union Territories (UTs) in achieving targets for NQAS certification. Facilities facing challenges with reliable internet connectivity or lacking appropriate hardware/software for virtual assessments may opt for the physical assessment process. 10% of the facilities applying for virtual assessment will undergo onsite assessment in physical mode.



Fig 1.2 Launch of Virtual Certification of the AAM-SCs

1.3 Release of NQAS for IPHL

To ensure the provision of Quality in the Integrated Public Health Laboratories (IPHL), standards of Quality i.e. National Quality Assurance Standards (NQAS) have been launched on 28th June 2024 by the Hon'ble Minister of Health & Family Welfare. NQAS for IPHL aims to:

- Ensure the availability of comprehensive, accurate, rapid and quality diagnostic services.
- Reduce errors in laboratory processes and improve the efficiency of the treatment.
- Establish and improve quality management systems, leading to high service standards.

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• Ensure excellence in relation to current knowledge and technical development in laboratory functions.



Fig 1.3 Release of NQAS for Integrated Public Health Laboratories

1.4 Release of revised Kayakalp 2024 Guidelines

Ministry of Health & Family Welfare launched the Kayakalp initiative to rejuvenate the public health facilities by promoting cleanliness, hygiene, infection control and environment friendly practices in public health facilities. On 28th June 2024, the 4th edition of the "Kayakalp: Rejuvenating the Public Healthcare Facilities 2024" was released by the Hon'ble Minister of Health & Family Welfare. This edition incorporates the WASH indicators in the Kayakalp assessment tool.



Fig 1.4 Release of revised Kayakalp 2024 guidelines

1.5 Ayushman Assessors' Training on NQAS

One of the main anchors of NQAS certifications are our qualified External Assessors. Traditionally, NQAS assessments are conducted by physically visiting the facility by the team of assessors making it a resource intensive process. This traditional approach posed a challenge to achieve the Ministry of Health & Family Welfare's objective of NQAS certification for all public healthcare facilities by December 2026. To address these challenges, the virtual certification of the public healthcare facilities was launched. To assess the public healthcare facilities virtually, a separate pool of external assessors known as "Ayushman Assessors" was created to undertake online NQAS AAM-SC assessments. The first batch of 3-days training was conducted from 10th June to 12th June 2024.



Fig 1.5 1st Batch of Ayushman Assessors' Training on NQAS

1.6 Release of Risk Management Framework Manual

Safety in a healthcare setting does not limit only to the patients but extends to much beyond such as service providers, visitors, infrastructure, support services etc. For normal functioning of any healthcare setting, identification, assessment, evaluation and mitigation of the risks is vital. Hence the Risk Management Framework Manual serves the exact purpose of providing the users with the tools and guidance to implement the risk management framework standards in their healthcare facility.

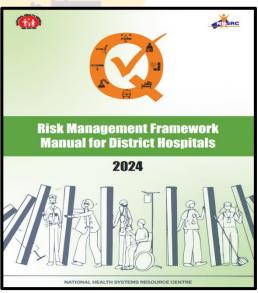


Fig 1.6: Risk Management Framework Manual for District Hospitals - 2024

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1.7 AMR-HAI MoU: NHSRC-ICMR-AIIMS

A tripartite MOU was signed between Indian Council for Medical Research (ICMR) and All India Institute of Medical Sciences (AIIMS), New Delhi and National Health Systems Resource Centre (NHSRC), by representatives of these parties at Director's Office, AIIMS, New Delhi on 10th February 2024. This collaboration aims to cooperate in the promotion and implementation of Antimicrobial Resistance Prevention, Hospital Acquired Infection (HAI) Reporting and Infection Prevention & Control activities in the public health facilities.

Following key initiatives are planned under aegis of this tripartite collaboration in last two quarters of FY 24-25:

- Publication of guidelines for standardised surveillance methodology and reporting of HAIs at district hospitals
- Pilot project for implementation of HAI reporting in District hospitals
- Capacity building of public health facilities of Antimicrobial Stewardship, HAI Surveillance and Reporting, Infection Prevention & Control etc.

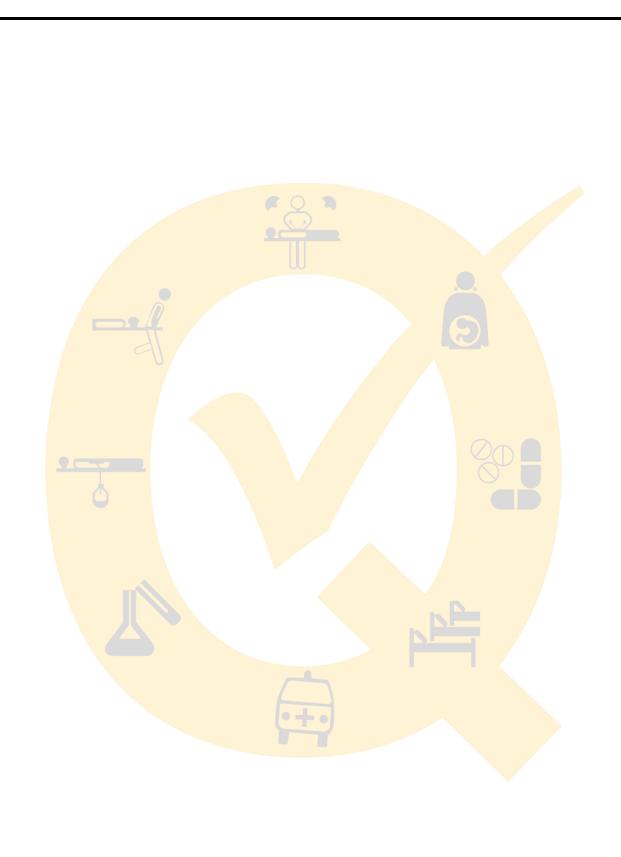


Fig 1.7: A tripartite MoU between NHSRC, ICMR & AIIMS New Delhi for promotion & implementation of AMR, HAI reporting and IPC activities in public health facilities.

1.8 Rapid Assessment of Non NQAS Certified District Hospitals

In order to help the states develop a time bound action plan, all the non-NQAS certified District Hospitals to be visited by the assessors so that gap closure actions can be taken in a time bound manner. A rapid assessment tool was developed for capturing the required information to check the readiness of these non-NQAS certified District Hospitals. It was found that 209 DHs out of the 259 rapidly assessed DHs were ready for NQAS certification with minimum 8 departments (RMNCHA+, General Administration etc). The status of state wise rapid assessment is placed as *Annexure* – *B*.

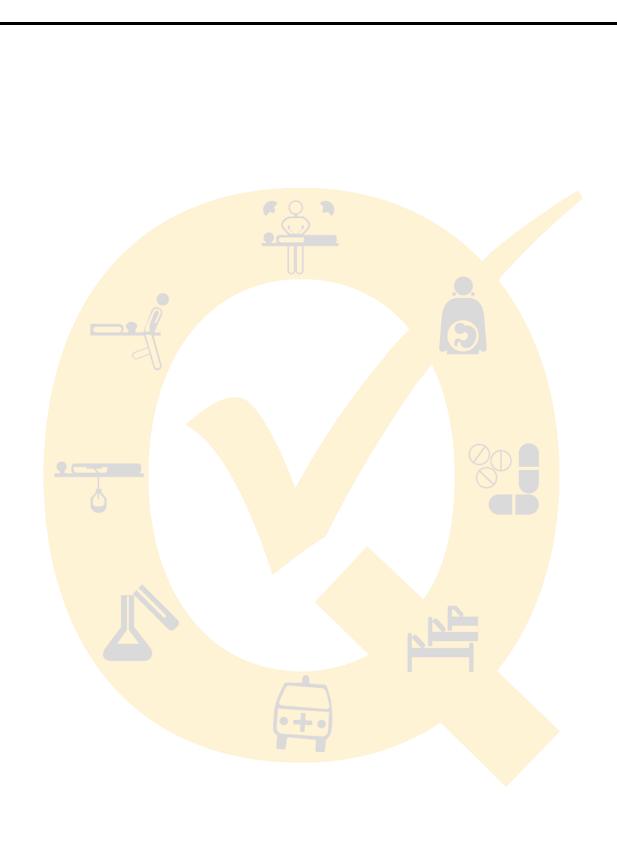
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Section 2: Status of National Quality Assurance Standards Implementation





STATUS OF NATIONAL QUALITY ASSURANCE STANDARDS IMPLEMENTATION

The National Quality Assurance Standards (NQAS) was launched by the Ministry of Health & Family Welfare keeping in mind the specific requirements for public health facilities as well as the global best practices. The National Quality Assurance Framework was established in November 2013 with the release of 'Operational Guidelines for Quality Assurance in Public Health Facilities' along with Assessors' Guidebook for District Hospitals. A significant improvement in the public health system of the country can be seen with implementation of NQAS for District Hospitals and subsequently, the NQAS for Community Health Centres (2014), Primary Health Centres (2014), Urban Primary Health Centres (2016) and Health & Wellness Sub-Centres (2020) were developed.

The National Quality Assurance Standards hold accreditation from the International Society for Quality in Health Care (ISQua) and are recognized by the Insurance Regulatory and Development Authority (IRDA). Furthermore, the National Health Authority (NHA) offers a 15% incentive above the base package rate for health facilities certified in the Gold category of NQAS.

2.1 National Quality Assurance Standards Status

Since the last (Vol. IV No. 2, December 2023) edition of Quality Darpan, the total number of NQAS certified facilities has surged from 6513 to 12641 by June 2024 reflecting a notable increase of 6128 certifications (94.1% increase).

Among these 12641 facilities, 4637 have received national certification, while 8004 have obtained state certification for public health facilities. (Please refer to *Annexure – C*, for state-wise number of NQAS Certified Public Health facilities.)

The Fig 2.1 below displays the year-on-year cumulative progress of the National Quality Assurance Standards certified public health facilities.



Fig 2.1 Year-on-year cumulative progress of the National Quality Assurance Standards

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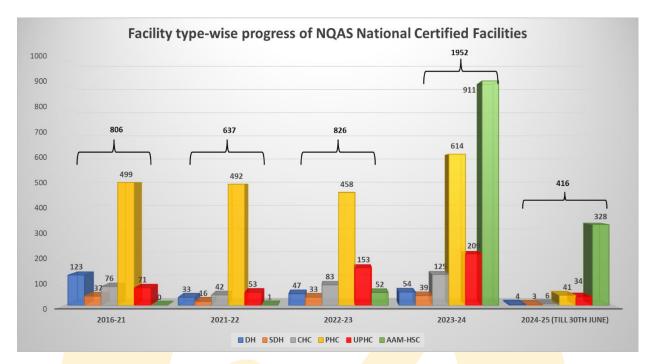


Fig 2.2 Facility type-wise progress of the National Quality Assurance Standards

Fig 2.2 represents the NQAS certification data through the years and illustrates the total number of healthcare facilities (primary and secondary) in each category in each year. The highest number of NQAS certifications in the last two years have been at the Ayushman Arogya Mandir (Sub-Health Centre) level whereas the overall highest NQAS certifications since inception have been at the Primary Health Centre level.

Fig 2.3 illustrates the total number of healthcare facilities in each category which are NQAS certified till 30th June 2024.

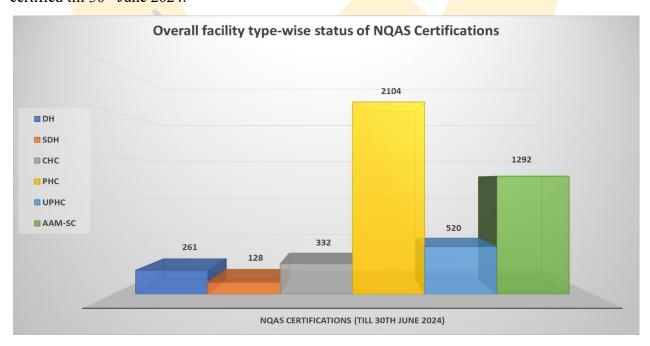


Fig 2.3 Overall facility type-wise status of NQAS certified facilities till 30th June 2024

Re-Certification Status

The NQAS Certification remains valid for three years, as long as the facility complies fully with the certification criteria and submits surveillance assessment reports from the SQAC during the following two years. To maintain their NQAS certification status after this period, healthcare facilities must complete a re-certification assessment, following the procedures outlined in the Operational Guidelines for Improving Quality in Public Health Facilities, 2021.

In the fiscal year 2023-24, a total of 190 facilities were successfully re-certified for NQAS (Fig 2.4) and for FY 2024-25, till 30th June, total 35 healthcare facilities were re-certified. (Fig 2.5)

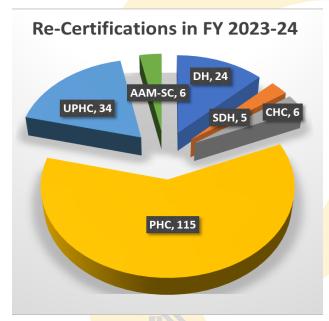


Fig 2.4: Number of Re-Certifications in FY 2023-24



Fig 2.5 Number of Re-Certifications in the last 6 months (January – June 2024)

Progress of NQAS in the Last Six Months (Jan to June 2024)

In the past six months since the last (Vol. IV No. 2, December 2023) edition of the Quality Darpan, 4409 facilities have achieved the NQAS certification. Out of this, 933 have achieved the National Certification and 3476 have achieved the State Certification. This 933 includes 11 DHs, 11 SDHs, 20 CHCs, 135 AAM-PHCs, 80 AAM-UPHCs and 676 Ayushman Arogya Mandir (Sub-Health Centres) which have achieved the national NQAS certification.

Fig 2.6 depicts the addition of NQAS certification in the last 6 months i.e. from January to June 2024. The graph also shows the number of health care facilities which could not achieve the NQAS certification after the national level external assessment.

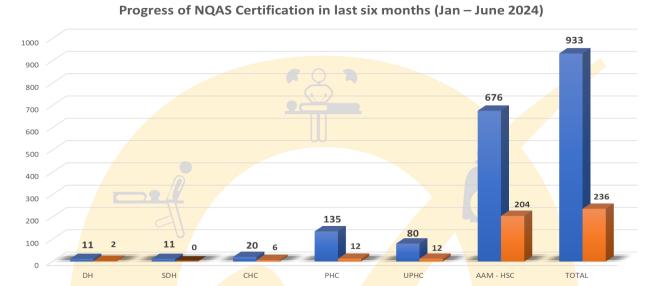


Fig 2.6: Progress of NQAS Certification in the last six months (Jan to June 2024)

2.2 La Qshya

To decrease maternal and newborn mortality and morbidity, the Ministry of Health & Family Welfare launched the LaQshya initiative in 2017. This initiative highlights the importance of delivering dignified and respectful care to pregnant women, promoting safe delivery practices, and ultimately reducing mortality and morbidity rates among mothers and newborns. As on 30th June 2024, the incremental growth in the LaQshya Certified Labour Rooms (LRs) and Maternity-OTs (MOTs) has reached 959 and 717 respectively.



Progress of LaQshya in Last Six Months

In the last six months (January to June 2024), 48 LRs and 34 MOTs have achieved the NQAS certification under LaQshya. A state-wise breakup of the NQAS certified LR and MOT has been placed as *Annexure* – *D*. Fig 2.7 represents the financial year wise increase in NQAS certification of LRs and MOTs. Whereas Fig 2.8 shows the cumulative numbers of NQAS certified LRs and MOTs since the inception of the initiative.



Fig 2.7 Financial year wise progress of Certification under LaQshya in LRs and MOTs

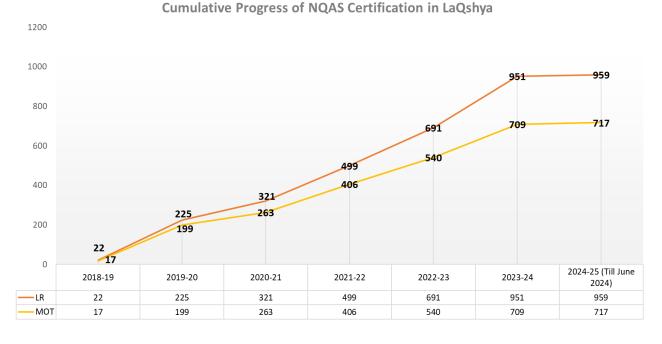


Fig 2.8: Financial year wise cumulative progress of NQAS Certification in LRs and MOTs

2.3 MusQan

MusQan was launched to guarantee the delivery of quality, child-friendly services in public health facilities, aiming to reduce preventable morbidity and mortality among newborns and children. With emphasis on inpatient treatment for sick newborns and children up to the age of twelve, it is meant to be implemented in all District Hospitals and equivalent health facilities, all functional FRU CHCs, and facilities with LaQshya certified LR and MOT.

Fig 2.9 depicts the tremendous progress of NQAS certifications under MusQan from the last financial year whereas fig 2.10 shows the facility wise breakup of NQAS certifications under MusQan in this financial year till June 2024.



Figure 2.9: Progress of NQAS certification under MusQan (Cumulative)

OVERALL FACILITY TYPE-WISE STATUS OF NQAS CERTIFICATIONS UNDER MUSQAN (TILL JUNE 2024) CHC, 15, 14% MC, 4, 4% SDH, 9, 8%

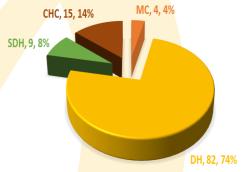


Fig: 2.10: Facility type wise breakup of NQAS certification under MusQan

Progress of MusQan in Last Six Months

In the last update of the Quality Darpan, there were 85 NQAS certified facilities under the MusQan initiative and this number has increased to a cumulative of 110 as on 30^{th} June 2024. A state and facility-wise breakup of the number of NQAS certified facilities under MusQan initiative has been placed as Annexure - E.



2.4 Kayakalp Scheme

Since its launch in 2015, the Kayakalp Scheme has gotten a resounding amount of support nationwide. It seeks to reward the top performing public health care institutions and encourage hygienic, sanitary, and infection control measures. The scheme has had a significant impact on the public health facilities' current state of cleanliness and hygiene. District hospitals were the first to experience it, and subsequently SDHs/CHCs, AAM-PHCs, AAM-UPHCs, and AAM-SHCs were included.

The total number of Kayakalp incentivized facilities has increased humongously from 100 in FY 2015-16 to 32779 in FY 2023-24. The states of Karnataka & UT of Puducherry are yet to submit this data. (Fig 2.11 depicts the progress of the Kayakalp initiative over the years.)

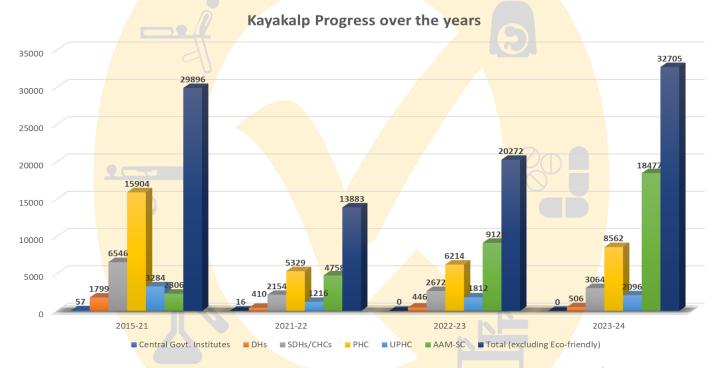
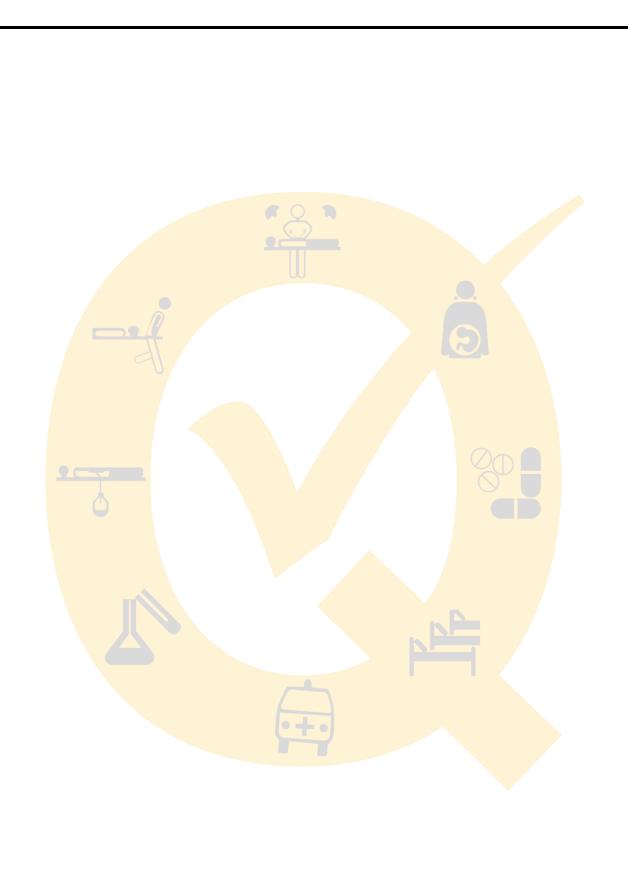
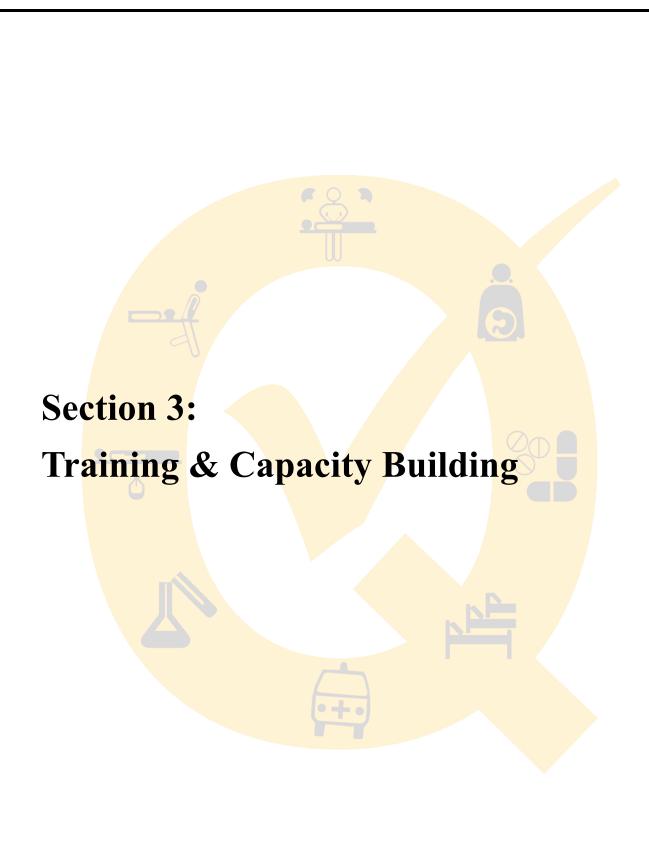


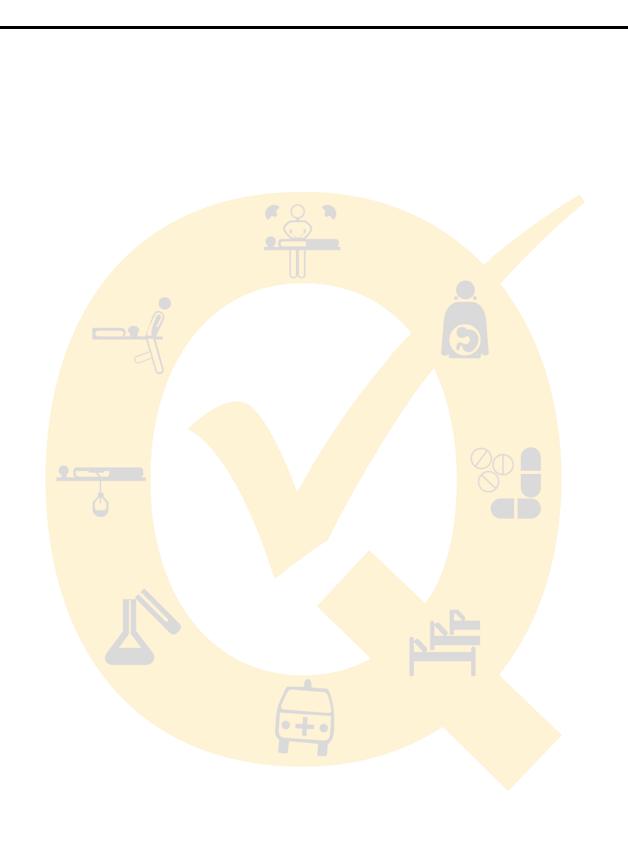
Fig 2.11: Facility type wise breakup of Kayakalp incentivized public health facilities (Data is of 34 States/UTs)

The Eco-friendly theme was incorporated in the Kayakalp initiative in 2021 and 186 healthcare facilities have been incentivized so far. Till FY 2022-23, 112 facilities (54 DHs and 58 SDHs/CHCs) were incentivized and in FY 2023-24, 74 facilities (35 DHs and 39 SDHs/CHCs) were incentivized. State wise details of the facilities incentivized in the FY 2023-24 are placed as *Annexure* – F.









TRAINING AND CAPACITY BUILDING

3.1 Trainings under National Quality Assurance Standards

A program's efficiency and expansion depend on its capacity development, which is enhancing employees' abilities, knowledge, and attitudes over time through pertinent training. Developing the nation's capacity to plan, carry out, and supervise National Programs is the main objective of capacity development and training activities. In this regard, since the launch of NQAS in 2013, extensive training and capacity-building initiatives have been carried out to assist the application and long-term upkeep of the set standards.

Based on the states' requirements and the scope of NQAS, standardised and customised training modules have been developed; these include Awareness Training (one day), Internal Assessors' Training (two days), External Assessors' Training (six days), Service Provider Training (three days), and thematic training, among others.

Till 30^{th} June 2024, 689 batches of training have been imparted since the inception of the National Quality Assurance Standards. Table 3.1 shows the details of the number of trainings conducted whereas Fig 3.1 shows the number of trainings conducted under different programmes. A state-wise list of training conducted is placed as *Annexure* – G.

Programme	Type of Training	Number of Trainings (Cumulative)	Number of Trainings (in last 6 months)
NQAS	Awareness Training	45	00
	Internal Assessors' Training	181	07
	Service Provider Training	110	00
	External Assessors' Training	36	04
	Ayushman Assessors' Training	01	01
	TOT	19	05
	Others including Refresher Trainings	118	01
Kayakalp	Awareness Training	24	00
	Swachh Bharat Abhiyan	22	00
	External Assessors	26	00
NUHM	Awareness Training	14	00
	IA cum SPT	48	01
LaQshya	IA cum SPT	45	00
Total		689	19

Table 3.1 Total number of trainings conducted under National Quality Assurance Standards

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Fig 3.1: Number of trainings under different programmes

NQAS trainings conducted in the last six months (July to December 2023)

From the last update of the Quality Darpan, 19 batches of training have been conducted in the country under the National Quality Assurance Standards. These include 4 External Assessors' Trainings (3 in NHSRC, New Delhi and 1 in NE-RRC, Assam), 12 Internal Assessors' Training including 5 in ToT model, 1 Internal Assessors' training for NUHM and 1 IA training for AFMS in NHSRC (4th Batch). (Fig 3.2 & Fig 3.3)



Fig 3.2: Field visit during External Assessors' Training



Fig 3.3: 1st Batch of Ayushman Assessors' Training

3.2 Field Visits in the States/UTs in the last six months (January to June 2024)

Field visits are scheduled to all levels of facilities throughout the states to evaluate the National Quality Assurance Standards' progress. The goal is to learn about the facility, district, and state teams' implementation challenges and current state of readiness as they work towards becoming certified against the standards. In the last six months, six (06) States/UTs (Andaman & Nicobar Islands, Bihar, Chhattisgarh, Lakshadweep, Maharashtra and Punjab) were visited by the NHSRC consultants. The purpose of these field visits was to review the implementation status and to handhold the districts and states' teams for accelerating NQAS certification. (Fig 3.4)







Fig 3.4: Field visits to various States/UTs undertaken by QPS Team Members

Ayushman Arogya Mandirs have given a huge impetus on quality & accessible primary health care services to the masses in ensuring the availability of essential drugs & diagnostics required for the expanded package of services. The visits to these Ayushman Arogya Mandirs were aimed to purely understand the overall functionality of these AAMs in delivering the comprehensive primary healthcare services and to further identify the key enablers and barriers to the service delivery. These visits were undertaken in 19 States/UTs in the month of April with special emphasis on usage of IT systems, supply chain, payment systems, referral and continuum of care.



Fig 3.5: Field visits to various States for rapid assessments of AAMs

3.3 Standard Treatment Guidelines: 2nd Series

With the successful completion of the first series and increasing demand for updated information on the Standard Treatment Guidelines, second series was started from September 2023, with a session on every third Saturday of the month by the Quality & Patient Safety Division of NHSRC in collaboration with Delhi Society for Promotion of Rational Use of Drugs.

For approximately 2 and a half hours, these sessions dwelled into the concept of Standard Treatment Guidelines and Treatment protocols of common clinical conditions. In the sessions till June 2024, a total of 4325 participants attended the lectures and out of these 923 could pass the post-session examination and got the certificates. The list of schedules along with number of participants of the 2^{nd} series is attached as Annexure - H.

3.4 Workshops conducted in the last six months (Jan-June 2024)

Expert group meetings for the revision of Standards at the CHC, PHC and UPHC levels were conducted on 12th & 14th February 2024 in NHSRC. With industry experts from various parts of the country brainstorming with the consultants of the Quality & Patient Safety Division, it resulted in meaningful suggestions for upgradation of the CHC, PHC and UPHC standards.

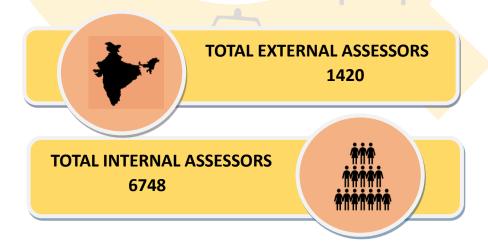
- A Consultative Workshop to Accelerate NQAS Certification in Ayushman Arogya Mandir healthcare facilities with a focus on achieving and surpassing the benchmark standards to enhance the quality of healthcare services provided was done on 12th March 2024 in NHSRC. During the consultative workshop, Community Health Officers (CHOs) Mentors were divided into groups to brainstorm and present on specific topics related to the implementation of National Quality Assurance Standards (NQAS) in healthcare facilities. Each group delved into their assigned topic, conducted thorough brainstorming sessions, prepared presentations, and engaged in discussions to share their insights and recommendations.
- To support the States/UTs on implementation of National Programs with focus on Comprehensive Primary Health Care, Quality & Patient Safety, IPHS, Community Process, Human Resource, Free Drugs & Diagnostics, Integration of NHM Portals etc., MoHFW organised 2 regional review conferences in the month of May 2024 (3-4 May Shillong & 16-17 May Srinagar). These conferences served as a platform for knowledge sharing and cross learning of the on ground experiences of the States/UTs.

3.5 Qualified Internal and External Assessors under NQAS

Since the last update of the Quality Darpan, 4 Batches of External Assessors' Training and the First batch of Ayushman Assessors' Training have been conducted. There are a total of 1420 External Assessors in the country from various States & UTs. Each State and UT have their pool of Internal Assessors also. The facility needs to be state certified before applying for National certification.

The internal assessors of the respective state support the DQAU and the SQAU in the peer and state-level assessment. As on 30th June 2024, there are a total of 6748 internal assessors in various States & UTs across the country. A state—wise list of number of Internal and External assessors have been placed as *Annexures – I and J*. The detailed complete list is available on Quality and Patient Safety website as well.

Fig 3.6 (on next page) shows the pool of External Assessors and Internal Assessors in different States and UTs.



3.6 Post Graduate Diploma in Healthcare Quality Management (PGDHQM), TISS

NHSRC in collaboration with the Centre for Hospital Management, School of Health Systems Studies, Tata Institute of Social Sciences (TISS), Mumbai has started a Post Graduate Diploma in Healthcare Quality Management (PGDHQM) in the year 2016. Seven batches of the course have successfully been completed. Over the years, the demand for these seats has been increasing. As of 30th June 2024, 206 professionals from 23 States/UTs have been nominated for supporting the Quality Assurance Programme from various States/UTs. A detailed list is placed at Annexure – K.

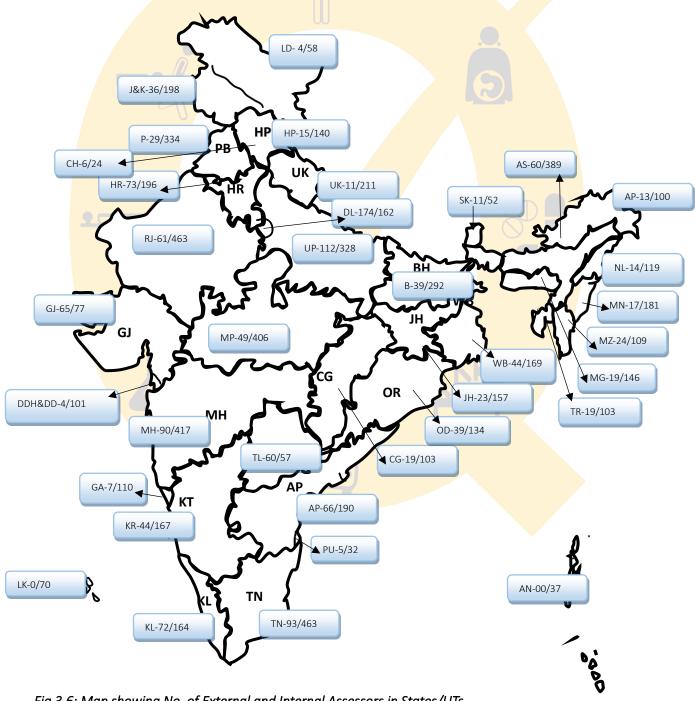
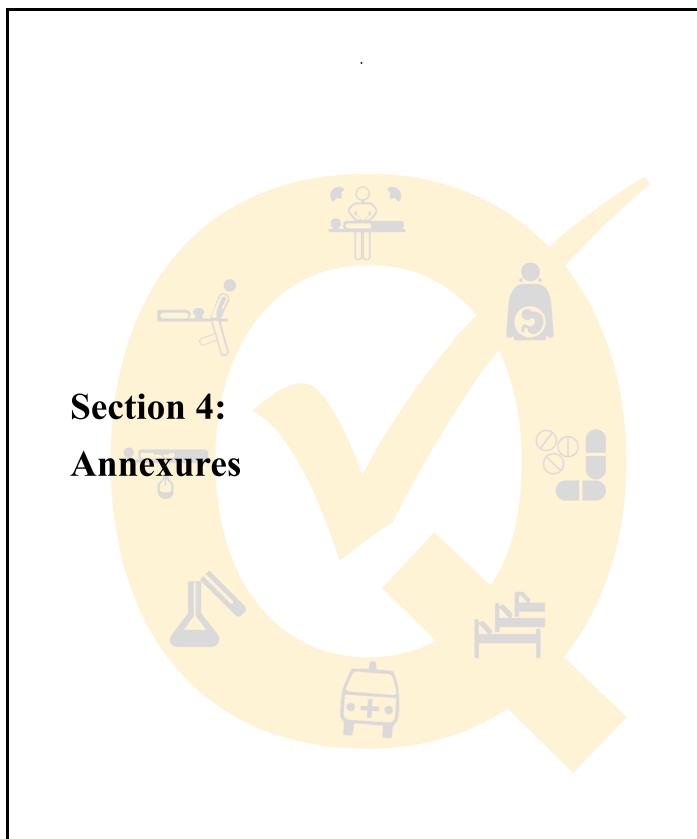
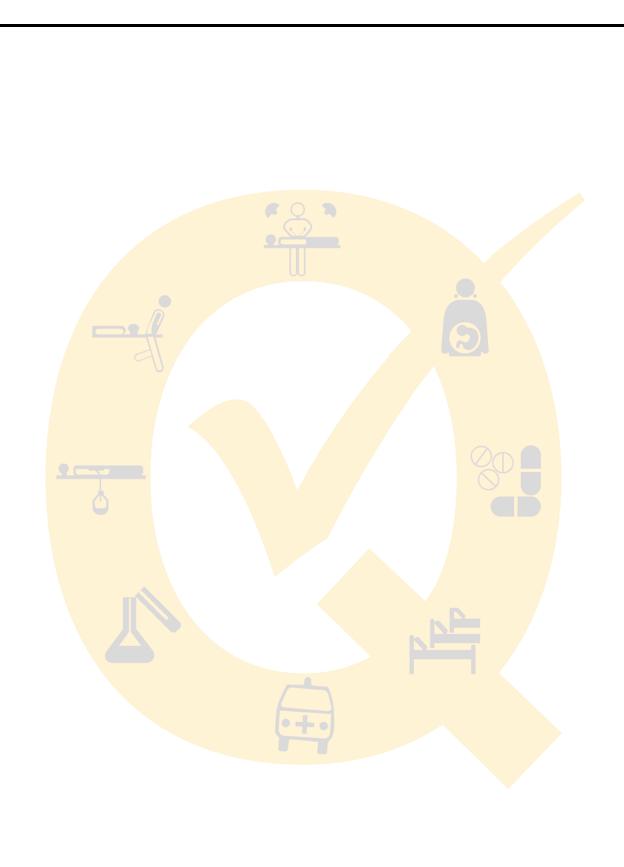


Fig 3.6: Map showing No. of External and Internal Assessors in States/UTs

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Target for NQAS Certification

Annexure – A

अपूर्व चन्द्रा, भा.प्र.से. सचिव APURVA CHANDRA, 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

> <u>D.O.No.Z-18015/13/2023-NHM</u> 3rd February, 2024

Dear Secretary

I am writing to reflect on the recently concluded Third National Conference of Chief Secretaries, which was held on 27-29th December 2023.

The theme for this year's conference was "Promoting Ease of Living", under which five sub-themes were identified, namely, land & property, electricity, drinking water, health and wellness, and schooling. The concepts of "Health and Wellness" and "Ease of Living" are interconnected and focus on improving the overall quality of life for individuals and communities.

The deliberations at the conference served as a guiding path for our progress towards the improvement of social indicators. It was reiterated at the conference that comprehensive primary healthcare is the foundation of our health systems. This directly impacts the health of our nation and ultimately, the ease of living for our citizens. With all the resources, including infrastructure, HR, drugs & diagnostics, teleconsultation, and expanded services, now in place at the transformed AB-HWCs, we are at a crucial juncture.

Through collaborative efforts of Centre and States, certain action points have been identified to ensure ease of living of citizens along with defined timelines. The same are being shared with you for developing further course of action to ensure the timely implementation:

Sr.No.	Subject	Timeline					
1.	 There should be fixed days for outreach services on lines of Ayushman Melas at AAMs and CHC/PHC level 						
2.	The Launch of U-WIN Portal	March 2024					
3.	The Saturation of Ayushman Cards for remaining beneficiaries (20 crore cards)	December 2024					
4.	The setting up of effective Drug Delivery Supply Chain Management System till primary level	December 2024					
5.	The enhanced use of IT (Information Technology) for ensuring availability of health professionals at health facilities	December 2024					
6.	To intensify preventive efforts for Tuberculosis	December 2024					

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7.	To ensure availability of all facilities at Ayushman Arogya Mandirs	80% by Dec. 2024 and 100% by Dec. 2025
8.	The registration of all health professionals and health facilities on ABDM registries	50% by Dec. 2024 and 100% by Dec. 2025
9.	The strengthening of co-location of Ayush professionals at PHCs and above	March 2025
10.	The screening of 100% eligible populations (30 years+) for Diabetes and Hypertension	March 2025
11.	By making available the Scan and Share facility using ABDM ecosystem in all Central Govt Institutes, Medical College Hospitals and in District Hospitals	March 2025
12.	The NQAS Certification of 50% Public Health Facilities	December 2025
13.	The NQAS Certification of 100% Public Health Facilities	December 2026
14.	By assuring access to health schemes to PVTG (Particularly Vulnerable Tribal Groups) through PM JANMAN	March 2026
15.	To complete all Critical Care Blocks under PM-ABHIM	March 2026

with wards
Yours sincerely,

(Apurva Chandra)

ACS/PS/Secy HFW of States

Copy to MDs of NHM of States

	State wise Rapid Assessment Status								
S.No.	Name of State	Number of facilities evaluated through Rapid Assessment	Number of facilities ready (minimum 8 departments)						
1	Andhra Pradesh	2	2						
2	Arunachal Pradesh	8	4						
3	Assam	16	14						
4	Bihar	21	18						
5	Chhattisgarh	\cup_5	4						
6	Delhi	14	10						
7	Guj <mark>arat </mark>	13	12						
8	Haryana 🔷	3	3						
9	Himachal Pradesh	8	6						
10	Jammu and Kashmir	12	10						
11	Jharkhand	17	15						
12	Karnataka	1							
13	Kerala	24	20						
14	Madhya Pradesh	17	17						
15	Maharashtra	15	14						
16	Manipur	4	2						
17	M <mark>eghalaya</mark>	9	7						
18	Mizoram	4	2						
19	Naga <mark>land</mark>	3	0						
20	Odisha	19	17						
21	Punjab	10	8						
22	Rajasthan	2	2						
23	Sikkim	3	3						
24	Tamil Nadu	6	3						
25	Telangana	1	1						
26	Tripura	7	5						
27	Uttar Pradesh	11	9						
	Grand Total	255	209						

NQAS Certification status of Public Healthcare Facilities in India

Annexure- C

State	DH	SDH	СНС	РНС	UPHC	AAM-SC
Andaman & Nicobar	0	0	0	0	0	0
Andhra Pradesh	11	16	29	555	48	783
Arunachal Pradesh	0	0	0	2	0	10
Assam	4	1	2	23	1	59
Bihar	8	1	1	6	0	9
Chandigarh	1	1	2	0	10	0
Chhattisgarh	20	1	18	99	24	83
Daman & Diu & Dadra & Nagar	2	2	6			
Haveli	3	2		17	0	70
Delhi	9	0	0	0	15	0
Goa	3	1	3	8	0	0
Gujarat	5	2	12	462	127	796
Haryana	14	3	7	111	24	89
Himachal Pradesh	3	3	1	0	0	45
Jammu & Kashmir	4	0	1	8	2	5
Jharkhand	3	0	5	5	0	163
Karnataka	20	42	60	294	43	340
Kerala	8	3	12	163	46	0
Ladakh	0	0	4	1	0	2
Lakshadweep	0	0	0	0	0	0
Madh <mark>ya Pradesh</mark>	34	21	57	167	10	1033
Mahar <mark>ashtra</mark>	1	2	1	66	2	9
Manipur	2	0	0	1	0	1
Meghalaya	0	0	0	2	0	0
Mizoram	3	0	0	6	3	0
Nagaland	0	0	0	8	3	8
Odisha	5	0	4	47	43	594
Puducherry	0	0	1	0	4	1
Punjab	12	4	6	7	8	91
Rajasthan	6	2	28	99	52	80
Sikkim	0	0	0	2	0	10
Tamil Nadu	23	64	156	506	76	33
Telangana	11	12	48	286	94	205
Tripura	0	1	0	24	2	28
Uttar Pradesh	88	0	99	25	2	549
Uttarakhand	10	3	2	1	0	4
West Bengal	10	33	11	89	46	2651
Total	321	218	576	3090	685	7751

NQAS Certification status for Labour Room & Maternity OT

Annexure-D

State	Labour Room	Maternity OT
Andhra Pradesh	49	37
Arunachal Pradesh	2	2
Assam	23	12
Bihar	24	13
Chandigarh	4	4
Chhattisgarh	25	22
Delhi	7	6
Daman & Diu and Dadra Nagar Haveli	5	3
Goa	6	4
Gujarat	61	51
Haryana	11	6
Himachal Pradesh	5	4
Jammu & Kashmir	9	8
Jharkhand	10	8
Karnataka	116	(m) 111
Kerala	11	10
Madhya Pradesh	143	49
Maharashtra	82	80
Manipur	4	3
Megha <mark>laya</mark>	0	1
Mizoram	2	1
Odisha	28	24
Puducherry	2	2
Punjab	12	9
Rajasthan	63	38
Sikkim	1	1
Tamil Nadu	90	88
Telangana	48	37
Tripura	4	3
Uttar Pradesh	72	46
Uttarakhand	14	8
West Bengal	26	25
Total	959	717

NQAS Certification status for MusQan

Annexure - E

S.No	Name of the State/UT	MC	DH	SDH	СНС	Total
1	Andhra Pradesh	1	8	4	8	21
2	Assam		1			1
3	Bihar		1		2	1
4	Chhattisgarh	00	4			6
5	Delhi		3	S		3
6	Goa		1	<u> </u>		1
7	Gujarat		1			1
8	Haryana		2			2
9	Karnataka		18			18
10	Kerala		1			1
11	Madhya Pradesh		16			16
12	Odisha		1			1
13	Rajasthan		2			2
14	Tamil Nadu		3			3
15	Telangana	1	8	3	3	15
16	Uttar Pradesh	-	3		2	5
17	West Bengal	2	9	2		13
Total		4	82	9	15	110

	Kayakalp incentivise facilities of FY 2023-24										
	Kayakalp ii										
S.N	Name of	DH	SD	СН	PH	UPH	UCH	AA	Eco-	Eco-	Total
0	State/UT	S	Hs	Cs	Cs	Cs	Cs	M	friend	friendly	incentivi
									ly DH	SDH/C	se
1	A 1	1	0	0	1		0	0	0	HC	facilities
1	Andaman and	1	0	0	1	0	0	0	0	0	2
	Nicobar					UU					
	Islands										
2	Andhra	8	11 ///	78	530	279	0	2633	1	1	3541
	Pradesh										
3	Arunachal	2	0	5	21	0	0	18	0	1	47
	Pradesh			7							
4	Assam	18	10	131	541	37	2	937	1	1	1678
5	Bihar	13	20	60	66	49	0	142	2	1	353
6	Chandi <mark>gar</mark>	2	1	0	0	1	0	33	2	1	40
	h	15		4.4	200	42	0	000	1		10.45
7	Chhatti <mark>sga</mark>	17		44	308	43	0	933	1	3)	1347
8	Daman diu	2	1	3	11	0	0	59	1	1	78
	& Dadra	2	1	3	11	O	O .		1	1	70
	Nagar										
	Haveli										
9	Delhi	20	2	0	0	104	0	0	1	1	128
10	Goa	1	1	2	6	4	0	6	1	1	22
11	Gujarat	5	18	96	868	211	9	1021	1	1	2230
12	Haryana	15	20	48	144	70	2	160	2	1	462
13	Himachal	4	11	3	180	4	0	246	0	2	450
	Pradesh		0	20				100			2.70
14	Jammu	6	0	28	79	13	0	122	1	1	250
	and Kashmir										
15	Ladakh	2	0	4	20	0	0	6	1	1	34
16	Jharkhand	9	1	41	41	19	0	233	1	1	346
17	Karnataka								-		J . U
		1.5	10	12	206	25	0	0.0	1	1	4.61
18	Kerala	15	12	13	306	25	0	88	1	1	461
19	Lakshadw	0	2	2	2	0	0	0	0	0	6
	eep										

	Γ	ı			T	T	T	Т	T		
20	Madhya Pradesh	37	45	166	414	164	4	1164	1	1	1996
21	Maharasht ra	26	55	120	577	150	15	1234	1	1	2179
22	Manipur	6	1	6	40	7		65	1	1	127
23	Meghalaya	3	0	3	16	1	0	15	1	1	40
24	Mizoram	12	2	7	50	9	0	108	2	2	192
25	Nagaland	9	0	6	38	6	0	58	1	0	118
26	Odisha	28	28	232	802	106	5	2363	2	4	3570
27	Puducherr y										
28	Punjab	16	22	53	63	30	2	253	1	1	441
29	Rajasthan	14	11 ///	203	664	187	0	1091	1	5	2176
30	Sikkim	4	0	1	20	2	0	91	1	1	120
31	Tamil Nadu	35	176	406	1251	320	11	2559	2	2	4762
32	Telanga <mark>na</mark>	7	12	10	296	91	0	458	1	1	876
33	Tripura	4	8	12	48	7	0	187	1	1	268
34	Uttar Pradesh	108	0	420	434	149	5	1265	1 (2382
35	Uttarak <mark>han</mark> d	10	14	16	34	8	0	92	0	0	174
36	West Bengal	47	33	273	691	0	0	837	1	1	1883
	Total	506	517	2492	8562	209 6	55	1847 7	35	39	32779

State-wise list of trainings conducted

Annexure – G

GL 4				NQA	S			ŀ	Kayakal	p	N	IUHM	LaQshya	TD ()
State	AT	SPT	IAT	EAT	AAT	ToT	Others	AT	SBA	EA	AT	IA-SPT	IA-SPT	Total
A&N Islands	0	0	1	0	0	0	0	0	0	0	0	0	1	2
Andhra Pradesh	1	1	4	0	0	1	1	2	0	1	0	0	4	15
Arunachal Pradesh	0	2	3	0	0	0	0	0	1	0	0	0	1	7
Assam	2	4	4	0	0	0	5	0	0	0	0	1	1	17
Bihar	1	4	8	0	0	1	4	2	4	2	1	3	2	32
Chandigarh	1	0	3	0 🤦	0	1	0	0	0	0	0	0	1	6
Chhattisgarh	1	4	3	0	0	2	0	0	0	0	1	0	1	12
DD & DNH	1	1	2	0	0	0	1	0	0	0	0	0	1	6
Delhi	0	0	5	0	0	0	8	1	1	1	0	2	1	19
Goa	0/	2	5	0	0	1	0	0	0	0	0	1	1	10
Gujarat	0	7	1	1	0	1	3	1	0	0	0	3	1	18
Haryana	3	2	7	0	0	2	0	1	0	1	1	2	1	20
Himachal Pradesh	1	2	3	0	0	2	1	1	0	0	0	0	0	10
J&K	1	7	6	0	0	0	1	0	1	1	0	0	1	18
Jharkh <mark>and</mark>	3	4	7	0	0	0	1	1	0	2	0	1	1	20
Karnataka	2	5	4	0	0	0	2	0	0	0	0	3	0	16
Kerala	3	9	5	1	0	1	1	1	1	0/	0	0	1	23
Ladakh	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Lakshadweep	1	0	1	0	0	0	0	0	0	0	0	0	0	2
MP	1	8	14	0	0	0	5	1	0	0	0	6	4	39
Mahar <mark>ashtra</mark>	0	1	10	0	0	1	3	3	2	2	2	4	5	33
Manip <mark>ur</mark>	0	3	6	0	0	0	0	0	0	2	0	2	1	14
Meghalaya	0	3	5	0	0	0	1	0	0	1	0	1	1	12
Mizoram	0	2	3	0	0	0	0	0	0	0	0	0	0	5
Nagaland	1	0	2	0	0	0	0	0	0	0	0	1	0	4
Odisha	1	9	7	0	0	0	1	0	1	0	4	4	2	29
Puducherry	1	0	2	0	0	0	1	0	1	0	0	0	0	5
Punjab	3	5	7	0	0	1	0	0	0	0	0	1	1	18
Rajasthan	1	5	3	0	0	2	1	2	0	0	0	2	2	18
Sikkim	0	0	3	0	0	0	0	0	0	0	0	0	0	3
Tamil Nadu	1	3	14	1	0	1	2	0	0	0	0	3	2	27
Telangana	1	3	2	0	0	0	0	2	1	1	0	0	3	13
Tripura	1	1	3	0	0	0	0	0	0	1	0	0	1	7
Uttar Pradesh	8	6	8	0	0	0	2	1	6	2	0	3	3	39
Uttarakhand	2	1	4	0	0	1	1	2	3	3	1	3	0	21
West Bengal	2	5	6	0	0	1	6	2	4	1	1	1	1	30
AFMS	0	0	4	0	0	0	0	0	0	0	0	0	0	4
DP	0	0	1	0	0	0	0	0	0	0	0	0	0	1
NHSRC	1	1	3	33	1	0	67	1	0	1	3	1	0	113
Total	45	110	181	36	1	19	118	24	26	22	14	48	45	689

S. No	Topic	Date	No. of Participants attended	No. of certificates issued
1	Dengue Fever	16 th Sept 2023	524	115
2	Emergency Management of IHD in Primary Health Facilities	21st Oct 2023	481	112
3	Managing Birth Asphyxia	18 th Nov 2023	184	47
4	Approach to Managing Respiratory Disease	16 th Dec 2023	159	53
5	Pain Management in Terminal Care	20 th Jan 2024	219	73
6	Skin Infections	17 th Feb 2024	353	107
7	Musculoskeletal Disorder	16 th Mar 2024	205	79
8	Nutritional Deficiency in Childhood	20 th Apr 2024	390	148
9	Early Recognition & Management of Chest Injury	18 th May 2024	1582	92
10	Acute Stroke Management	15 th Jun 2024	228	97



Sl. No	Name of State/ UT's	Total number of Internal Assessors
1	Andaman & Nicobar Islands	37
2	Andhra Pradesh	190
3	Arunachal Pradesh	100
4	Assam	389
5	Bihar	378
6	Chandigarh	24
7	Chhattisgarh	103
8	Dadar and Nagar Haveli	86
9	Daman & Diu	15
10	Delhi	162
11	Goa	110
12	Gujarat	77
13	Haryana	196
14	Himachal Pradesh	140
15	Jharkhand	157
16	Jammu & Kashmir	198
17	Karnataka	167
18	Kerala	164
19	Ladakh	58
20	Lakshadweep	70
21	Madhya Pradesh	406
22	Maharashtra	417
23	Meghalaya	146
24	Manipur	181
25	Mizoram	109
26	Nagaland	119
27	Odisha	134
28	Puducherry	32
29	Punjab	334
30	Rajasthan	463
31	Sikkim	52
32	Tamil Na <mark>du</mark>	463
33	Telangana	57
34	Tripura	103
35	Uttar Pradesh	328
36	Uttarakhand	211
37	West Bengal	169
38	NHSRC	21
39	AFMS Officers	146
40	Development Partners	27
Total Int	ernal Assessors	6748

State-wise list of External Assessors

Annexure - J

S.No	Name of State/UTs	Total number of External Assessors
1	Andhra Pradesh	66
2	Arunachal Pradesh	13
3	Assam	60
4	Bihar	39
5	Chandigarh	6
6	Chhattisgarh	19
7	Daman & Diu & Dadar and Nagar Haveli	4
8	Delhi	174
9	Goa	7
10	Gujarat	65
11	Haryana	73
12	Himachal Pradesh	15
13	Jharkhand	23
14	Jammu & Kashmir	36
15	Karnataka	(44
16	Kerala	75
17	Ladakh	4
18	Lakshadweep	0
19	Madhya Pradesh	49
20	Maharashtra	90
21	Manipur	17
22	Meghalaya	19
23	Mizoram	24
24	Nagaland	14
25	Odisha	39
26	Puducherry	5
27	Punjab	29
28	Rajasthan	61
29	Sikkim	11
30	Tamil Nadu	93
31	Telangana	60
32	Tripura	19
33	Uttar Pradesh	112
34	Uttarakhand	11
35	West Bengal	44
Total Ext	ternal Assessors	1420

State-wise list of TISS PGDHQM Professionals

Annexure - K

S. No	State/UT	2016- 17	2017- 18	2018- 19	2019- 20	2020- 21	2022-23	2023-24	Total
1	Andaman and Nicobar	0	0	1	0	0	0	0	1
2	Bihar	4	2	3	2	3	3	4	21
3	Chhattisgarh	1	0	0	0	0	0	0	1
4	Delhi	2	2	2	2	2	0	2	12
5	Guj <mark>arat</mark>	0	0	0	0	2	3	2	7
6	Himachal Pradesh	0	0	2	0	0	2	2	6
7	Jammu and Kashmir	0	3	0	3	0	0	0	6
8	Jharkhand	2	2	2	2	2	2	0	12
9	Karnataka	0	1	0	3	0	0	0	4
10	Kerala	0	1	0	5	0	0	0	6
11	Madhya Pradesh	4	0	2	3	5	0	0	14
12	Maharashtra	0	0	4	4	4	3	0	15
13	Manipur	0	0	1	2	2	0	0	5
14	M <mark>eghalaya</mark>	0	0	0	0	0	0	1	1
15	Miz <mark>oram</mark>	1	0	0	0	0	0	0	1
16	Nagal <mark>and</mark>	0	0	0	0	1	0	0	1
17	Odisha	3	3	3	2	4	10	26	51
18	Punjab	2	2	0	0	0	0	0	4
19	Rajasthan	0	0	2 -	2	3	3	3	13
20	Telangana	0	1	2	0	0	0	0	3
21	Uttarakhand	2	2	2	2	0	2	2	12
22	Uttar Pradesh	0	0	0	0	0	0	4	4
23	West Bengal	0	0	0	0	0	3	3	6
Total		21	19	26	32	28	31	49	206

List of Contributors

S.No.	Name	Designation	
1.	Smt Aradhana Patnaik	AS & MD, NHM, MoHFW	
2.	Maj Gen (Prof) Atul Kotwal	Executive Director, NHSRC	
3.	Dr Neha Garg	Director, NHM II, MoHFW	
4.	Dr J N Srivastava	Advisor, QPS, NHSRC	
5.	Dr Raj Prabha Moktan	Director, RRC-NE	
6.	Dr Deepik <mark>a Sharma</mark>	Lead Consultant, QPS, NHSRC	
7.	Dr Aman Sharma	Consultant, QPS, NHSRC	

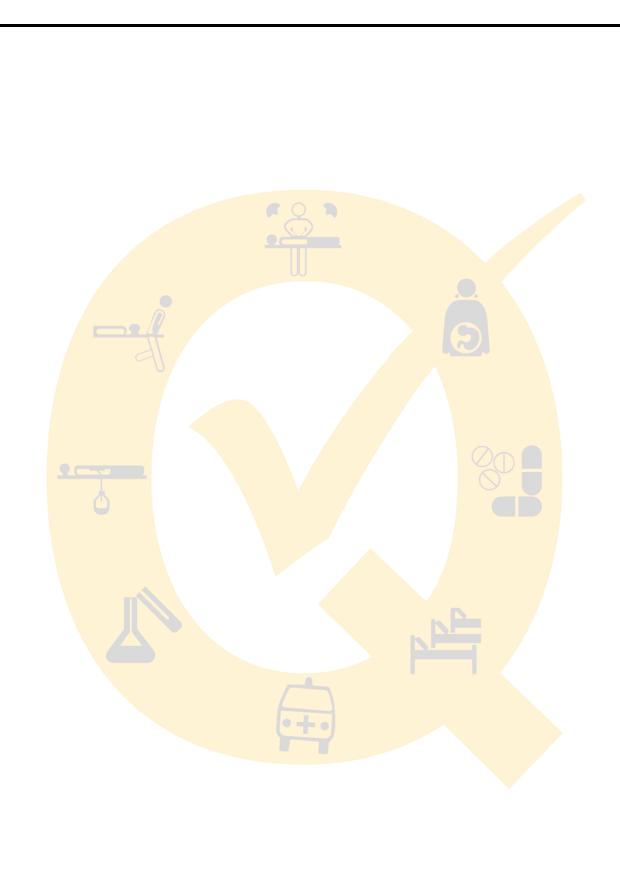
NHSRC & RRC-NE Quality & Patient Safety Team

S.No.	Name	Designation		
1.	Dr Chinmayee Swain	Sr Consultant, QPS, NHSRC		
2.	Dr Anupjyoti Basistha	Sr Consultant, QPS, RRC-NE		
3.	Dr Arpita Agrawal	Sr Consultant, QPS, NHSRC		
4.	Mr Ranjith R Menon	Health Services QA Specialist, ADB		
5.	Dr Abhay Dahiya	Consultant, QPS, NHSRC		
6.	Dr Naveen Kumar	Consultant, QPS, NHSRC		
7.	Dr Ajay Kumar Arya	Consultant, QPS, RRC-NE		
8.	Dr Annapoorna K N	Consultant, QPS, NHSRC		
9.	Dr Vineeta Dhankhar	Consultant, QPS, NHSRC		
10.	Dr Siddhi Dhond	Consultant, QPS <mark>, NHSRC</mark>		
11.	Dr Ratan Shekhawat	Consultant, QPS, NHSRC		
12.	Mr Anand Yadav	Consultant, QPS, NHSRC		
13.	Dr Ravikar Singh	Consultant, QPS, RRC-NE		

Certification Unit, Quality & Patient Safety Team

S.No.	Name	Designation
1.	Ms Vinny Arora	Lead Consultant, CU, QPS, NHSRC
2.	Dr Neeraj Gautam	Sr Consultant, CU, QPS, NHSRC
3.	Dr Ranjit Mandal	Sr Consultant, CU, QPS, NHSRC
4.	Dr Amrita Rastogi	Consultant, CU, QPS, NHSRC
5.	Dr Deepika Gaur	Consultant, CU, QPS, NHSRC
6.	Mr Gulam Rafey	Consultant, CU, QPS, NHSRC
7.	Ms Rachana Kumari	Consultant, CU, QPS, NHSRC
8.	Ms Sonia Verma	Consultant, CU, QPS, NHSRC
7.	Ms Sowjanya Jarugula	Consultant, CU, QPS, NHSRC

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National Health Systems Resource Centre

NIHFW Campus, Baba Gangnath Marg, Munirka

New Delhi- 110067