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NQAS REVIEW MEETING 2025 State progress, challenges & Best practices 28th-29th May 2025

Virtual Certification of AAM-SHCs



MoHFW has envisioned target to achieve NQAS certification of all public healthcare facilities by December 2026



Major proportion of public health facilities is Ayushman Aarogya Mandir – Sub Centre (AAM-SCs)



To expedite the progress towards this goal, NQAS certification of AAM-SCs in a virtual mode was launched on 28^{th} June 2024.



Facilities facing challenges with reliable internet connectivity may opt for the physical assessment process.



10% of the facilities getting certified in virtual mode will undergo physical verification assessment.

List of documents for NQAS Certification

Filled application form & Hospital data sheet.

Last district level assessment report verified by the state, not older than 6 months

Last month Quality Team's minutes of meeting

Work instructions (as per service package)

Quality Policy	Last 3 months record of Patient Satisfaction Survey with CAPA	Availability of a system for Biomedical Waste Management
Last 3 months record of Outcome Indicators*	Last 3-months data from drug stock register for drugs availability as per state's notified Essential Medicine List, signed by CHO or equivalent*	State notified Essential Medicine List*

Status of Applications Received for Virtual Assessment

Total 7185 applications received from 26 states



Status of Virtual Certification

Total 4584 results have been declared, out of which 2984 AAM-SHCs have been certified virtually, whereas, 1051 got conditionality and 549 failed to meet the required certification criteria for virtual certification under NQAS



Certified Conditional Deferred











Physical Verification of virtually certified AAM-SHCs

- Physical verification is conducted for 10% certified AAM-SHCs.
- Proportion may increase to 15% to 20% or more, in case certification status is changing in majority of physical assessments
- Name of AAM-SHC will be declared on the day of assessment.



Status of Physical Verification



SWOT Analysis of Virtual Assessment

Strengths

Time Efficient Cost Effective Real Time Monitoring

Weakness

Digital Divide Reality Check Disruption from Quality Teams Reliance of shared records

Opportunity

Enhances Scalability Digital Readiness for record keeping

Threats

Data Privacy Quality Integrity Superficial Compliances

Digital Infrastructure Limitations

Poor Connectivity: Many rural and remote health centers face unstable or slow internet connections, which hampers live virtual assessments.

Lack of Devices: Some AAM-SHCs lack adequate equipment (smartphones, tablets, or computers) needed for video-based evaluations.

Risk of Superficial Assessment

Lack of Preparedness: Last minute preparation of facilities by keeping equipment and other required materials for the day of assessment.

Staged Compliance: Possibility of "window dressing" or showing only prepared areas during video inspections.

Limited Digital Literacy: Healthcare workers at the grassroots level may not be well-versed in using digital tools required for virtual certification processes.

Manipulation Risks: Potential for falsified records, manipulated staff, or selective data presentation during virtual assessments.

Limited Post-Assessment Action: After certification, some centers may not receive action plan or support for required improvements.

State level assessments: No on-site visits from district or state level of the AAM-SC before the virtual assessments.

Sustainability Concerns: Maintaining quality standards consistently is a long-term challenge as no support is available after the certification.

Physical Verification of certified AAM-SHCs: Frequent request to change the facility due to unavailability of CHO

Financial Constraints:

Assessors are not getting their Honorarium from the respective states even after 6 months of assessments, leading discontinuation from assessors for virtual assessments

Too much expense on decorating the health facility for the assessment.

THANK YOU