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Government of India
Ministry of Health & Family Welfare
(National Health Mission-II)

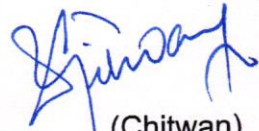
Nirman Bhawan, New Delhi
Dated the 20th November, 2024

OFFICE MEMORANDUM

Subject- Minutes of 10th Central Quality Supervisory Committee (CQSC) Meeting- reg

The undersigned is directed to enclose the Minutes of 10th Central Quality Supervisory Committee (CQSC) meeting held under the chairpersonship of AS&MD (NHM) on 01st October, 2024 at 02:30 PM in Room No. 343-A, Nirman Bhawan, New Delhi.

2. This issues with the approval of Competent Authority.

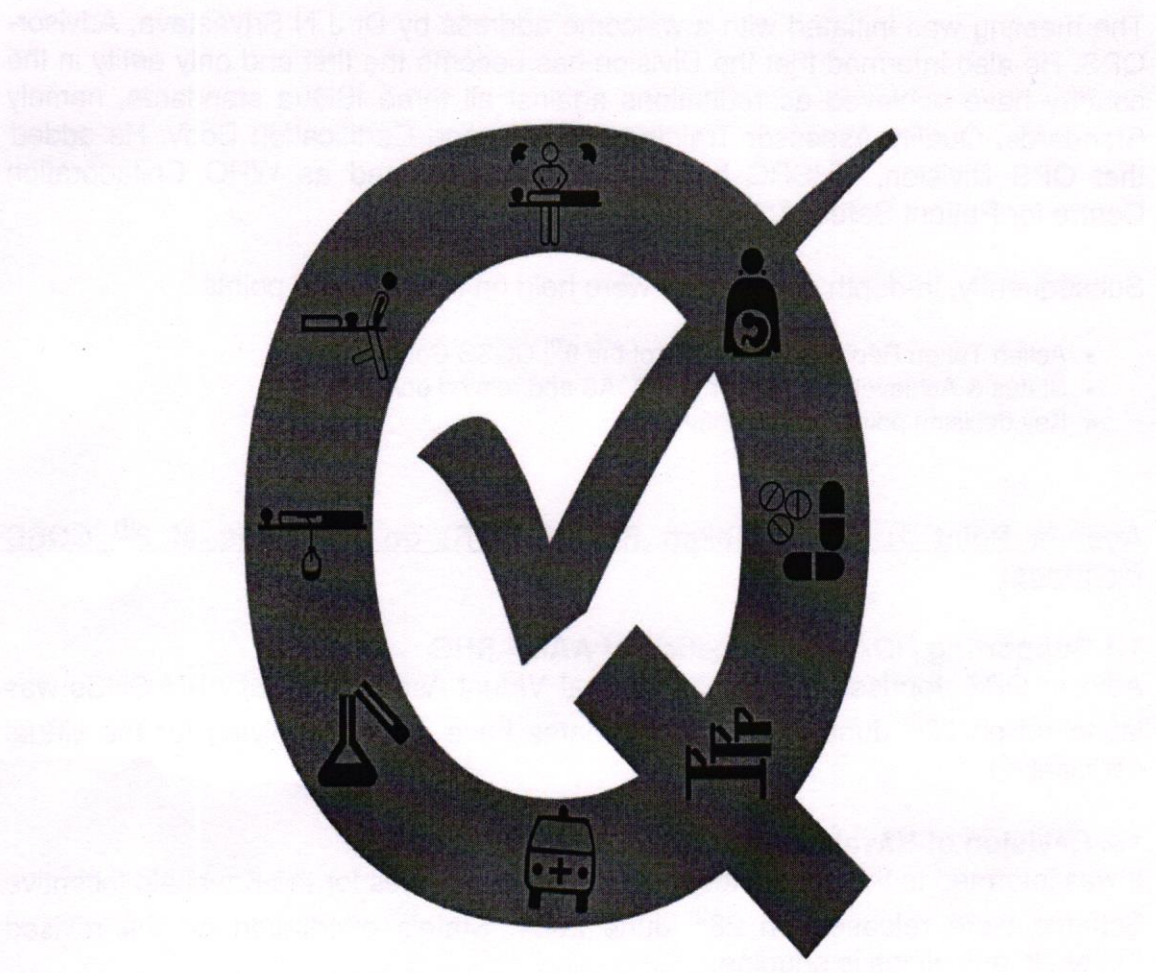

(Chitwan)
Assistant Director (NHM-II)
20 | 11/2024

To:

1. Joint Secretary (RCH)
2. Joint Secretary (NUHM)
3. Dy. Director General (Stats)
4. Dy. Director General (NVBDCP)
5. ED, NHSRC
6. Additional Commissioner (MH)
7. Additional Commissioner (FP)
8. Additional Commissioner (AH)
9. Additional Commissioner (IMM)
10. Additional Commissioner (CH)
11. Additional Director (NCD)
12. Advisor QPS, N HSRC
13. Advisor - IT, NHSRC
14. Advisor - CP - CPHC, NHSRC

Copy to:

1. Sr. PPS to AS&MD (NHM)
2. PPS to Joint Secretary (Policy)
3. PPS to Director (NHM-II)



1st October 2024



The tenth meeting of the Central Quality Supervisory Committee (CQSC) was held on 1st October 2024 at Nirman Bhawan, Ministry of Health & Family Welfare under the chairpersonship of Ms. Aradhana Patnaik, Additional Secretary & Mission Director, NHM, MoHFW. List of the participants is enclosed as Annexure-A.

The meeting was initiated with a welcome address by Dr J N Srivastava, Advisor-QPS. He also informed that the Division has become the first and only entity in the country have achieved accreditations against all three ISQua standards, namely Standards, Quality Assessor Training Program and Certification Body. He added that QPS Division, NHSRC has also been designated as WHO Collaboration Centre for Patient Safety Activities.

Subsequently, in-depth discussions were held on the following points:

- Action Taken Report on decisions of the 9th CQSC Committee
- Status & Achievements under the NQAS and related domains
- Key decision points for the committee

Agenda Point 1: Action Taken Report (ATR) on decisions of 9th CQSC Meetings:

1.1 Supporting NQAS Certification of AAM - SHC

Advisor QPS apprised the committee that Virtual Assessment of AAM-SHCs was launched on 28th June 2024 and 11 states have started applying for the virtual certification.

1.2 Revision of Kayakalp Incentive Scheme

It was informed to the committee that Revised guidelines for the Kayakalp Incentive Scheme were released on 28th June 2024. State's orientation on the revised Kayakalp guidelines is ongoing.

1.3 3-Days External Assessor Training – Ayushman Assessor

It was apprised that 3 batches of NQAS Ayushman Assessors have been conducted. A total of 107 Assessors have been empanelled out of 2 batches. 3rd batch results were declared on Friday, 27th September 2024 in which 62 more participants have passed and they will be added to the pool of Ayushman Assessors after due process.

1.4 Roll-Out of NQAS for IPHL

NQAS for IPHL was launched on 28th June 2024. Orientation of the states on NQAS for IPHL has been conducted. Application format and required documents for the NQAS certification of IPHLs have been shared with the States.

1.5 Engaging of CHO mentors for NQAS

One batch of External Assessors Training was conducted in May 2024 exclusively for National and State CHO Mentors.



1.6 Renaming of NQAS Ethics & Appeal Committee

The Committee has been renamed as NQAS Appeal Committee as per ISQua recommendation. In alignment with the recommendations from ISQua, it is decided to constitute an NQAS Ethics Committee to review and address all ethical issues that may arise during the conduct of national assessments. The Terms of Reference (ToR) for the NQAS Ethics Committee have been duly reviewed and approved in the meeting.

1.7 Formation of Conditionality Closure Committee-

A five-member Committee has been constituted for examining the evidence for gap closure for minor conditionalities found during the NQAS Certification. It was also approved that the facilities must close the gaps for conditionalities within 3 months of result declaration.

1.8 Prioritization on Non-Certified DH-

Advisor-QPS apprised that the rapid assessment of 255 non-certified District Hospitals has been completed and 209 DH are in state of readiness to apply for the NQAS certification. AS&MD, NHM asked to ensure that these facilities apply at least for the state certification within six months.

1.9 Surveillance Assessment with Gap Closure Report

For sustenance of the Quality standards in the certified health facilities, Surveillance assessment plays a critical role. It was decided that the states must submit the Gap closure report along with Surveillance assessment report. A virtual orientation workshop is scheduled on 7th October for State Nodal Officers, State Consultants and Regional/District Consultants on preparation and verification of Action Plan.

1.10 MH Division to Prioritize M-OT Certification-

Advisor QPS apprised that in FY 2024-25, the percentage of MOT certification has declined. Additional Commissioner, MH Division was advised to examine and take up the matter with the states.

1.11 Validity of Certification

Earlier decision in respect of certification status for a period of 4 years was reconsidered. It is decided to continue with present validity period for 3 years only.

It was also decided that NQAS/LaQshya/MusQan certification with Conditionality would be valid for six months only.

1.12 Strengthening of State Certification-

AS&MD emphasized that the quality of State Certification needs improvement. Advisor QPS apprised that a one-day Consultation Workshop with State Nodal Officers and SIHFW/SHSRC/Academic Institution is planned for strengthening the State Certification.



1.13 Incentivization on State Certification-

Different dimensions of the certification process were discussed. It was decided that for encouraging the state certification and also for moving towards the National Certification, the states may be advised to release 25% of incentive on meeting the following criteria:

- a) The State Quality Assurance Committee is satisfied that the state certification has been conducted as per protocol defined by NHSRC.
- b) Overall score of the facility in state certification is 80% and score against each standard is 70%.
- c) There is no Conditionality.
- d) The facility has applied for the National NQAS Certification within two months of getting the State Certification.

Agenda Point 2: Status and Achievements

2.1 NQAS Certification-

AS&MD, NHM reviewed the progress of certified facilities under National Quality Assurance Standards and mapping of the NQAS certification progress at each level of health facilities, i.e. at DH, SDH, CHC, AAM-PHC, AAM-UPHC, AAM-SHC in all the States was discussed. The AS & MD, NHM has directed the Director - NHM, to review progress on the NQAS.

2.2 Virtual Certification Under NQAS – Advisor-QPS provided an update on the progress made under the NQAS Virtual Certification of AAM-SHCs. 249 applications have been received from eleven states and 185 assessments have been completed till 20th September 2024. He also emphasized that physical verification of 10% AAM-SHCs would be commenced from 1st October 2024.

2.3 Discussion on Outcome of Assessment –

During the discussion on outcome of assessment, it was observed that the national average of the facilities getting either Conditionally Certified or Deferred is about 26%. The average was found to be more than national average in five states, namely, Madhya Pradesh, Haryana, Rajasthan, Andhra Pradesh and Gujarat in last 6 months.

AS&MD asked to issue an advisory to the states not to apply for the national assessment if a health facility is not adequately prepared for the National Certification assessment. She also instructed to conduct a virtual meeting with the states to discuss the issue.

2.4 Surprise Assessment under NQAS –

It was observed that in the Surprise assessment, deterioration has been noticed in 46% of the facilities that had undergone the NQAS assessment and were certified. Out of 50 certified health facilities, 26 facilities were able to maintain their certification status.

AS&MD asked to issue an Advisory not to release incentives of those facilities which are not able to maintain their Certification status in the surprise assessments.

2.5 MusQan- Advisor QPS provided an update on the progress made under MusQan Initiative. Deputy Commissioner, Child Health, MoHFW requested for grant of MusQan certified status to those facilities, where all four departments are not functional. For instance, District Women Hospitals and MCH wings may not have Paediatric OPD, Paediatric ward and NRC.



After discussions, it was decided to grant MusQan certified status to those facilities also, which may not have full complement of all departments, as given in the scheme.

2.6 LaQshya- The progress made under LaQshya was discussed and the states with highest number of certified Labour Room and Maternity OT were shown.

2.7 Kayakalp- The progress under the Kayakalp including the ecofriendly theme and Swachh Swasth Sarvatra (SSS) was discussed.

It was informed that the states of Karnataka and Puducherry have not declared their Kayakalp results for last financial year. AS&MD asked for issuing the letters to both these states to provide the Kayakalp result for the year 2023-24.

Advisor QPS also apprised that due to poor functionality of Mera Aspataal, it has become difficult for the states to declare the result of Kayakalp for DH level of facilities as 15% of weightage has been given to PSS captured on Mera Aspataal. After discussion, AS&MD asked JS(P) to plan for a review meeting with CHI to understand the challenges.

It is generally perceived that Kayakalp facilities have a system of Hygiene & Sanitation, Infection Control, Waste management, etc. These health facilities could be taken for the state certification on priority. Therefore, it was decided that the Kayakalp incentive would be released, if the facility has applied for NQAS State Certification within 3 months of Kayakalp results.

The scores of the peer assessments of all assessed facilities under Kayakalp are collated at NHSRC and then analysed every year for WASH indicators. Also, the Kayakalp data is required for preparing drafts response to Parliamentary Questions, and for sharing with NITI Aayog and HMIS division as well. It was proposed to develop a dedicated portal to maintain a database of Kayakalp assessments.

After discussion, AS&MD approved for integration of Kayakalp into the SaQsham portal. (IT portal)

2.9 Mera Aspataal –

Advisor QPS informed that the updated questionnaires for OPD and IPD for different level of facilities have been approved by MoHFW and shared with CHI. The integration of the updated questionnaires into 22 regional languages and the development of Mera Aspataal 2.0 are pending with CHI.

2.10 Training & Capacity Building-

During the discussion about the training and capacity building, Advisor-QPS informed that a total of 21 trainings has been conducted in the year 2024-25.

2.11 Pool of NQAS Internal & External Assessors-

Advisor QPS mentioned that a total of 38 batches of external assessors training have been conducted and currently 1495 external assessors are empanelled with NHSRC. Total number of 107 assessors have also been empanelled as Ayushman Assessors to conduct virtual assessments of AAM-SHCs. A total of 7176 internal assessors (state level) are empanelled as an additional support to the states.



2.12 PGDHQM-

Advisor QPS proposed for the collaboration with PGI Chandigarh and AIIMS Jodhpur to conduct the PGDHQM course as over the years, demand for the seats in these courses has increased. The proposal was approved for having collaboration for conducting courses of shorter duration.

2.13 Progress under SaQsham (IT portal) -

Advisor QPS apprised that national level certification is being undertaken completely on SaQsham portal. He also informed about the pending tasks under Phase II and few additionalities such as incorporation of State Certification, Re-development of GUNAK app, other certifications like AEFI, IPHL, and CLMC, Assessor Automation, etc. AS & MD, NHM asked to for a meeting with CDAC team to review the progress on SaQsham portal.

2.14 Patient Safety - Advisor QPS mentioned that the event was conducted on 18th September to celebrate the World Patient Safety Day under the chairpersonship of AS&MD, NHM.

2.15 Free Drug Service Initiative -

Advisor-QPS briefed that the updated Essential Medicine List (EML) for AAM(SHCs) has been submitted to MoHFW for approval.

2.16 Process in Certification Unit -

Advisor-QPS briefed the CQSC members on the progress of KPIs for FY 2024-25. As per the ISQua recommendations, the financial indicators were incorporated in Key Performance Indicators (KPI) for FY 25-26. The Risk Management plan and the progress in the Quality Improvement Plan for FY 2024-25 were approved during the meeting. As discussed, the additional HR is to be recruited in an incremental manner based on the application load, and requirement review is to be done every six months to assess the effectiveness of the structure. The assessor requirement is to be increased as per the number of assessments conducted in the last three years.

Agenda Point 3: Decision Points

A. Decision on Digitalization of Certificates:

Advisor QPS proposed for the digitalization of Certificates on SaQsham (ITportal) to bring about efficiency in the system. He requested AS & MD to provide the Digital Signature for certificates.

B. National Quality Assurance Standards for Medical Colleges, BPHL and CCBs

It was proposed to develop NQAS Standards for new Medical Colleges which are functioning in DHs, Block Public Health Laboratories (BPHL) and Critical Care Blocks. After discussion, the proposal was approved by AS & MD.

C. Include Unani & Siddha graduates in EAT Eligibility Criteria

As per the "Operational Guidelines for improving Quality in Public Healthcare Facilities" released in 2013, the eligibility criteria for NQAS External Assessor Training included MBBS, BDS, AYUSH, B.Sc. Nursing, MBA (Hospital Administration), or equivalent qualifications, along with a minimum of 10 years of post-qualification experience. However, in revised Operational Guidelines released in 2021, only MBBS, BDS, BAMS,



BHMS, B.Sc. Nursing, and MBA (Hospital Administration) were listed. Referring to the 2013 guidelines, states are now requesting for the inclusion of the Bachelor of Unani Medicine and Surgery (BUMS) and Bachelor of Siddha Medicine and Surgery (BSMS) as eligible qualifications for NQAS External Assessor Training.

Approval was given by AS&MD to include Unani and Siddha graduates as eligibility qualifications for NQAS External Assessor Training.

D. Robustness in the selection of candidates for EAT

AS&MD suggested to issue an Advisory to the states mentioning that an undertaking for 5 years should be taken from State nominated participants to undertake state assessment and supporting the states in NQAS implementation as and when required, after getting empanelled as External Assessors.

The meeting ended with a vote of thanks to the chair.

Annexure-A

List of the participants

Sl. No	Name	Designation
1.	Ms Aradhana Patnaik	AS & MD (NHM), MoHFW
2.	Mr Saurabh Jain	Joint Secretary (Policy), MoHFW
3.	Ms Meera Srivastava	Joint Secretary (RCH), MoHFW
4.	Maj Gen (Prof) Atul Kotwal VSM SM	Executive Director, NHSRC
5.	Shri Rakesh Kumar Maurya	Deputy Director General (Statistics), MoHFW
6.	Dr Pawan Kumar	Additional Commissioner, Maternal Health & Immunization.
7.	Dr Indu Grewal	Additional Commissioner, Family Planning
8.	Dr Shobhna Gupta	Deputy Commissioner, Child Health & RBSK
9.	Ms Neha Garg	Director, NHM II, MoHFW
10.	Dr J N Srivastava	Advisor QPS, NHSRC
11.	Dr Gurinder Bir Singh	Advisor CP-CPHC, NHSRC
12.	Mr Abhishek Srivastava	Advisor IT, NHSRC
13.	Dr Tamanna Sharma	Lead Consultant, MoHFW
14.	Ms Vinny Arora	Lead Consultant, QPS(CU)
15.	Dr Chinmayee Swain	Senior Consultant, QPS
16.	Dr Neeraj Gautam	Senior Consultant, QPS (CU)
17.	Ms Stella Grace	Junior Consultant, MoHFW
18.	Dr Surbhi Jain	Fellow, QPS(CU)