



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE

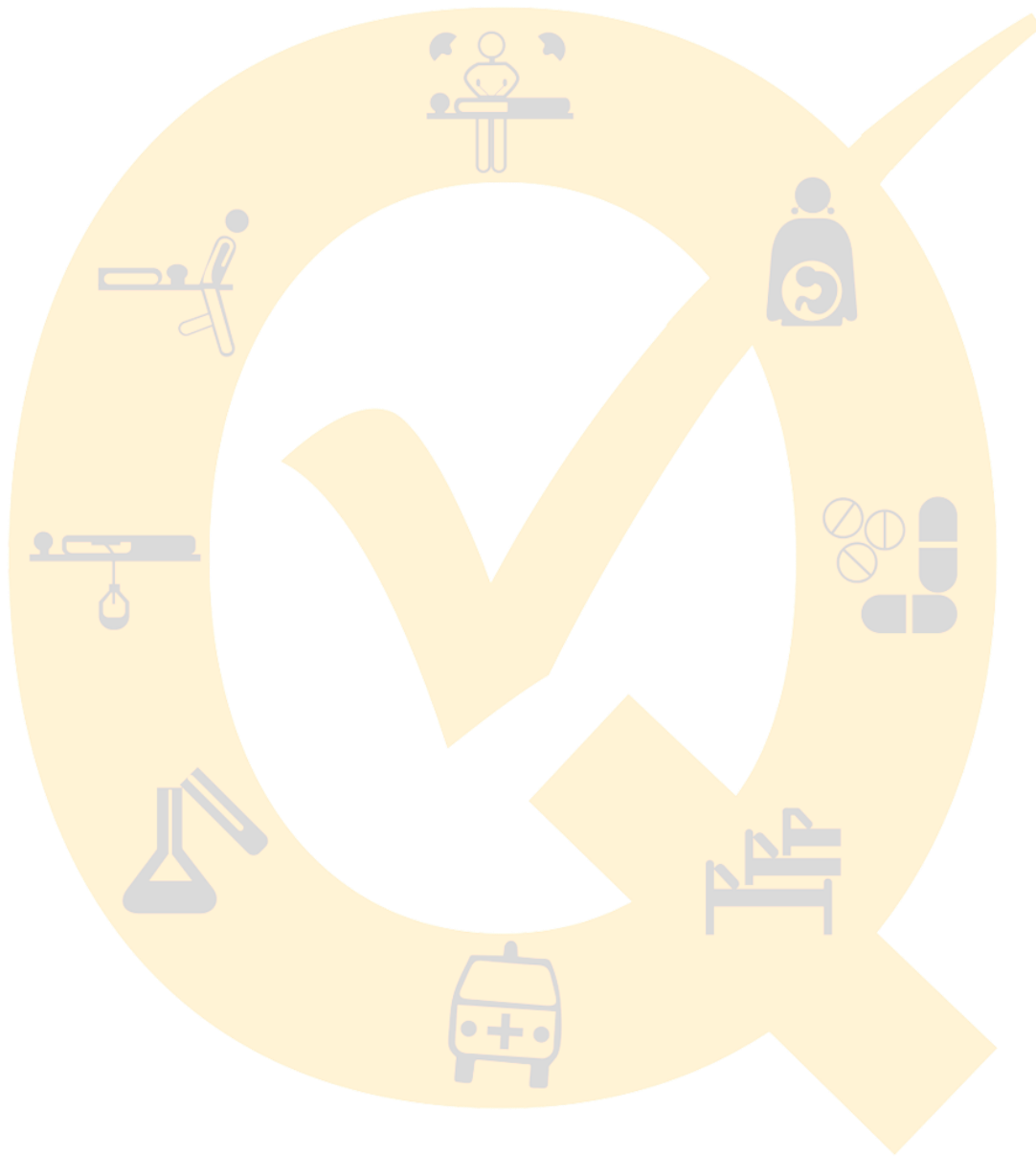


Quality Darpan

An update on National Quality Assurance Programme



Vol. V No. 2,
Dec 2024



Preface to this edition

Policymakers and public health professionals are concentrating on improving healthcare quality in order to maximise resource use, optimise health outcomes, and improve patient satisfaction. It is unethical and ineffective to offer healthcare services without assuring a minimum standard of quality. Establishing public healthcare facilities against predetermined quality standards is essential for fostering public trust, facilitating access to these services, and raising service provider's morale.

In any particular setting, high-quality health systems are essential because they constantly offer treatment that improves or preserves health, gains the community's confidence and respect, and adjusts to changing population demands. The goal of the National Quality Assurance Standards is to enhance the standard of treatment in India's public health facilities by implementing significant changes.

To give a broad overview and track the development of quality in public healthcare facilities, the QPS division of the NHSRC publishes Quality Darpan. This issue of 'Quality Darpan: An Update on the National Quality Assurance Program' attempts to highlight the most recent interventions and give a summary of the program's implementation status during the last six months, from July 2024 to December 2024. It is anticipated that the data presented in this publication will help states and union territories evaluate their accomplishments, pinpoint areas that require development, and carry on with their efforts to improve quality.

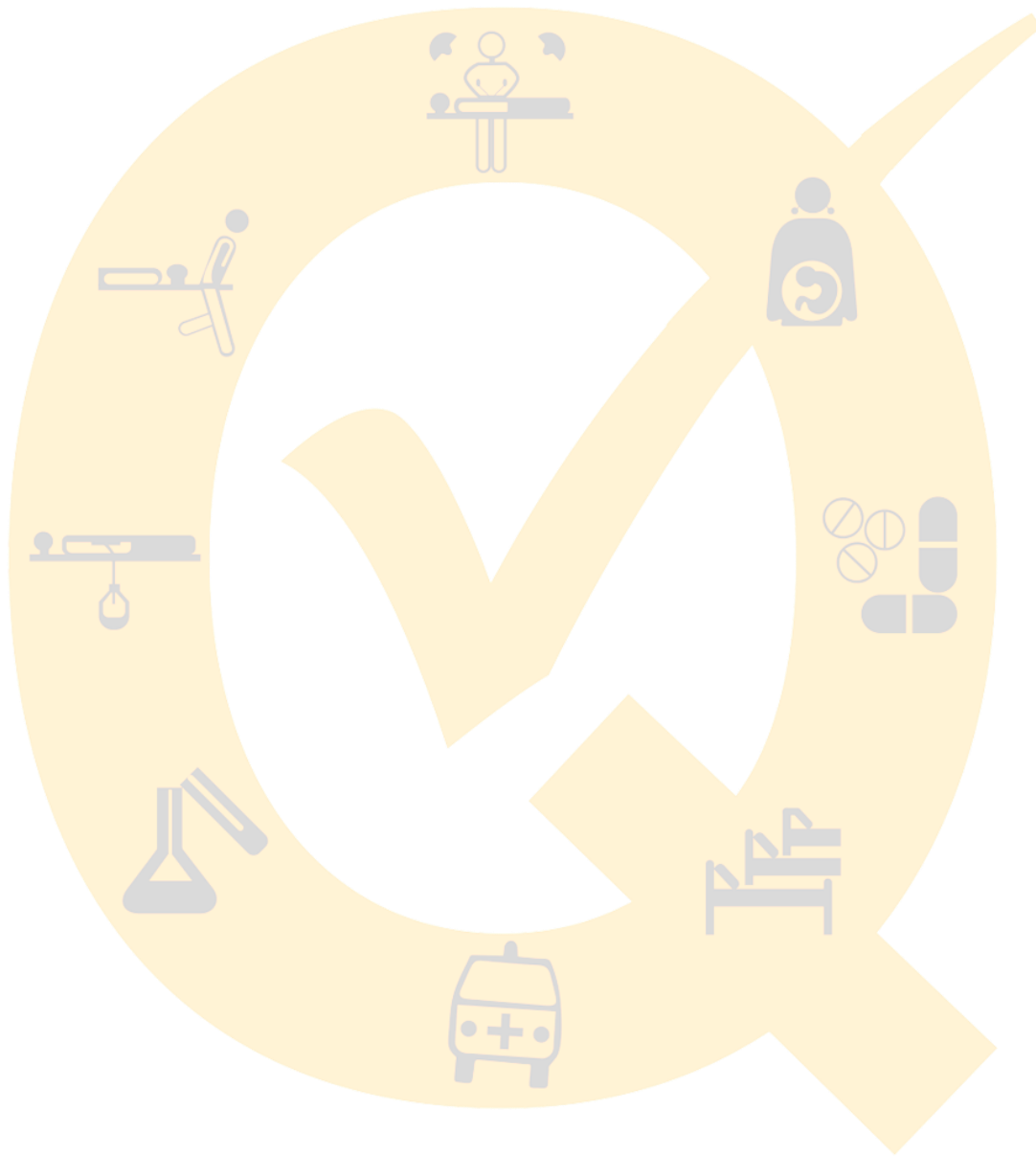
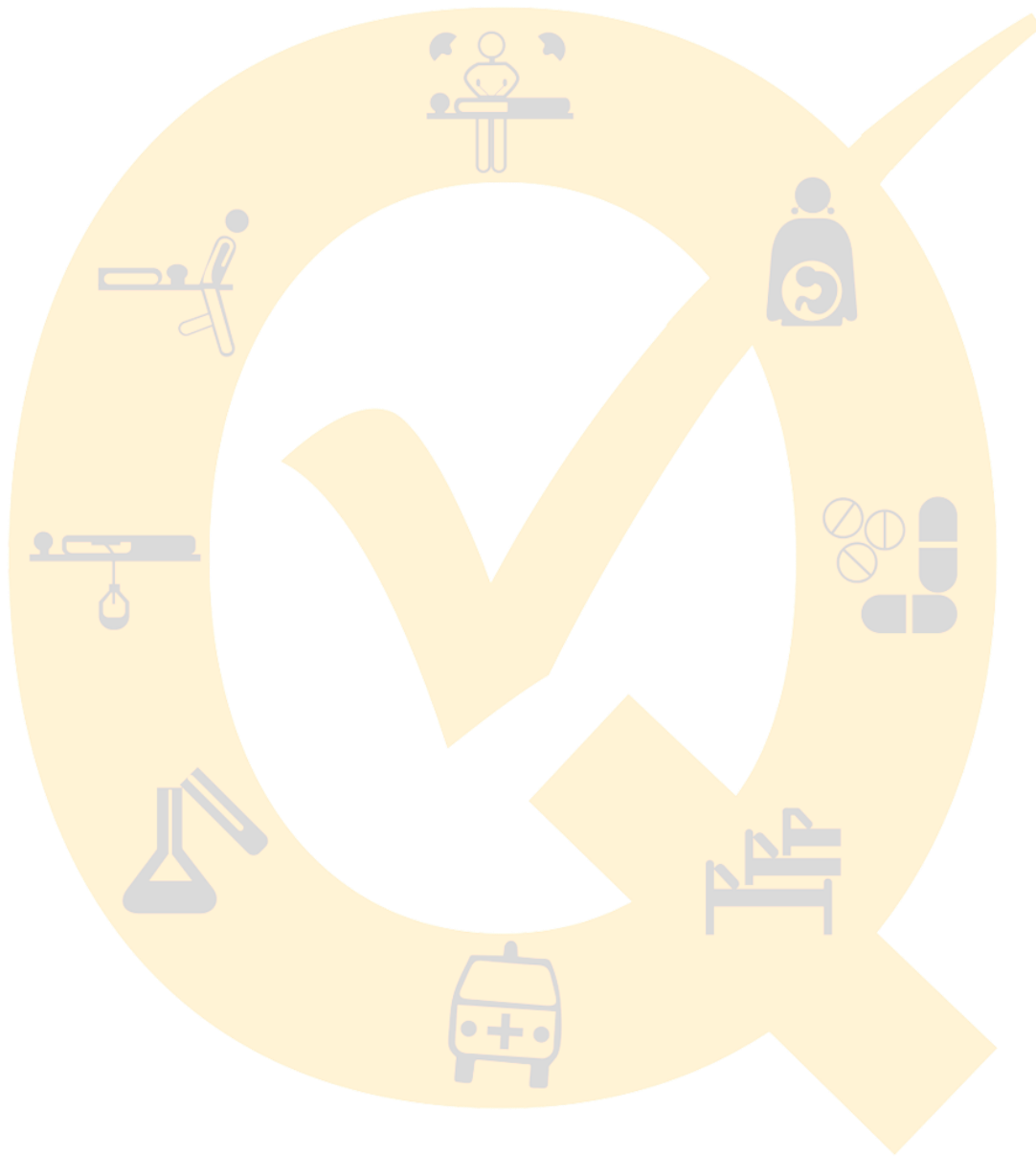


Table of Contents

Details of the contents	Page No.
Section 1: Progress under National Quality Assurance Standards	
Latest initiatives at glance	9
1.1 World Patient Safety Day 2024	9
1.2 NQAS Review Meetings	11
1.3 ISO 9001:2015 Re-Certification	12
1.4 Dissemination of NQAS for IPHL & Kayakalp revised guidelines	13
Section 2: Status of NQAS Implementation	
2.1 National Quality Assurance Standards	15
2.2 LaQshya	19
2.3 MusQan	20
2.4 Kayakalp	21
Section 3: Training & Capacity Building	
3.1 Training under NQAS	25
3.2 Field visits in the States/UTs	27
3.3 STG – 2 nd & 3 rd series	28
3.4 Workshops under NQAS	28
3.5 Status of Internal & External Assessors under NQAS	29
3.6 Post Graduate Diploma in Healthcare Quality Management – TISS	30
Section 4: Good Practices in States/UTs	31
Section 5: Annexures	37





Section 1:

Progress Under National Quality Assurance Standards



QUALITY AND PATIENT SAFETY

"Quality is more important than quantity. One home run is better than two doubles"
- Steve Jobs

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 development of the National Quality Assurance Standards. NQAS are developed for primary and secondary level public healthcare facilities. It is based on the ideas of measurability and continuous improvement. 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 World Patient Safety Day 2024

By focusing on patient safety, healthcare systems can not only prevent harm but also improve the overall quality of care, leading to better health outcomes and increased trust in the healthcare system. There is a worldwide shift towards patient-centred healthcare, where the needs, preferences, and values of patients are central to care delivery. The Seventy Second World Health Assembly (WHA), in May 2019, brought attention to the issue of patient safety and endorsed the creation of an annual World Patient Safety Day, to be observed globally on **17 September** every year. Every step in the process of caregiving is associated with a certain degree of inherent unsafety. Patient Safety focuses on minimizing risks, errors, and harm to patients during the provision of healthcare services. It is a fundamental principle of healthcare and is now being recognized as a large and growing global public health challenge. Yearly celebration of World Patient Safety Day serves as a vital reminder to foster a culture of safety within healthcare organizations, where errors are minimized, patient care is continuously improved, and the voices of patients and families are heard and valued.

The theme of **World Patient Safety Day 2024, "Improving Diagnosis for Patient Safety,"** with the slogan **"Get it right, Make it safe,"** underscores the critical importance of accurate and timely diagnosis in ensuring patient safety. Diagnostic errors, which are often under recognized and inadequately addressed, pose a significant risk to patient outcomes, contributing to delays in treatment, unnecessary procedures, and preventable harm.

Initiatives of Government of India aligning with global efforts, has made significant strides in advancing patient safety as part of its broader commitment to achieving Universal Health Coverage (UHC). The country has undertaken numerous efforts at national and state levels to address diverse patient safety challenges, including unsafe injection practices, healthcare associated infections,

medication safety, and the growing threat of antimicrobial resistance. These efforts are complemented by the establishment of frameworks and standards that promote safe, effective, and patient-centered care. This year's theme highlights the need for systematic improvements in diagnostic processes to enhance the overall safety and quality of healthcare. This year, the event was organised at the Indian Habitat Centre, Lodhi Road, New Delhi with Quality and other healthcare professionals invited from all states/UTs (online as well as offline). Patient safety pledge was administered to all the participants first in Hindi and then followed by in English (*Annexure- A*). This was succeeded by technical sessions from industry experts on the topics related to this year's theme. The technical sessions included Diagnostic Errors, Importance of EQAS, KPIs for Labs, Lab Safety Audits and Clinical audits for enhancing diagnostic safety.

The technical sessions were followed by deliberating the updates on the best practices for SaQushal implementation in the states/UTs. The Quality & Patient Safety Division presented the analysis of the SaQushal Self – Assessment scores of the States and UTs. This analysis compared the scores of the Areas of Concerns of the SaQushal tool used in 2023 and 2024. The analysis also compared the overall score of the NQAS Certified facilities with the not certified ones. The NQAS Certified facilities had an average score higher as compared to the non-certified facilities. The analysed data of the states showed a comparison of the median score of the facilities within the districts for the Areas of Concerns and the Standards.

The complete WPSD 2024 event report and SaQushal Analysis report can be accessed on NHSRC's website.



Fig 1.1 World Patient Safety Day 2024 – Group Photograph



Fig 1.2 Administration and Uptake of Patient Safety Pledge



Fig 1.3 Panelists for the Technical Sessions

Additionally, this National level Event also featured launch of a comprehensive **Coffee Table E-book** that captures a wide array of activities and initiatives undertaken at both the national and state levels in 2023. The E-book focused on the theme "**Engaging Patients for Patient Safety**," emphasizing the pivotal role of patient involvement in enhancing healthcare safety standards. During the tea and lunch breaks, a dedicated quiz counter was set up to engage participants and test their knowledge on various aspects of patient safety. Participants were invited to answer



Fig 1.4 Launch of Coffee Table E-Book and participants playing the Patient Safety Quiz

questions covering a range of topics. To add an element of fun and excitement, on the spot prizes were awarded to participants who answered questions correctly and promptly.

1.2 NQAS Review Meetings

In the third National Conference of the Chief Secretaries held on 27th – 29th December 2023, timelines for various indicators were defined. It was decided by the Ministry of Health & Family Welfare that the NQAS Certifications of 50% of the Public Health Facilities to be done by December 2025 and 100% of them to be NQAS certified by December 2026. The Quality & Patient Safety Division of NHSRC took up a virtual review meeting in the month of July 2024 with all the states/UTs to know the status of the NQAS certifications. The states were also asked to prepare the action plan & projections for the current financial year to achieve the targets set by MoHFW.

Based on current progress and tentative projections by the states/UTs, incremental quarter-wise targets for NQAS certifications till Dec 2026 were derived by QPS division and officially communicated to the states/UTs.

The progress of NQAS certifications based on these incremental quarter-wise targets were again reviewed virtually in the month of December by the QPS division. All the states/UTs were motivated for their current progress and achievement of the ultimate targets set by the MoHFW within the timelines.

1.3 ISO 9001:2015 Re-Certification

The National Health Systems Resource Centre (NHSRC) and the Regional Resource Centre for the North-Eastern States (RRC-NES) are certified on ISO 9001:2015 since December 2018. ISO 9001:2015 is a globally recognized standard that outlines requirements for the Quality Management Systems. The implementation of these standards helps the organizations improve their business performance, ensure customer satisfaction, and demonstrate their commitment to quality. This time, NHSRC and RRC-NE were due for re-certification. The audit was scheduled for 26th & 27th November in NHSRC and 09th December in RRC-NE. The auditor took thorough review of the documentations and the processes being followed in the organisation. Staff interviews were also an integral part of the audit. After the audit, it was suggested to get the new amendments implemented in the organisation as well. Gap closure report and action plan was submitted to the auditor and the NHSRC and the RRC-NE got their ISO 9001:2015 certifications renewed.



Fig 1.5 Renewed ISO Certificate of NHSRC

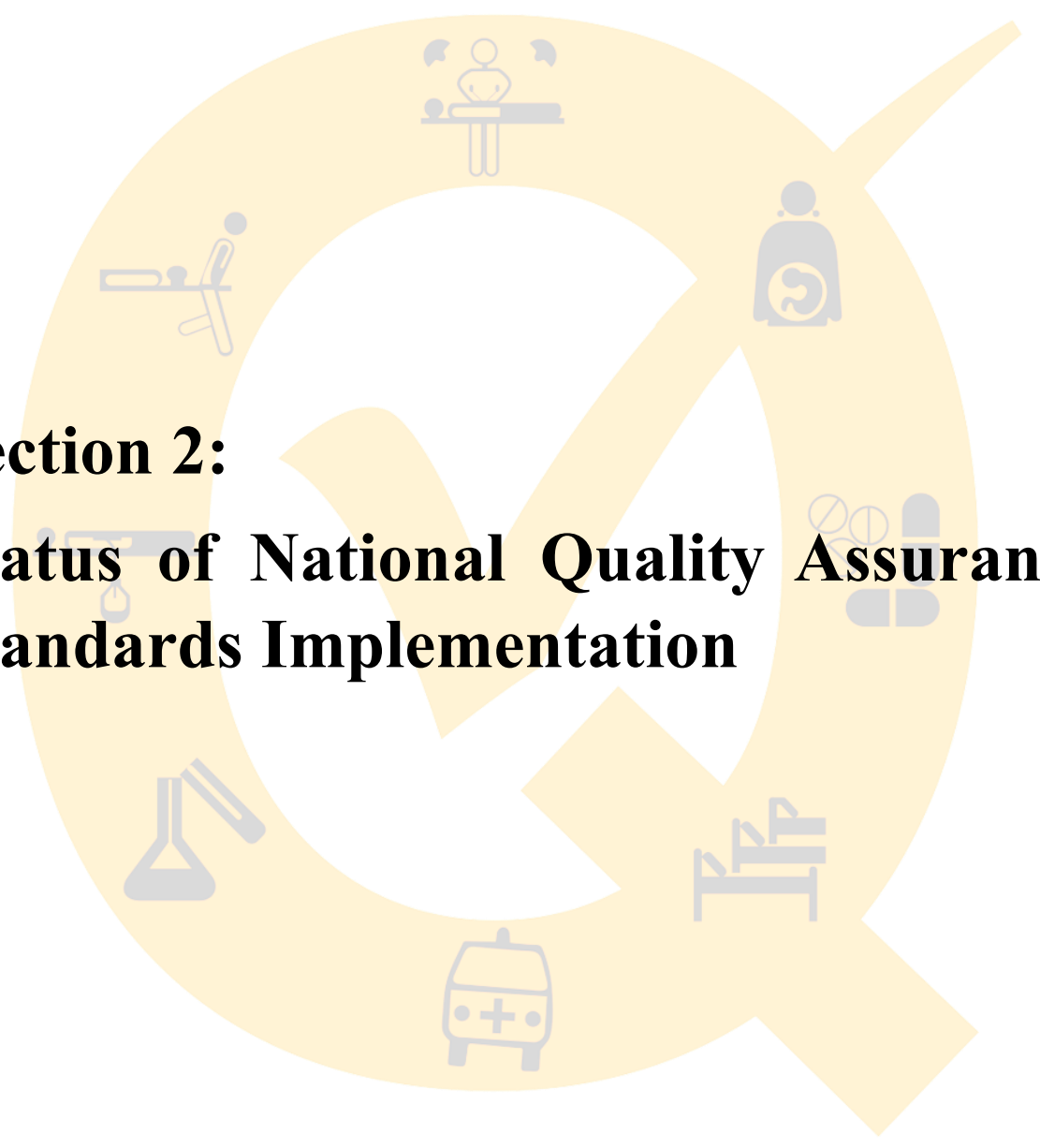
1.4 Dissemination of NQAS for IPHL & Kayakalp revised guidelines

The National Quality Assurance Standards (NQAS) for Integrated Public Health Laboratories (IPHL) and the revised Kayakalp guidelines were officially launched by the Hon'ble Ministers of State for Health & Family Welfare on 28th June 2024.

Following their launch, it was imperative to disseminate these guidelines effectively to all States and Union Territories (UTs). In line with this objective, dedicated online workshops were organized on **2nd August 2024** and **6th August 2024** to share comprehensive information on the **NQAS for IPHL** and the **revised Kayakalp guidelines**, respectively.

The primary objective of these workshops was to sensitize and orient the relevant stakeholders at the State and UT levels to the key components, implementation frameworks, and quality parameters outlined in the guidelines. These workshops aimed to ensure uniform understanding and to support effective operationalization of the initiatives across the country.





Section 2:

Status of National Quality Assurance Standards Implementation



STATUS OF NATIONAL QUALITY ASSURANCE STANDARDS IMPLEMENTATION

The National Quality Assurance Standards (NQAS) were 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 edition of Quality Darpan, the total number of NQAS certified facilities has enormously risen from **12641 to 22786** by Dec 2024 reflecting a notable increase of **10145** certifications (80.25% increase).

Out of these **22786** facilities, 7589 have received national certification, while 15197 have obtained state certification for public health facilities. (Please refer to *Annexure – B*, for state-wise number of NQAS Certified (State + National) 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.

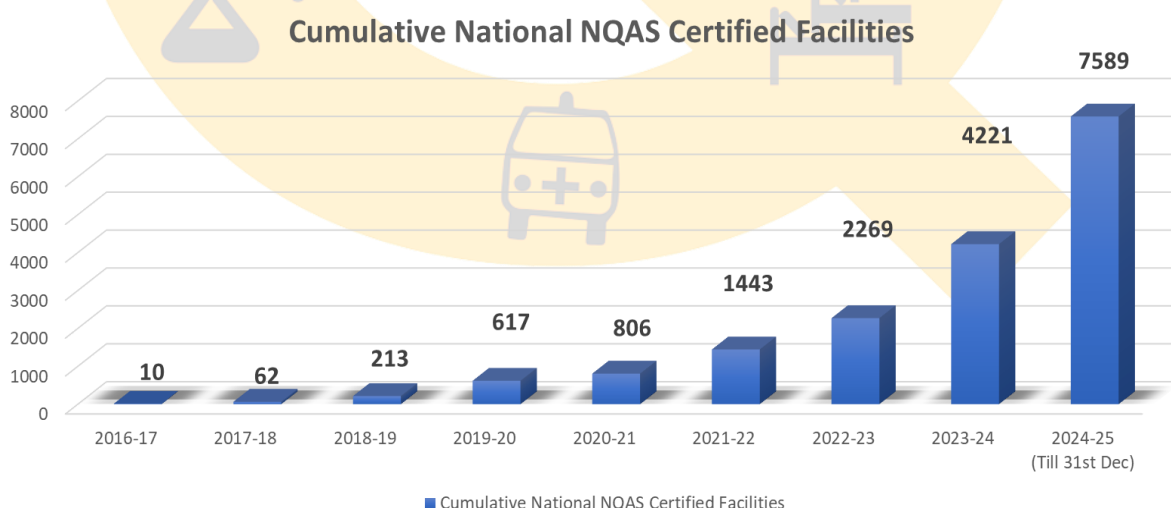


Fig 2.1 Year-on-year cumulative progress of the National Quality Assurance Standards

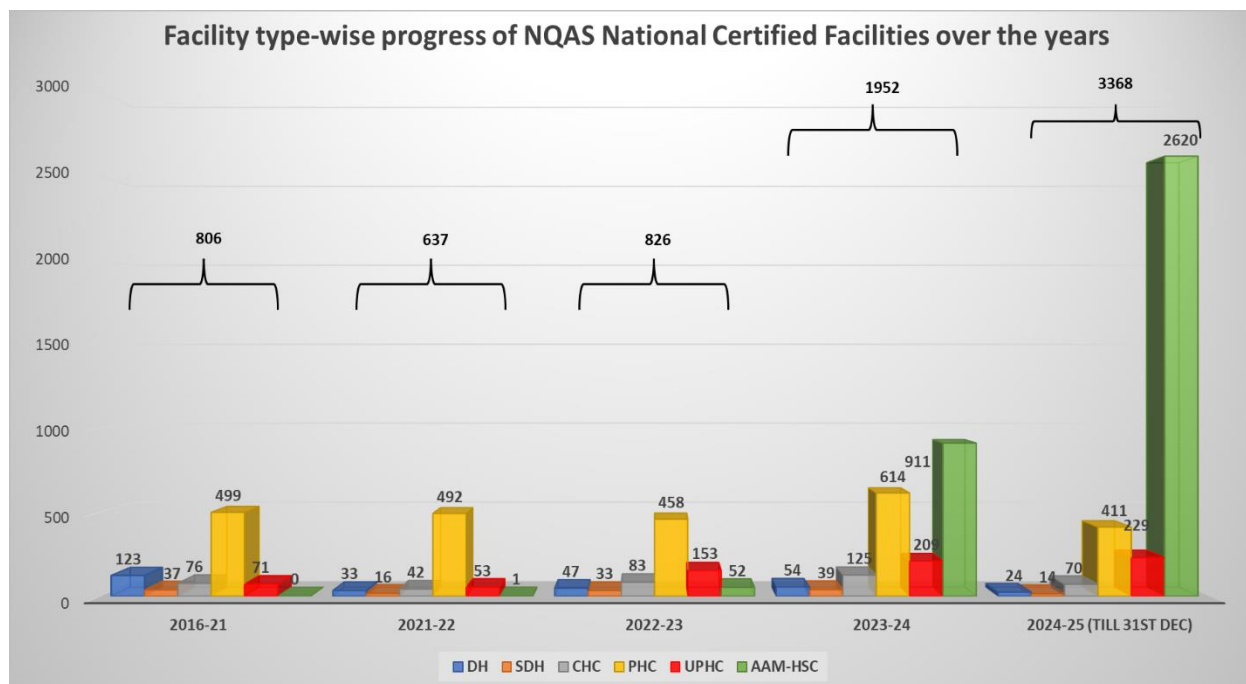


Fig 2.2 Facility type-wise cumulative progress of the National Quality Assurance Standards

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.

Fig 2.3 illustrates the total number of healthcare facilities in each category which are NQAS certified till 31st December 2024.

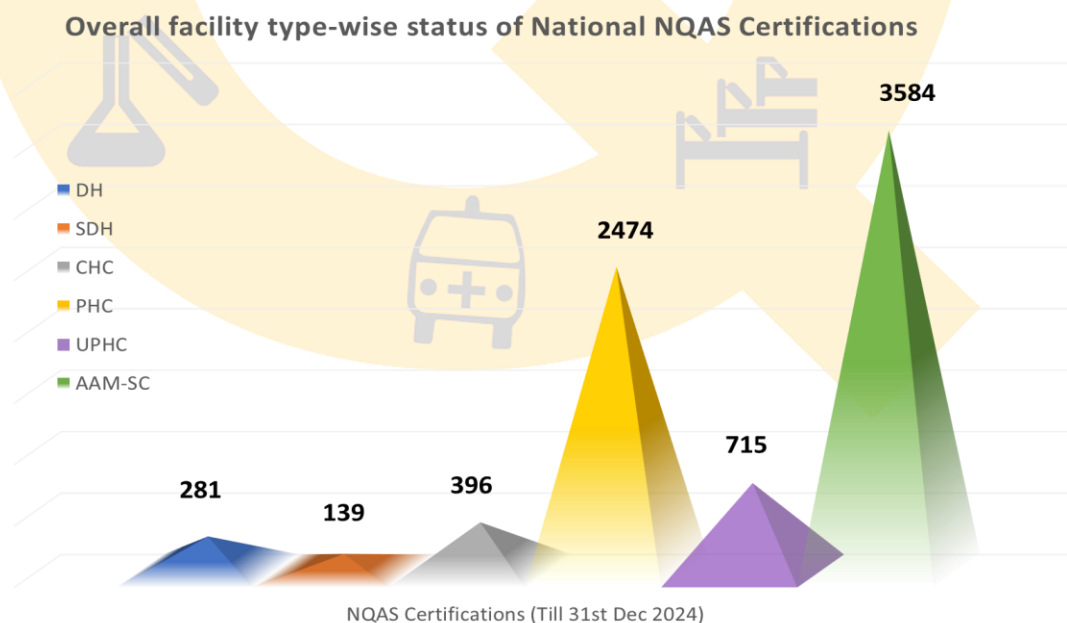


Fig 2.3 Overall facility type-wise status of NQAS certified facilities till 31st Dec 2024

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 financial year 2023-24, a total of 190 facilities were successfully re-certified for NQAS (Fig 2.4) and for FY 2024-25, till 31st December, total 123 healthcare facilities were re-certified and in the last 6 months 88 public health facilities have been recertified. (Fig 2.5)

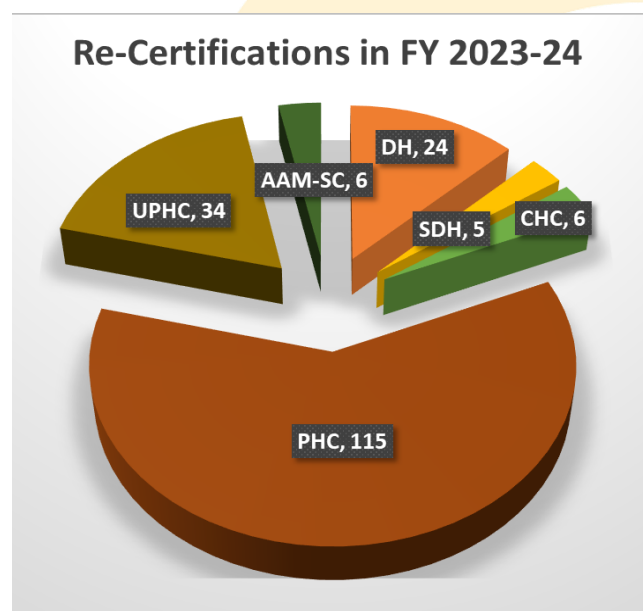


Fig 2.4: Number of Re-Certifications in FY 2023-24

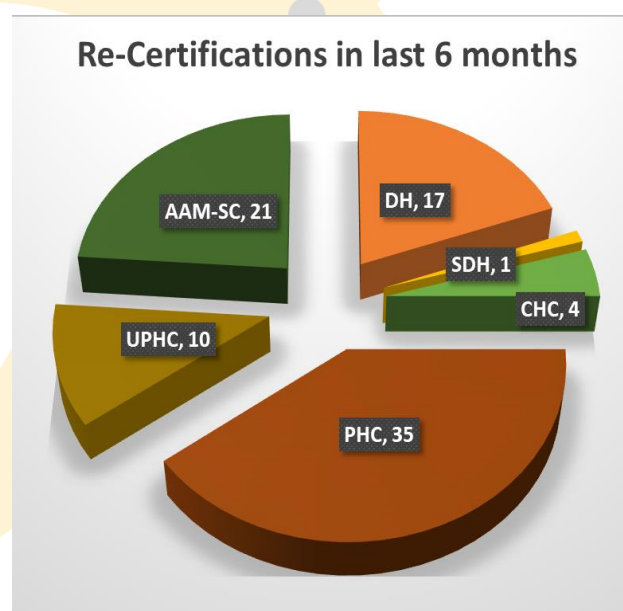


Fig 2.5 Number of Re-Certifications in the last 6 months (July - December 2024)

Progress of NQAS in the Last Six Months (July to Dec 2024)

In the past six months, **10145** facilities have achieved the NQAS certification. Out of this, **2931** achieved the National Certification and **7214** have achieved the State Certification. This 2931 includes 17 DHs, 11 SDHs, 60 CHCs, 362 AAM-PHCs, 189 AAM-UPHCs and 2292 Ayushman Arogya Mandir (Sub-Health Centres) which have achieved the national NQAS certifications.

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

Progress of NQAS Certification in last six months (July – December 2024)

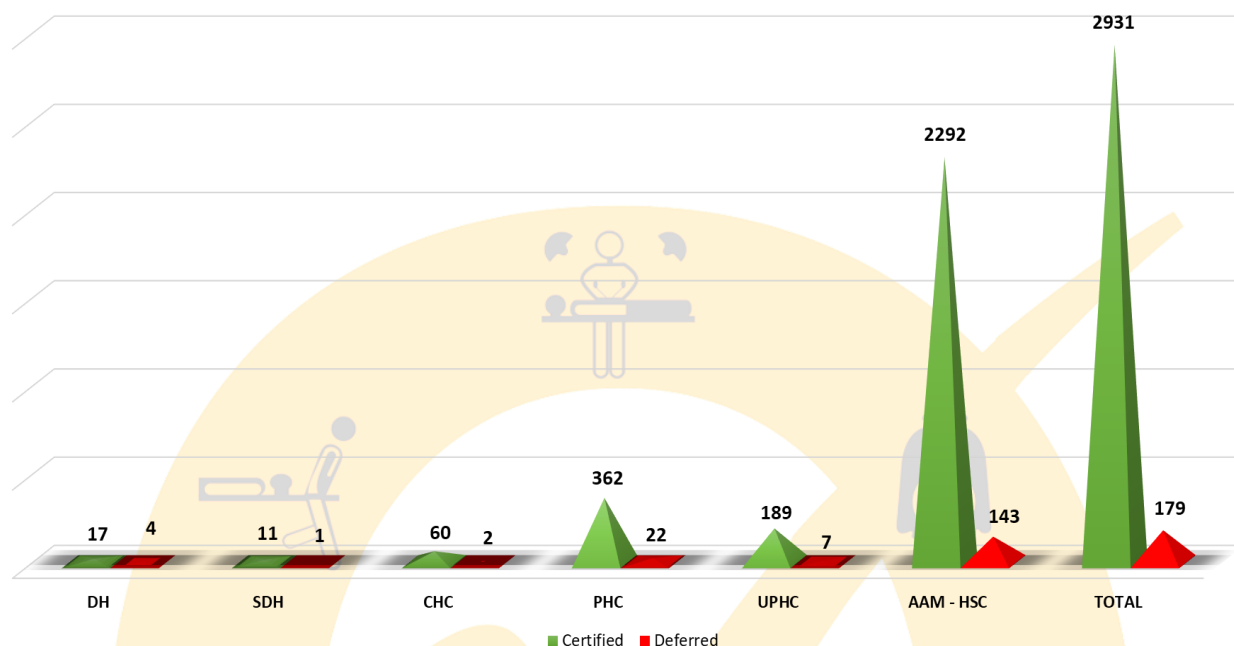


Fig 2.6: Progress of NQAS Certification in last six months (July – December 2024)

2.2 LaQshya

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 31st December 2024, the incremental growth in the LaQshya Certified Labour Rooms (LRs) and Maternity-OTs (MOTs) has reached **1111** and **809** respectively.



Progress of LaQshya in Last Six Months (July to Dec 2024)

In the last six months, **147 LR**s and **93 MOT**s have achieved the NQAS certification under LaQshya. A state-wise breakup of the NQAS certified LR and MOT has been placed as *Annexure – C*. Fig 2.7 represents the financial year wise increase in NQAS certification of LR and MOTs.

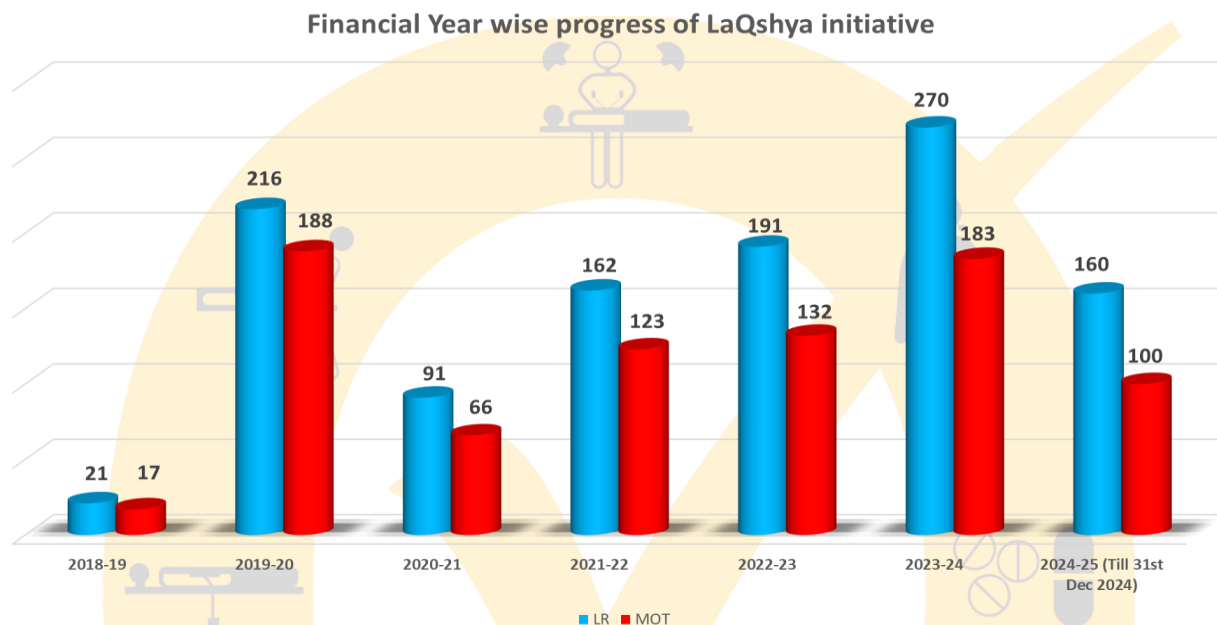


Fig 2.7 Financial year wise progress of Certification under LaQshya in LR and MOTs

Whereas Fig 2.8 shows the cumulative numbers of NQAS certified LR and MOTs since the inception of the initiative.

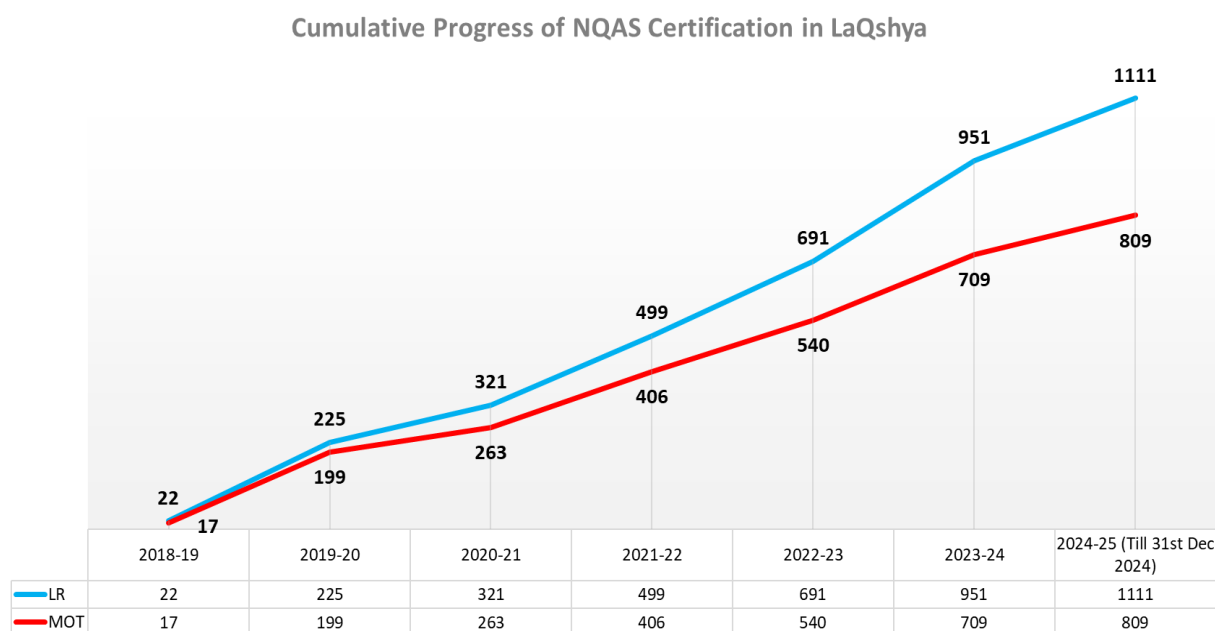


Fig 2.8: Financial year wise cumulative progress of NQAS Certification in LR and MOTs

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 December 2024.

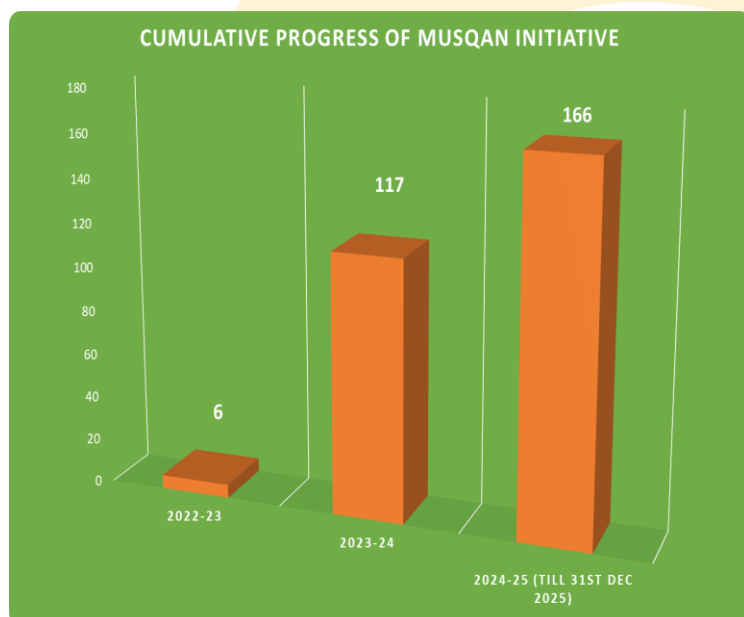


Figure 2.9: Cumulative Progress of NQAS certification under MusQan

OVERALL FACILITY TYPE-WISE STATUS OF NQAS CERTIFICATIONS UNDER MUSQAN (TILL DEC 2024)

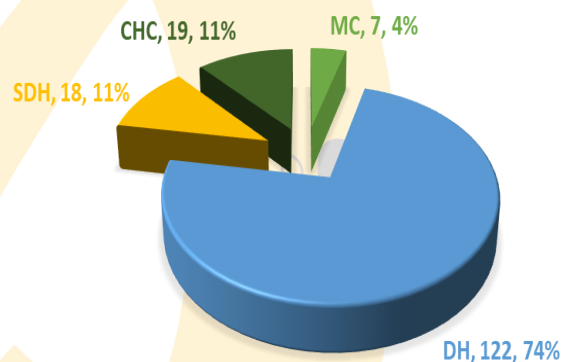


Fig: 2.10: Facility type wise breakup of NQAS certification under MusQan

Progress of MusQan in Last Six Months (July to Dec 2024)

In the last edition, there were 125 NQAS certified facilities under the MusQan initiative and this number has increased to a cumulative of **166** as on 31st Dec 2024. A state and facility-wise breakup of the number of NQAS certified facilities under MusQan initiative has been placed as *Annexure – D*.



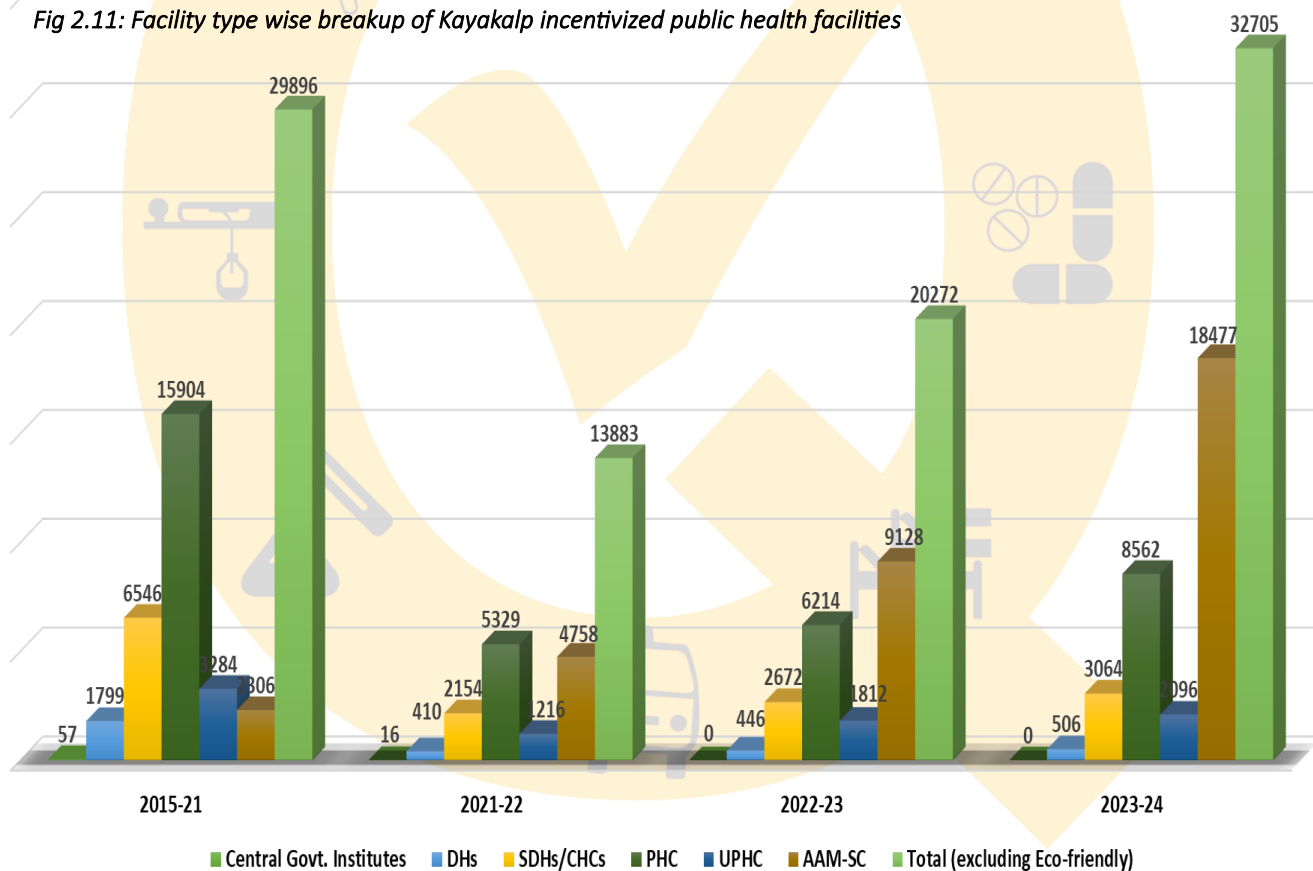
2.4 Kayakalp Scheme

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 enormously from 100 in FY 2015-16 to 32705 in FY 2023-24. Fig 2.11 depicts the progress of the Kayakalp initiative over the years.

Kayakalp Progress over the years

Fig 2.11: Facility type wise breakup of Kayakalp incentivized public health facilities



The Eco-friendly theme was incorporated in the Kayakalp initiative in 2021 and 187 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, 75 facilities (35 DHs and 40 SDHs/CHCs) were incentivized. State wise details of the facilities incentivized in the FY 2023-24 are placed as *Annexure – E*.



Kayakalp assessments are conducted as year-round activities, and in certain instances, these activities were getting extended beyond the financial year due to various operational or administrative factors. Acknowledging such occurrences in some States and Union Territories, the Ministry of Health and Family Welfare (MoHFW) has revised the activity calendar for Kayakalp assessments. The table below outlines the activities along with their updated timelines.

S.No	Month	Activity
1	April – August	<ul style="list-style-type: none"> Internal Assessment of all the healthcare facilities Gap closure and action plan preparation for all the assessed facilities Repeat assessments – ensure facility conducts at least two internal assessments
2	September – November	<ul style="list-style-type: none"> Peer Assessment of each level of healthcare facilities Collation and analysis of the scores of the peer assessment by District Kayakalp committee Shortlisting of healthcare facilities for External Assessments Transmission of Peer Assessment scores to NHSRC
3	December – February	<ul style="list-style-type: none"> Constitution of team of assessors by state level committee for EA of nominated facilities Conduct of EA of each level of healthcare facilities Finalisation of scores
4	15 th March	<ul style="list-style-type: none"> Results are communicated to MoHFW



Section 3:

Training & 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 31st December 2024, 718 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 trainings conducted in the last six months is placed as *Annexure – F*.

Programme	Type of Training	Number of Trainings (Cumulative)	Number of Trainings (in last 6 months)
NQAS	Awareness Training	45	00
	Internal Assessors' Training	193	12
	Service Provider Training	110	00
	External Assessors' Training	39	03
	Ayushman Assessors' Training	03	02
	TOT	28	09
	Others including Refresher Trainings	118	00
Kayakalp	Awareness Training	27	03
	Swachh Bharat Abhiyan	22	00
	External Assessors	26	00
NUHM	Awareness Training	14	00
	IA cum SPT	48	00
LaQshya	IA cum SPT	45	00
Total		718	29

Table 3.1 Number of trainings conducted under National Quality Assurance Standards



Fig 3.1: Number of trainings under different programmes

NQAS trainings conducted in the last six months (July to December 2024)

From the last update of the Quality Darpan, 29 batches of training have been conducted in the country under the National Quality Assurance Standards. These include 3 External Assessors' Trainings (2 in NHSRC, New Delhi and 1 in RRC-NE, Assam), 2 Ayushman Assessors' Trainings, 21 Internal Assessors' Training including 9 in ToT model and 3 Awareness Trainings for the updated Kayakalp guidelines.



Fig 3.2: Glimpses of Trainings conducted by the Quality & Patient Safety Division, NHSRC

3.2 Field Visits in the States/UTs in the last six months (July to December 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, sixteen (16) States/UTs 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 in order to achieve the targets set by the Ministry of Health & Family Welfare. (Fig 3.4)



Fig 3.3: Field visits to various States/UTs undertaken by QPS Team Members

3.3 Standard Treatment Guidelines: 2nd and 3rd Series

Since the previous edition, the remaining lectures of the second series have been successfully completed. In response to the growing demand for updated information on the Standard Treatment Guidelines, a renewed Memorandum of Understanding (MoU) was signed between the National Health Systems Resource Centre (NHSRC) and the Delhi Society for Promotion of Rational Use of Drugs (DSPRUD). The selected topics for this series were tailored to address the needs of both primary and secondary care settings. The inaugural lecture of the third series was scheduled for 21st December 2024.

For approximately two hours, these sessions dwell into the concept of Standard Treatment Guidelines and Treatment protocols of common clinical conditions. In the sessions till December 2024, over 20,000 participants attended the lectures and out of these 2814 could pass the post-session examination and got the certificates. The list of schedules along with number of participants of the 2nd and 3rd series are attached as *Annexure – G*.

3.4 Workshops conducted in the last six months (July - December 2024)

- 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 4 regional review conferences in the month of July & August 2024 (15-16 July – Vijayawada & 22-23 August – Jodhpur). The other two workshops were organized in the month of May (2-3 May – Meghalaya & 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.
- A technical expert group committee meeting for the formulation of Hospital Acquired Infections guidelines was conducted on 29th November 2024. This meeting was followed by a review of the Hospital Acquired Infections reporting guidelines for DHs by the expert committee on 19th December 2024. These meetings resulted in fruitful discussions on preparation of the guidelines and the experts gave their valuable feedback on the guidelines after the review meeting.
- A Consultative Workshop for revision of the Indian Public Health Standards (IPHS) Essential Medicine List (EML) at the Community Health Centres (CHCs) was organized in 17th December 2024. The industry experts shared their views on which drugs should be added/deleted in the existing IPHS EML for the CHCs.
- An expert group was constituted on 18th December 2024 to review the draft Implementation Guidelines for Solid Waste Management, with a focus on healthcare facilities as institutional waste generators. The meeting involved detailed discussions on various aspects of waste management, including source-based segregation, collection, storage, transportation, material recovery, processing, treatment, and disposal, in accordance with the relevant provisions of

the Solid Waste Management Rules, 2016/2024. The experts were requested to provide their feedback on the proposed framework to facilitate its finalization

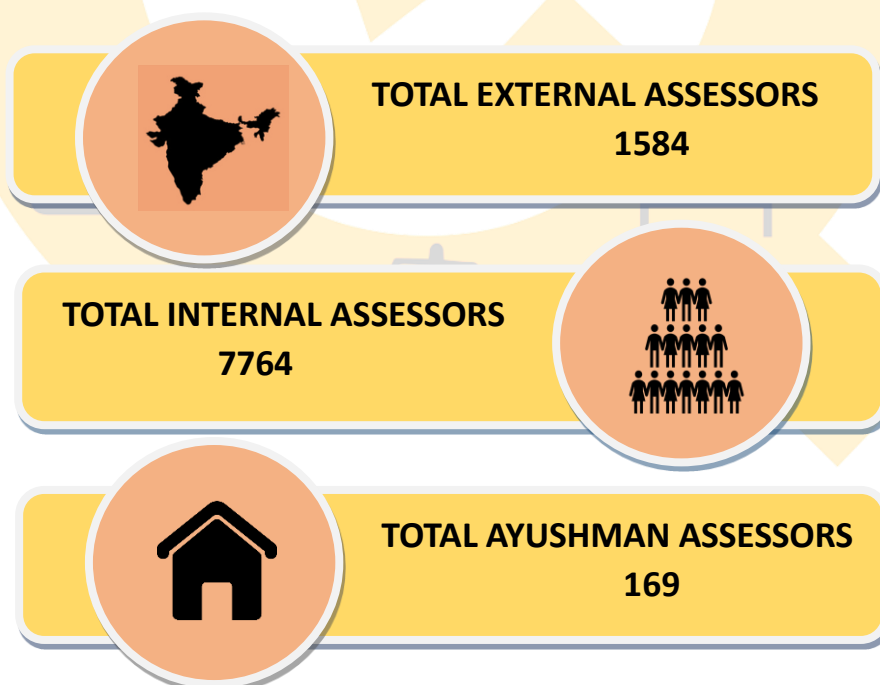
3.5 Internal, Ayushman and External Assessors under NQAS

Since the last edition of *Quality Darpan*, three batches of External Assessors' Training (EAT) and two batches of Ayushman Assessors' Training (AAT) have been successfully conducted. Currently, there are 1,584 certified External Assessors and 169 Ayushman Assessors across various States and Union Territories. In addition, each State and UT maintains its own pool of Internal Assessors, as facilities are required to obtain state-level certification prior to applying for national certification.

In these three batches of EAT, a total of 210 participants appeared from various states & UTs of the country. However, after the successful completion of the post-training evaluation, only 132 participants were empaneled as the External Assessors for NQAS. Whereas in the last 2 batches of AAT, a total of 114 participants attended the training and 110 were empaneled as the Ayushman Assessors after the successful completion of the post-training evaluation exam.

The internal assessors of the respective state support the DQAU and the SQAU in the district and state-level assessment. As on 31st December 2024, there are a total of **7764** internal assessors in various States & UTs across the country. A state-wise list of number of Internal, Ayushman and External assessors have been placed as *Annexures – H, I and J*. The detailed list is available on Quality and Patient Safety website as well.

Fig 3.6 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 31st December 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*.

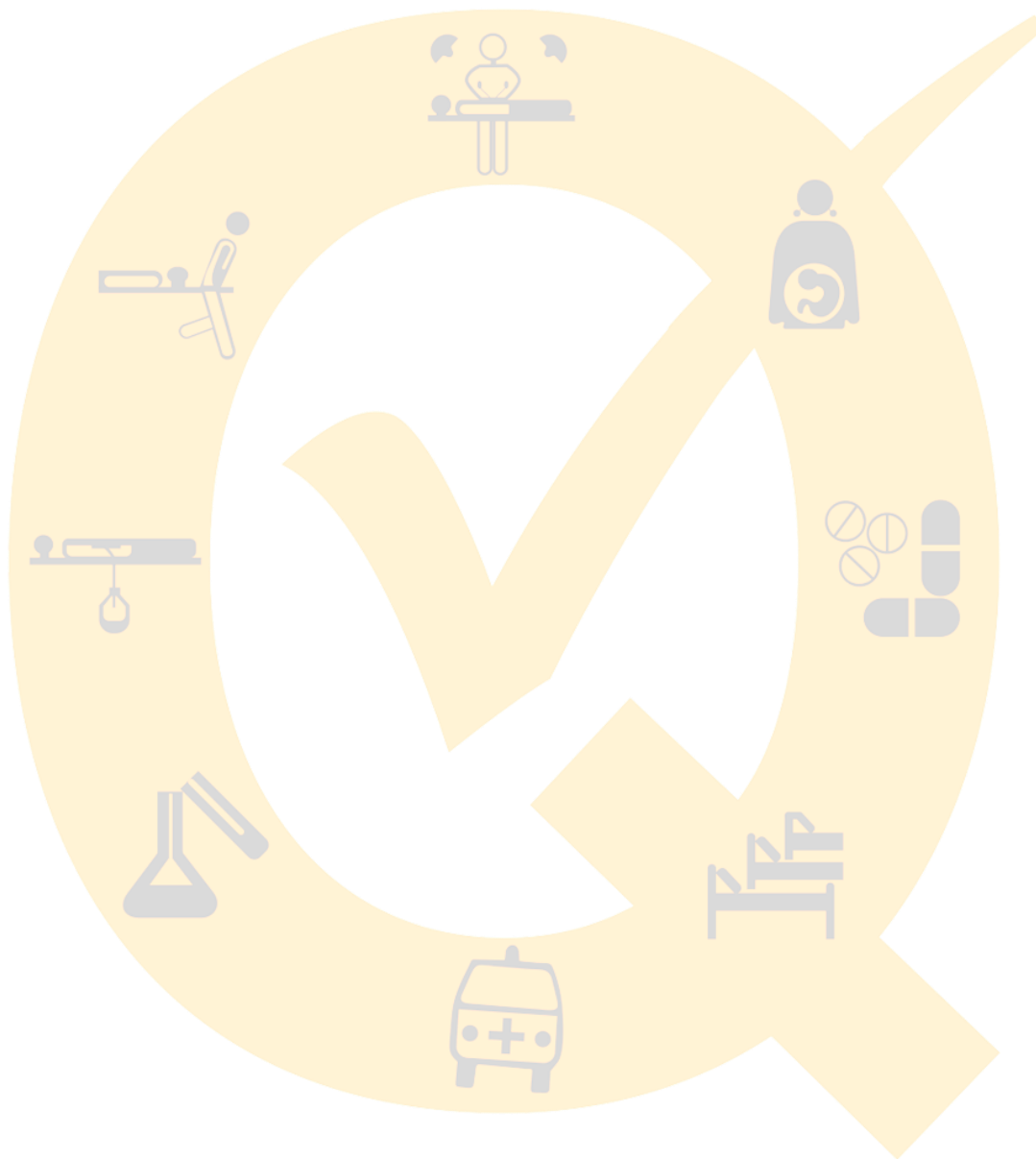


Fig 3.6: Map showing No. of Internal, External and Ayushman Assessors in States/UTs



Section 4:

Good Practices in States/UTs



4.1 Quality Journey through the Land of High Passes!!!

Initial National NQAS Certifications of Ladakh

The remote and picturesque region of Ladakh, known as the "Land of High Passes," is renowned for its breathtaking landscapes and vibrant culture. However, its geographic isolation and extreme weather conditions pose significant challenges to deliver quality healthcare services. To address these challenges and improve the standard of healthcare, the implementation of the National Quality Assurance Standards (NQAS) in Ladakh marks a pivotal step forward.

Following the abrogation of Article 370, strengthening public health services in Ladakh became a priority. To address this, the NHSRC's Quality and Patient Safety Division conducted a three-day field visit and IA-SPT training in October-November 2022—the first such initiative in the region. The objectives were to assess Ladakh's public health system, identify challenges faced by healthcare staff, and orient the facilities for NQAS certification. Recommendations included selecting facilities for NQAS certification and supporting the Ladakh UT team in developing SOPs, a Quality Policy, and Quality Objectives. Virtual trainings with the UT team played a crucial role in continuous monitoring and sustaining the progress.

The introduction of NQAS in Ladakh began with a rigorous appraisal of the health facilities available already. This comprised District hospitals (DH), Community Health Centres (CHCs), Primary Health Centres (PHCs), and Ayushman Arogya Mandir – Sub Health Centres (AAM-SHCs). An emphasis was there on identifying the gaps present in infrastructure, workforce, and service delivery. NQAS implementation in Ladakh did not go unchallenged. The area is very remote, making it difficult to transport medical supplies and recruit skilled staff. In addition, harsh winters often disrupted care delivery. Despite these challenges, much has been covered.

Some of the achievements include enhanced patient satisfaction, better infection control practices, and efficiency in service delivery. Many health facilities in Ladakh have been accredited with NQAS, an indicator of their adherence to National Standards. This has not only boosted the confidence of the local population in the healthcare system but has also encouraged healthcare workers to strive for excellence. Since the implementation of NQAS in Ladakh i.e. from the start of FY 2023-24, four (04) facilities, **CHC Sankoo, CHC Khaltse, PHC Shargole, and AAM-SHC Ranbirpur** have achieved the National Certification for NQAS by adhering to the standards set by Ministry of Health & Family Welfare. In the elaborate process of certification, the State Quality Assurance Unit (SQU) in coordination with the District Quality Unit (DQU) of both the districts of Leh & Kargil has completed the internal assessment of 329 healthcare facilities comprising 2 district hospitals, 7 CHCs, 32 PHCs, & 288 AAM-SCs. Out of these healthcare facilities, 114 facilities will undergo State Assessment for NQAS by the end of March 2025.

The adoption of NQAS in Ladakh has drastically altered the pattern of healthcare delivery in the area. Facilities can handle emergencies in better ways; most patients have testified that the care being offered at hospitals is highly efficient. An understanding of hygiene and infection control reduces acquired infections from a hospital setup while improving infrastructures to ensure a convenient and accessible site for patients.

Implementation of National Quality Assurance Standards in Ladakh is a big step toward making healthcare accessible and of high quality in the region. By overcoming geographical and logistical challenges, NQAS has helped build a more robust healthcare system in the "Land of High Passes." As the Ladakh continues to develop, the focus on quality and equity in healthcare will remain crucial to improving the lives of its people and ensuring their well-being amidst the challenges of this extraordinary landscape.

Unsung Heroes Of Ladakh: Serving In The Most Challenging Terrains

By Dr Fazal Ul Haq Wani
wanifazal@gmail.com

Regardless of its breathtaking beauty, Ladakh is a place with numerous challenging issues. The terrible reality of isolated villages, harsh climates, and inaccessible terrains hides behind the magnificent mountains and serene monasteries. As a doctor posted in Kargil, I've had the honour of travelling throughout Ladakh, which has allowed me to deeply understand the lives of those who provide healthcare in these isolated areas. I recently visited several medical facilities in the most remote areas of Ladakh as a District Assessor for the National Quality Assurance Standards (NQAS). These visits demonstrated not only the difficulties but also the extraordinary commitment of our medical personnel, who operate under such difficult circumstances.

The Tough Journey to Pachari Sub-Centre

My visit to Pachari Sub-Centre, which is situated in a remote location with dangerously winding and small roads, stands out as one of my most unforgettable experiences. Since the route included negotiating risky roads with sheer cliffs on one side and no margin for error, arriving at Pachari itself seemed like an accomplishment. Arriving in Pachari was like travelling back in time. There were no mobile networks, internet access, or other modern conveniences that many of us take for granted. The local population was receiving essential medical services from the healthcare personnel stationed there in spite of these circumstances. It was very inspiring how determined they were to help despite having few resources and being so isolated.

Winners Beyond Standards

After finally reaching Pachari, I found myself wondering what there was to assess for NQAS. These healthcare workers were already winners in my heart, irrespective of whether they met the prescribed standards or had the required facilities. Their sheer commitment to providing care under such circumstances far outweighed any technical evaluation. To me, their dedication itself was the highest standard one could achieve.

A Critical Need for Basic Infrastructure

I want to stress that although it is admirable that our healthcare system has reached such far-flung places, it is crucial to consider if these

facilities are prepared to deal with emergencies. Basic infrastructure and emergency supplies are lacking in many of these sub-centres. Above all, every remote sub-centre should have at least one ambulance on duty. The ability to transfer a patient to a higher-level facility in the event of a medical emergency can make the difference between life and death.

A Lesson in Dedication and Resilience

I became aware of the obvious differences between working conditions in urban regions and these isolated places after visiting places like Pachari. In addition to being professionals, the medical staff here are vital to the communities they serve. They put in endless hours of effort, frequently without the luxury of quick aid or backup support, but they never fail in their commitment to their duties. I was deeply impacted by this encounter. I learned that commitment has no limits, and that motivated me to work even harder in my own line of work. It also emphasized the necessity of improved support networks for these medical professionals.

The need for recognition and support

In places like Pachari, the work of medical personnel is frequently underestimated. Even though their contributions are priceless, they hardly ever get the credit they deserve. Policy-makers and higher authorities must try to visit these facilities. Simply showing the personnel that their work is appreciated and acknowledged can have a significant positive impact on their mood. Enhancing the infrastructure, resources, and incentives available to these remote centres can also have a big impact. Since they constitute the foundation of the local healthcare system and guarantee that even the most isolated populations have access to medical treatment, healthcare professionals in these locations shouldn't feel alone or unsupported.

Conclusion

The medical professionals assigned to Ladakh's difficult regions, like Pachari, are brave, committed, and resilient. Their efforts serve as a reminder of the value of service and a monument to the resilience of the human spirit. We owe them as a society not just our appreciation but also our assistance in enhancing the sustainability and fulfillment of their hard work. The steadfast attitude of the people of Ladakh, particularly the unsung heroes who give their lives to serve under the most difficult circumstances, is just as beautiful as the region's natural beauty. Since they are the real ambassadors of care and hope in this isolated area, it is our collective duty to make sure their efforts are acknowledged and encouraged.

—The writer is a Medical Officer at the PHC Shurgole, Kargil



Hard Work And Dedication Can Make A Change

A personal account of the remarkable changes achieved at the Primary Health Centre in Kargil, Ladakh through collective efforts and a commitment to excellence.

By Dr Fazal ul Haq Wani

I have had an opportunity to work at the Primary Health Centre Shurgole in the Kargil district of Ladakh for the last six months. During that time, I have witnessed firsthand the transformation that can be achieved through perseverance, hard work, and cooperation. Our entire staff has been working tirelessly to prepare for the upcoming National Quality Assurance Standards (NQAS) inspection, and the changes we've seen are remarkable.

The working atmosphere has been different, and the challenges seemed overwhelming when I initially joined. However, today I see a renewed enthusiasm, a rejuvenated approach to work, and a collective dedication to excellence. Every aspect of the PHC, from improved patient care to more efficient workflows, tells a story of progress. Even though the changes are small, they have a significant

impact—much like a mountain climber's steady steps that lead closer to the summit with every step.

The power of teamwork

Our growth has been the result of our collective efforts rather than any single achievement. True transformation in a health system can only occur when everyone within it is committed to the same goal. The staff at PHC Shurgole has demonstrated exceptional cooperation, from the BMO and medical officers to the nursing staff and even the housekeeping team. When everyone's contribution matters, even the smallest flaws are accounted for in the system. Collaboration and mutual support are, therefore, essential. The unit as a whole may suffer from one person's mistake, but when everyone works together, the results are evident.

Going beyond the call of duty

What truly inspires me is the willingness of our staff to go beyond their designated roles. Employees here aren't confined to their specific duties. For instance, our dental assistant has taken on responsibilities well beyond the realm of medicine, acting as our unofficial plumber and electrician when needed. It's moments like these that demonstrate the

extraordinary level of commitment our employees possess. They aren't just performing their duties; they are making a bigger difference by ensuring that our PHC runs efficiently at all times.

Dedication beyond certificates

As the NQAS assessment draws near, one thing is clear: whether or not we receive the NQAS certificate is secondary. What truly matters is the heart and dedication with which our staff has worked. Their commitment to improving the PHC is commendable, and no certificate can adequately capture the spirit of cooperation and perseverance they have shown. Regardless of the outcome, what is most important is the daily teamwork and dedication we've witnessed.

Conclusion

Ultimately, our contributions to PHC Shurgole go beyond superficial changes. They reflect a shift in commitment, attitude, and unity. As we prepare for the NQAS evaluation, I am confident that this centre will continue to flourish and grow, thanks to the relentless efforts of everyone involved. After all, hard work transforms not just places but people, creating something enduring in the process.

Fig 4.1: Glimpses of appreciation of NQAS certification from Ladakh

4.2 Excel based dashboard for trend analysis of NQAS UPHC indicators in Dwarka, Delhi.

As part of the NQAS certification process, health facilities are required to conduct trend analysis of outcome indicators from 12 thematic checklists every quarter. Trend analysis helps identify areas of concerns, allowing for necessary action and follow-up, thus playing a crucial role in the planning cycle. When **UPHC Dwarka Sector 19, Delhi**, initiated the NQAS process, a considerable amount of time and effort were spent for creating excel-based visualizations. To maintain a standard format and minimize the efforts every quarter, an Excel-based tool named **"NQAS Indicator Dashboard"** was developed. This tool is designed for validating data entry and provides a dashboard for easy visualization of relevant UPHC outcome indicators across different time periods.

The index page of the dashboard includes tabs for navigating to data entry sheets, outcome indicator tables, and visualizations of 12 departmental outcomes. A filter helps select the desired time period for trend analysis. An Excel sheet with data validation and checks is used for data entry. Fields for auto-calculating different rates using numerator and denominator data are also included. Data visualizations are created using pivot charts. The departmental outcome pages are print-ready.

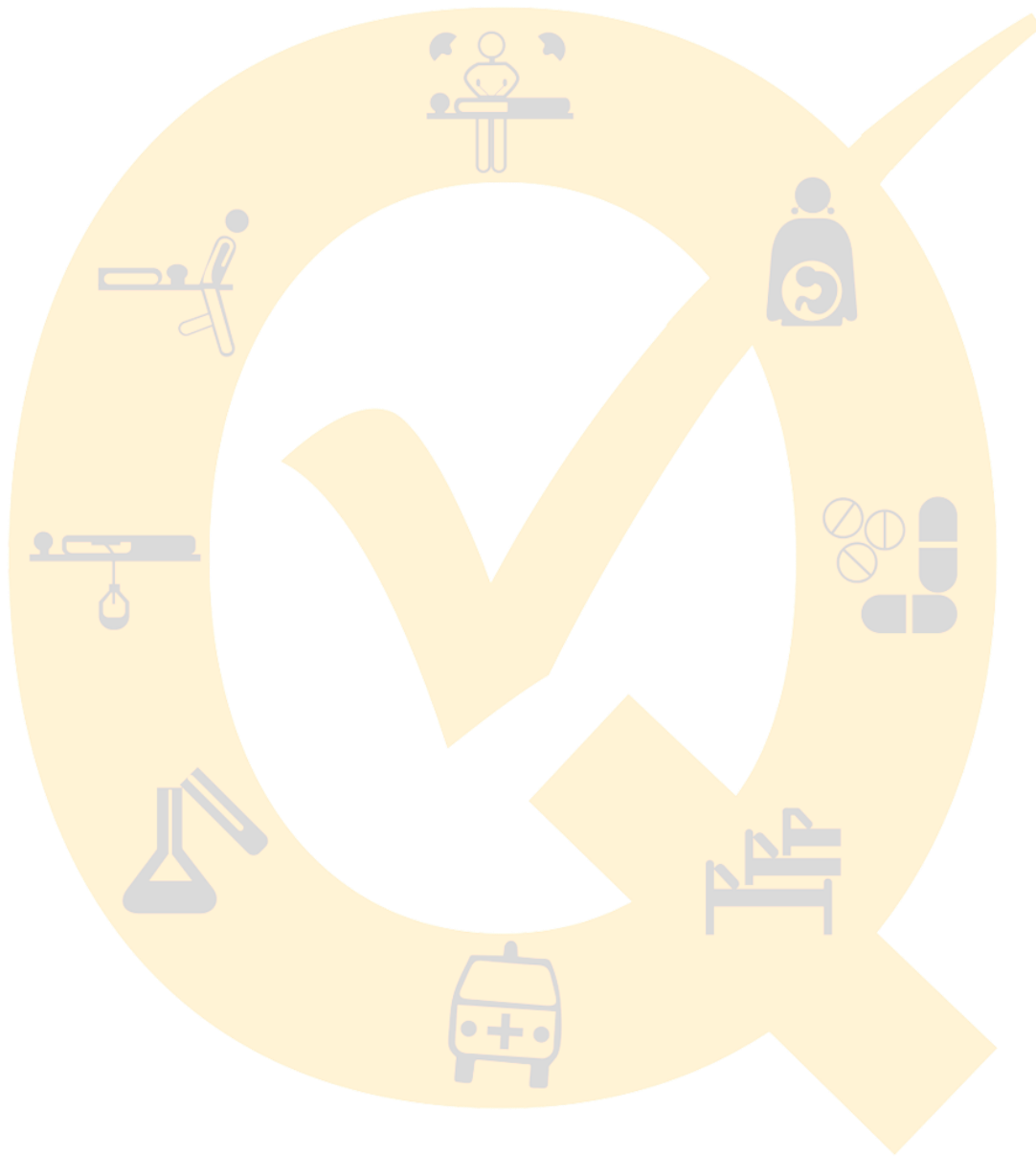
The facility has been using this tool for trend analysis over the past one and a half years. Since implementation of this tool, the time required for trend analysis has significantly reduced to just data entry time. This tool enables to generate reports, visualize trends for any period, and print reports for record-keeping. This tool has helped to identify gaps, enabling to taking necessary timely interventions. This ultimately resulted in NQAS certification of Urban Primary Health Centre with a score of **95 percent**. This tool can be customized for use in any health centre for conducting trend analysis. The utility of this dashboard has been demonstrated to medical officers posted at various Delhi Government health centres, and they have expressed interest in using it in their facilities.



Fig 4.2: Glimpses of excel-based dashboard developed by UPHC Dwarka Sector 19, New Delhi



Section 5: Annexures





Patient Safety pledge on occasion of World Patient Safety Day

I, _____ [Name], currently working as---
 ----- (Please mention your designation)
 in ----- (Name of your organization and place) here by pledge to
 undertake all actions for promotion of Patient Safety in my health facility,
 community and country.

Including the actions for improving diagnosis for patient safety. I commit to
 dedicate myself to make health care safer by supporting, but not limited to,
 following actions, namely:

1. Identification and implementation of the ways to reduce errors in patient care
2. Improving our skills and knowledge on all related subjects pertaining to patient safety
3. Actively engaging and empowering patients and families as partners in improving their care.
4. Raising public awareness about patient safety.
5. Nurturing, supporting and promoting transparency in care through team work.
6. Learning from errors for safeguarding interest of patients.
7. Supporting my professional colleagues in their endeavour of promotion of cause of patient safety.
8. Leverage available technology, tool and tests to reach a diagnosis.



विश्व रोगी सुरक्षा दिवस शपथ

मैं(आपका नाम) (आपका पद का नाम)
(आपकी संस्था का नाम) शपथ लेता/लेती हूँ कि मैं अपने
 स्वास्थ्य केंद्र, अपने समाज और राष्ट्र में “रोगी सुरक्षा” को प्रोत्साहित करने के लिए हर संभव
 प्रयास करूंगा/करूंगी।
 जिस में उपचार के दौरान “रोगी सुरक्षा के लिए निदान में सुधार” करने पर विशेष ध्यान दिया
 जाएगा।
 मैं स्वास्थ्य सेवाओं को सुरक्षित बनाने हेतु महत्वपूर्ण भूमिका निभाने के लिए प्रतिबद्ध हूँ।
 जिसके लिए मैं निम्न प्रयास करूंगा/करूंगी -

- 1- रोगी के उपचार के समय होने वाली कमियों की पहचान करके उन्हें पूर्ण रूप से समाप्त करने हेतु प्रयासरत रहूंगा / रहूंगी।
- 2- रोगी सुरक्षा से संबंधित सभी विषयों पर स्वयं के ज्ञान को बढ़ाते हुए, अपने कार्य कौशल में सुधार लाउंगा/लाउंगी।
- 3- चिकित्सीय उपचार में सुधार के लिए रोगियों और उनके परिवार के सदस्यों को सक्रिय रूप से सशक्त और भागीदार बनाऊंगा/ बनाऊंगी।
- 4- रोगी सुरक्षा के बारे में सामूहिक जागरूकता बढ़ाऊंगा/ बढ़ाऊंगी।
- 5- सामूहिक सहयोग के माध्यम से स्वास्थ्य सेवाओं में पारदर्शिता का समर्थन एवं प्रचार करूंगा / करूंगी।
- 6- स्वास्थ्य सेवाएं प्रदान करने में हुई त्रुटियों से शिक्षा ग्रहण करके स्वयं में सुधार लाउंगा/लाउंगी।
- 7- रोगी सुरक्षा को बढ़ावा देने के लिए अपने सहयोगियों द्वारा किये गए प्रयासों का समर्थन करूंगा / करूंगी।
- 8- रोगी निदान के लिए उपलब्ध तकनीक, साधन तथा परीक्षण का उत्तोलन करूंगा/करूंगी।

NQAS Certification status of Public Healthcare Facilities (State + National)**Annexure- B**

State	DH	SDH	CHC	PHC	UPHC	AAM-SC	Total
Andaman & Nicobar	0	0	0	0	0	0	0
Andhra Pradesh	11	16	30	617	122	3897	4693
Arunachal Pradesh	0	0	0	2	0	11	13
Assam	8	2	27	136	3	623	799
Bihar	8	0	1	8	3	17	37
Chandigarh	1	1	2	0	21	0	25
Chhattisgarh	20	1	18	127	27	160	353
Daman & Diu & Dadra & Nagar Haveli	3	1	4	9	0	75	92
Delhi	11	0	0	0	37	0	48
Goa	2	1	4	13	0	18	38
Gujarat	5	2	13	450	119	1311	1900
Haryana	14	4	7	115	28	172	340
Himachal Pradesh	3	4	1	0	0	94	102
Jammu & Kashmir	4	0	4	9	4	38	59
Jharkhand	3	0	5	5	0	207	220
Karnataka	20	55	68	480	60	809	1492
Kerala	8	4	14	191	47	0	264
Ladakh	0	0	2	1	0	1	4
Lakshadweep	0	0	0	0	0	0	0
Madhya Pradesh	43	21	62	170	10	1500	1806
Maharashtra	1	2	1	75	2	9	90
Manipur	2	0	1	3	3	10	19
Meghalaya	0	0	0	2	0	36	38
Mizoram	6	0	0	20	4	0	30
Nagaland	0	0	0	7	3	13	23
Odisha	5	0	4	59	44	1319	1431
Puducherry	0	0	1	0	4	1	6
Punjab	15	6	8	2	7	547	585
Rajasthan	6	2	35	251	70	347	711
Sikkim	0	0	0	4	0	14	18
Tamil Nadu	25	73	195	601	106	127	1127
Telangana	9	17	15	351	47	214	653
Tripura	0	1	0	38	6	161	206
Uttar Pradesh	100	0	103	25	10	1987	2225
Uttarakhand	11	3	2	1	0	10	27
West Bengal	11	34	11	90	61	3105	3312
Total	355	250	638	3862	848	16833	22786

NQAS Certification status for Labour Room & Maternity OT**Annexure-C**

State	Labour Room	Maternity OT
Andhra Pradesh	51	39
Arunachal Pradesh	4	3
Assam	29	16
Bihar	25	13
Chandigarh	4	4
Chhattisgarh	28	25
Delhi	9	7
Daman & Diu and Dadra Nagar Haveli	5	3
Goa	5	4
Gujarat	63	53
Haryana	16	9
Himachal Pradesh	8	7
Jammu & Kashmir	12	11
Jharkhand	12	9
Karnataka	119	114
Kerala	12	11
Madhya Pradesh	183	56
Maharashtra	82	80
Manipur	4	3
Meghalaya	1	1
Mizoram	4	3
Odisha	30	26
Puducherry	2	2
Punjab	12	9
Rajasthan	80	46
Sikkim	1	1
Tamil Nadu	118	110
Telangana	49	39
Tripura	5	4
Uttar Pradesh	83	54
Uttarakhand	16	10
West Bengal	39	37
Total	1111	809

NQAS Certification status for MusQan**Annexure - D**

S.No	Name of the State/UT	MC	DH	SDH	CHC	Total
1	Andhra Pradesh	1	9	8	10	28
2	Assam		1			1
3	Bihar		1			1
4	Chhattisgarh		9		2	11
5	Delhi		6			6
6	Goa		1			1
7	Gujarat		3	1		4
8	Haryana		3			3
9	Karnataka		18			18
10	Kerala		2			2
11	Madhya Pradesh		20	1		21
12	Maharashtra		3			3
13	Mizoram		3			3
14	Odisha		2			2
15	Rajasthan	1	3			4
16	Tamil Nadu		13	1		14
17	Telangana	1	8	3	3	15
18	Uttar Pradesh		6		3	9
19	West Bengal	4	11	4	1	20
Total		7	122	18	19	166

<u>Kayakalp incentivise facilities of FY 2023-24</u>											
Kayakalp incentivise facilities											
S.No	Name of State/UT	DHs	SDHs	CHCs	PHCs	UPHCs	UCHCs	AA M	Eco-friendly DH	Eco-friendly SDH/CHC	Total incentivise facilities
1	Andaman and Nicobar Islands	1	0	0	1	0	0	0	0	0	2
2	Andhra Pradesh	8	11	78	530	279	0	2633	1	1	3539
3	Arunachal Pradesh	2	0	5	21	0	0	18	0	1	46
4	Assam	18	10	131	541	37	2	937	1	1	1676
5	Bihar	13	20	60	66	49	0	142	2	1	350
6	Chandigarh	2	1	0	0	1	0	33	2	1	37
7	Chhattisgarh	17	0	44	308	43	0	933	1	1	1345
8	Daman diu & Dadra Nagar Haveli	2	1	3	11	0	0	59	1	1	76
9	Delhi	20	2	0	0	104	0	0	1	1	126
10	Goa	1	1	2	6	4	0	6	1	1	20
11	Gujarat	5	18	96	868	211	9	1021	1	1	2228
12	Haryana	15	20	48	144	70	2	160	2	1	459
13	Himachal Pradesh	4	11	3	180	4	0	246	0	2	448
14	Jammu and Kashmir	6	0	28	79	13	0	122	1	1	248
15	Ladakh	2	0	4	20	0	0	6	1	1	32
16	Jharkhand	9	1	41	41	19	0	233	1	1	344
17	Karnataka										
18	Kerala	15	12	13	306	25	0	88	1	1	459
19	Lakshadweep	0	2	2	2	0	0	0	0	0	6

20	Madhya Pradesh	37	45	166	414	164	4	1164	1	1	1994
21	Maharashtra	26	55	120	577	150	15	1234	1	1	2177
22	Manipur	6	1	6	40	7	0	65	1	1	125
23	Meghalaya	3	0	3	16	1	0	15	1	1	38
24	Mizoram	12	2	7	50	9	0	108	2	2	188
25	Nagaland	9	0	6	38	6	0	58	1	0	117
26	Odisha	28	28	232	802	106	5	2363	2	4	3564
27	Puducherry										
28	Punjab	16	22	53	63	30	2	253	1	1	439
29	Rajasthan	14	11	203	664	187	0	1091	1	5	2170
30	Sikkim	4	0	1	20	2	0	91	1	1	118
31	Tamil Nadu	35	176	406	1251	320	11	2559	2	2	4758
32	Telangana	7	12	10	296	91	0	458	1	1	874
33	Tripura	4	8	12	48	7	0	187	1	1	266
34	Uttar Pradesh	108	0	420	434	149	5	1265	1	1	2381
35	Uttarakhand	10	14	16	34	8	0	92	0	0	174
36	West Bengal	47	33	273	691	0	0	837	1	1	1881
	Total	506	517	2492	8562	2096	55	18477	35	40	32705

State	NQAS			Kayakalp
	Internal Assessor Training	External Assessor Training	Ayushman Assessor Training	Awareness Training
Assam	0	0	0	1
Bihar	1	0	0	0
DD & DNH	1	0	0	0
Gujarat	3	0	0	0
Haryana	1	0	0	0
Jharkhand	1	0	0	0
Kerala	1	0	0	0
Ladakh	1	0	0	0
Odisha	2	0	0	0
Puducherry	2	0	0	0
Rajasthan	1	0	0	0
Telangana	1	0	0	0
Tripura	1	0	0	1
Uttar Pradesh	4	0	0	0
West Bengal	1	0	0	0
NHSRC	0	3	2	1
Total	21	3	2	3

S. No	Topic (2 nd Series)	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	21 st 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
11	Management of Polycystic Ovarian Syndrome	20 th July 2024	306	113
12	Management & Challenges in TB	17 th Aug 2024	211	95

S. No	Topic (3 rd Series)	Date	No. of Participants attended	No. of certificates issued
1	Adult Vaccination & Management of AEFI	21 st Dec 2024	567	171

State-wise list of Internal Assessors*Annexure - H*

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	454
5	Bihar	429
6	Chandigarh	24
7	Chhattisgarh	167
8	Dadar and Nagar Haveli	162
9	Daman & Diu	15
10	Delhi	162
11	Goa	167
12	Gujarat	174
13	Haryana	196
14	Himachal Pradesh	140
15	Jharkhand	179
16	Jammu & Kashmir	198
17	Karnataka	167
18	Kerala	225
19	Ladakh	75
20	Lakshadweep	70
21	Madhya Pradesh	449
22	Maharashtra	417
23	Meghalaya	146
24	Manipur	181
25	Mizoram	109
26	Nagaland	119
27	Odisha	218
28	Puducherry	161
29	Punjab	372
30	Rajasthan	463
31	Sikkim	52
32	Tamil Nadu	463
33	Telangana	79
34	Tripura	103
35	Uttar Pradesh	424
36	Uttarakhand	211
37	West Bengal	273
38	NHSRC	21
39	AFMS Officers	146
40	Development Partners	27
Total Internal Assessors		7764

State-wise list of External Assessors**Annexure - I**

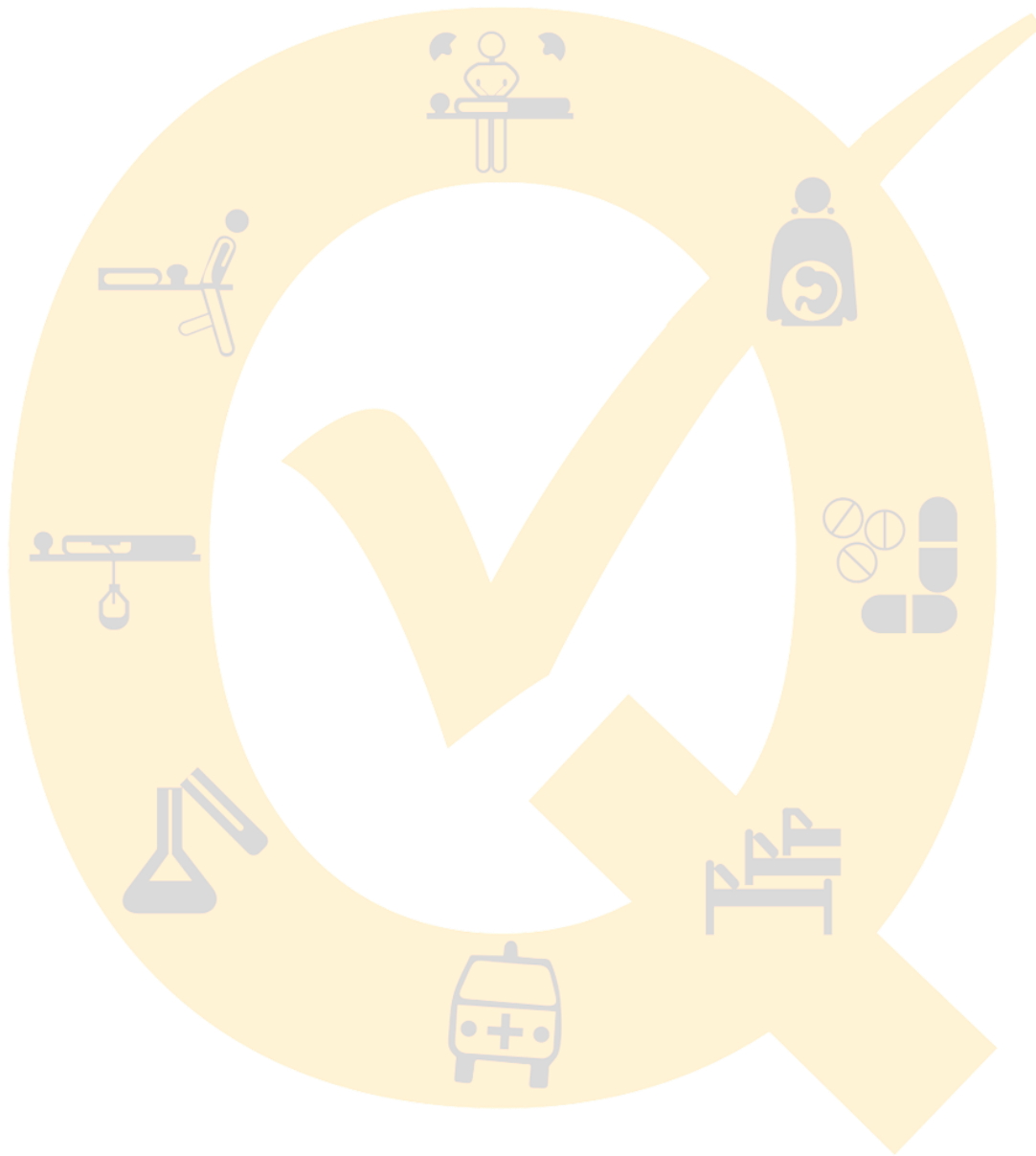
S.No	Name of State/UTs	Total number of External Assessors
1	Andhra Pradesh	69
2	Arunachal Pradesh	13
3	Assam	72
4	Bihar	44
5	Chandigarh	7
6	Chhattisgarh	19
7	Daman & Diu & Dadar and Nagar Haveli	4
8	Delhi	170
9	Goa	7
10	Gujarat	77
11	Haryana	85
12	Himachal Pradesh	16
13	Jharkhand	21
14	Jammu & Kashmir	36
15	Karnataka	57
16	Kerala	76
17	Ladakh	3
18	Lakshadweep	1
19	Madhya Pradesh	56
20	Maharashtra	96
21	Manipur	21
22	Meghalaya	19
23	Mizoram	25
24	Nagaland	16
25	Odisha	40
26	Puducherry	5
27	Punjab	29
28	Rajasthan	67
29	Sikkim	11
30	Tamil Nadu	107
31	Telangana	63
32	Tripura	23
33	Uttar Pradesh	137
34	Uttarakhand	13
35	West Bengal	46
36	NHSRC	7
37	MoHFW	5
38	AFMS	21
Total External Assessors		1584

State-wise list of Ayushman Assessors**Annexure – J**

S.No	Name of State/UTs	Total number of Ayushman Assessors
1	Andhra Pradesh	11
3	Assam	2
4	Bihar	4
6	Chhattisgarh	4
9	Goa	7
10	Gujarat	6
11	Haryana	6
12	Himachal Pradesh	5
13	Jharkhand	7
16	Kerala	5
17	Ladakh	2
19	Madhya Pradesh	17
20	Maharashtra	11
22	Meghalaya	2
23	Mizoram	3
27	Punjab	3
28	Rajasthan	12
30	Tamil Nadu	5
32	Tripura	6
33	Uttar Pradesh	22
34	Uttarakhand	4
35	West Bengal	25
Total Ayushman Assessors		169

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	Gujarat	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	Meghalaya	0	0	0	0	0	0	1	1
15	Mizoram	1	0	0	0	0	0	0	1
16	Nagaland	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





National Health Systems Resource Centre
NIHFW Campus, Baba Gangnath Marg, Munirka
New Delhi- 110067