





### NQAS REVIEW MEETING 2025 28<sup>th</sup>-29<sup>th</sup> May 2025



Scaling up the NQAS Certification: National Progress & State Highlights

> Dr J.N. Srivastava Advisor – Quality and Patient Safety Division, NHSRC

# National Quality Assurance Standards for Public Health Facilities

LaQshya: Labour Quality Improvement Initiative

National Quality Assurance Standards for CLMC

MusQan: Ensuring Child-Friendly Services

NQAS For AEFI Surveillance Program



National Quality Assurance Standards for District Hospital

National Quality Assurance Standards for Community Health Centre

National Quality Assurance Standards for Primary Health Centre

National Quality Assurance Standards for Urban Primary Health Centre

National Quality Assurance Standards for AAM –Sub Health Centre

### **Newer Initiatives in FY 2024-25**

#### **NQAS for IPHL**



#### **Virtual Assessment of AAM-SHC**





\*\* As per HDI 2022-23 and AAM Portal 31<sup>st</sup> March 2024

\* Cumulative NQAS certification as on 20<sup>th</sup> May 2025

### **National And International Recognition**



# **Percentage of NQAS Certification (State and National)**



Data as on 20<sup>th</sup> May 2025

### **Surveillance and Recertification**



# Targets NQAS Certification

#### (D.O.No. Z-18015/13/2023-NHM dates 3rd February 2024)

12.	The NQAS Certification of 50% Public Health Facilities	December 2025
13.	The NQAS Certification of 100% Public Health Facilities	December 2026

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

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

Dear Secretary

I am writing to reflect on the recently concluded Third National Conference of Chief Secretaries, which was held on 27-29<sup>th</sup> 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:

### **Projection for NQAS Certification** (State and National)



\* As per HDI 2022-23 and AAM Portal 31st March 2024

\*\*Data as on 20<sup>th</sup> May 2025

### State/UT-wise NQAS Certification (State and National)



### State/UT-wise NQAS Certification (State and National)



# **States & UTs Performance in NQAS Certification**





# Front Runner\*- likely to achieve 50% before time

Timeline	Mar 2025	May 2025	Dec 2025	Dec 2026
No. of targeted NQAS	94%	94%	50%	100%
certifications	(80)	(80)	(43)	(85)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS certifications	49%	53%	50%	75%	100%
	(87)	(93)	(89)	(133)	(177)





Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	42%	42.37%	50%	92%	100%
certifications	(4974)	(5067)	(5979)	(10921)	(11959)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	38%	39%	50%	74%	100%
certifications	(4877)	(5078)	(6430)	(9520)	(12859)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	35%	38%	50%	73%	100%
certifications	(1107)	(1226)	(1597)	(2333)	(3193)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	27%	33%	50%	69%	100%
NQAS certifications	(161)	(198)	(296)	(407)	(592)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	31%	33%	50%	69%	100%
NQAS certifications	(313)	(335)	(503)	(698)	(1006)





# **Performers\*- likely to achieve 50% on time**





# **Potential Performers\*- likely to achieve 50% on time**



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS certifications	25%	27%	50%	70%	100%
	(2523)	(2626)	(4955)	(6976)	(9910)





Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	21%	22%	50%	73%	100%
certifications	(934)	(969)	(2181)	(3199)	(4361)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	21%	22%	50%	70%	100%
NQAS certifications	(4772)	(4918)	(11118)	(15551)	(22235)





Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	19%	20%	50%	74%	100%
NQAS certifications	(2196)	(2386)	(5877)	(8740)	(11754)





### **Aspirants\*- State's likely to lag behind in achieving 50% target**

Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS certifications	15%	19%	50%	98%	100%
	(405)	(500)	(1332)	(2614)	(2664)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	17%	18%	50%	23%	100%
certifications	(1310)	(1422)	(3901)	(5733)	(7802)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS certifications	14%	18%	50%	61%	100%
	(767)	(973)	(2734)	(3318)	(5468)





Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	8%	11%	50%	71%	100%
NQAS certifications	(260)	(357)	(1593)	(2272)	(3186)


Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	10%	11%	50%	72%	100%
certifications	(35)	(39)	(184)	(264)	(367)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	10%	10%	50%	74%	100%
certifications	(18)	(18)	(91)	(134)	(181)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	8%	8%	50%	68%	100%
certifications	(10)	(10)	(60)	(81)	(120)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	8%	8.1%	50%	88%	100%
certifications	(786)	(806)	(4967)	(8720)	(9940)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	7%	8%	50%	61%	100%
certifications	(44)	(49)	(303)	(368)	(606)

				Delhi				
								50%
								(303)
(10)				(48) 8%	(44)	(49) 8%		(65) 11%
(19) 3%				070	7%	070		
Dec-23	Mar-24	Jun-24	Sep-24 Current Pro	Dec-24 gress E	Mar-25 <b>xpected Prog</b>	Jun-25 <b>;ress</b>	Sep-25	Dec-25



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	6%	5%	50%	71%	100%
certifications	(23)	(23)	(208)	(296)	(416)







Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	4%	5%	50%	61%	100%
NQAS certifications	(108)	(141)	(1470)	(1817)	(2939)



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted	4%	4%	50%	71%	100%
NQAS certifications	(12)	(12)	(165)	(235)	(330)



	Timeline	Mar 2025	May 2025	De 20	ec )25	Mar 2026	Dec 2026
	targeted NQAS cations	2% (41)	<b>2.17</b> (44)		50% 1016)	65% (1324)	100% (2032)
		U	ttarkhan	d			
							(1016) <b>50%</b>
							•
(16)			(27)	(41)	(44)		(61)
1%			1.30%	2%	2.17%		3%
Dec-23	Mar-24 Jun	-24 Sep-24	Dec-24	Mar-25	5 Jun-	25 Sep-25	5 Dec-25
		Current Prog	ress -•-E	xpected P	rogress		

Timeline	Mar 2025	May 2025	<b>Dec 202</b>	5 Mar 2026	Dec 2026
No. of targeted NQAS certifications	0.1% (134)	1.27% (140)	50% (5474)	63% (6878)	100% (10947)
		Bihar			
					50%
					(5474)
<b>(9)</b> ).10%		(37) 0.34%	(134) (140 1.22% 1.27		(222) <b>2.02%</b>
Dec-23 Mar-24	Jun-24 Sep-24	Dec-24	Mar-25 pected Progress	-	p-25 Dec-2

Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS	0.5%	0.78%	50%	62%	100%
certifications	(91)	(94)	(5779)	(7168)	(11558)
		Maharasht	ra		
		Manarasin	/I (A		(5779)
					<b>50%</b>
					•
(65)		(90)	(91) (94	ŀ)	(89)
0.50%		0.78%	0.79% 0.80	%	0.70%
Dec-23 Mar-24 Jun	-24 Sep-24	4 Dec-24	Mar-25	Jun-25 Sep	0-25 Dec-25
	Current	Progress I	Expected Progres	5	

Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026			
No. of targeted NQAS certifications	0%	0% 0%		80% (8)	100% (10)			
Lakshdweep								



Timeline	Mar 2025	May 2025	Dec 2025	Mar 2026	Dec 2026
No. of targeted NQAS certifications	0%	0%	50% (65)	98% (127)	100% (129)

ANDAMAN & NICOBAR								
							(6	5) 50%
		d 13 Appl m in mont	ications of h of May	n				
0%				0%	0%	0%		0%
Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25	Dec-2

## State/UT wise Available Assessor Pool

UT	EA	IA	AA
Andaman & Nicobar		37	
Chandigarh	7	24	
Dadra & Nagar Haveli and Daman & Diu	6	177	5
Delhi	185	162	
Ladakh	3	74	5
Lakshadweep	1	69	
Puducherry	7	161	

Internal Assessors (IA)	8798
External Assessors (EA)	1740
Ayushman Assessors	275



## **Required Assessor Pool**

Level of Facilities	FY 2022-23	FY 2023-24	FY 2024-25	Estimated Assessment for FY 2025-26	
DH	79	100	56	53	
SDH	44	48	22	15	
СНС	115	166	98	105	
РНС	662	798	634	620	
UPHC	190	281	331	407	
AAM-SHC	71	1318	6137	8708	
Total	Total 1161 2711 7278				
	2477				
	2015 (EA+AA)				
	462				

### **Virtual Certification on AAM-SC**



To achieve the target of 100% certifications, the virtual assessment method was launched on **28<sup>th</sup> June 2024** at Vigyan Bhawan by the Honourable Health Minister



#### 26 States

Adopted Virtual certification for AAM-SC

**Virtual Certification yet to be initiated**: Arunachal Pradesh, Ladakh, Maharashtra, Nagaland, Puducherry, Sikkim.

#### **Status of Virtual Assessment**



\*As per AAM Portal 31<sup>st</sup> March 2024

\*\*Data as on 20th May 2025

## PHYSICAL VERIFICATION OF VIRTUAL CERTIFIED FACILITIES

Virtually Certified- 2668\* Physical Verification - 181



# **Virtual Certification- Observations**

1. Assessment supported by staff of other certified facilities

2. Equipment's and Documents are sourced from other facilities for the assessment

3. CHO's from certified facilities are deputed to respond during assessment







# **Kayakalp Journey**



#### 28 June 2024 Ayushman Bharat – Gunvatt Swasth

Launch of Revised Kayakalp Guideline 2024

#### **Challenges**

- Non-adherence of the States/UTs in completion of annual Kayakalp activities as per the calendar of activities shared by the MoHFW - Andhra Pradesh, Chhattisgarh, Kerala, Maharashtra, Telangana, Meghalaya, Himachal Pradesh, Rajasthan.
- Non-conduction of peer assessment of all the facilities in the states/UTs as per Kayakalp guidelines – Andaman &Nicobar and Lakshadweep.
- Low participation of Urban Health Facilities in the initiative.



Note - FY 2024-25: Result awaited from 8 states - Andhra Pradesh, Chhattisgarh, Kerala, Maharashtra, Telangana, Meghalaya, Himachal Pradesh, Rajasthan

## **KAYAKALP REVISED CALENDER OF ACTIVITIES**





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भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय निर्माण भवन, नई दिल्ली–110011 Government of India Ministry of Health & Family Welfare Nirman Bhawan, New Delhi - 110011

Your sincerely

(Saurabh Jain)

DO. No. Z-18015/1/2021-NHM-II Dated 22<sup>nd</sup> November 2024

#### Dear Murion Director

Please refer to the ministry's letter no. Z. 18015/27/2022-NHM-II dated 21st July 2022 regarding the calendar of activities under the Kayakalp initiative. Under the Kayakalp initiative, three levels of assessments namely, Internal, Peer and External followed by finalization of the incentives are required to be completed within a Financial year.

The revised timelines for achieving the calendar of activities are attached as Annexure A. It has been highlighted that in many states/UTs, the assessment of healthcare facilities is carried forward to the next financial year which defeat the purpose of this initiative. You are requested to issue the necessary instructions to complete the assessment by February for every year. It is also requested that same may be strictly followed to ensure timely assessments and declaration of the results.

To Mission Directors-All States/UTs

Copy to: 1. ACS/PS/Secretary (Health)- All States/UTs 2. Sr.PPS to AS & MD (NHM) 3. PS to JS (Policy) 4. ED,NHSRC 5. Director (NHM-II)

#### Kayakalp Revised Timelines of Activities

S no	Month	Activity
1.	April – August	<ul> <li>Internal Assessment of all the healthcare facilities</li> <li>Gap Closure and Action Plan Preparation for all the assessed facilities</li> <li>Repeat Assessments –Ensure facility conducts at least two internal assessments</li> </ul>
2.	September- November	<ul> <li>Peer Assessment of each level of healthcare facilities</li> <li>Collation and Analysis of the scores of peer assessment by District Kayakalp Committee</li> <li>Shortlisting of healthcare facilities for External Assessments</li> <li>Transmission of Peer Assessment Scores to NHSRC</li> </ul>
3.	December- February	<ul> <li>Constitution of team of assessors by State Leve Committee for External Assessment of nominated facilities</li> <li>Conduct of External Assessment of each level of healthcare facilities</li> <li>Finalisation of Scores</li> </ul>
4.	15 March	<ul> <li>Results are communicated to MoHFW</li> </ul>

# **Policy Level Decisions**

### Expansion of AAM-SHCs 7 packages to 12 package for NQAS Certification

D.O.No. Z-18015/27/2022-NHM-II Dated 21<sup>st</sup> April 2025 र्ण रहाव स्वास्थ किल सौरभ जैन, भा.प्र.से. संयुक्त सचिव SAURABH JAIN, IAS JOINT SECRETARY



भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय निर्माण भवन, नई दिल्ली-110011 Government of India Ministry of Health & Family Welfare Nirman Bhawan, New Delhi-110011

D.O. No. Z-18015/27/2022-NHM-II Dated 21st April, 2025

Subject:

Expansion of Quality Certification of Ayushman Arogya Mandir - Sub Health Centres to All 12 Service Packages under NOAS

#### Dear Mussion Director,

National Quality Assurance Standards (NQAS) for Ayushman Arogya Mandir – Sub Health Centres (AAM-SHCs) were introduced in December 2020. According to the National Quality Assurance Standards Assessor's Guidebook, facilities seeking state and national certification were previously required to apply for at least seven (7) mandatory service packages. Since its inception, 90% of AAM-SHCs across 28 States/UTs have been certified under these seven mandatory service packages.

2. In an effort to enhance the availability and scope of services at AAM-SHCs, it has been decided that, effective April 2025, applications for national assessments will be accepted for all twelve (12) service packages. These assessments will be conducted through both physical and virtual modes.

3. You are requested to direct the State Quality Assurance Units to ensure that applications for NQAS certification encompass all twelve (12) service packages available at AAM-SHCs.

Kegards,



## **CHC Customization**

#### D.O.No. Z.18015/27/2022-NHM-11(Pt-3) Dated 21<sup>st</sup> April 2025

a R

Dear Mission Director,

सौरभ जैन, भा.प्र.से.

JOINT SECRETARY

SAURABH JAIN, IAS

To

संयुक्त सचिव

भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय निर्माण भवन, नई दिल्ली-110011 Government of India Ministry of Health & Family Welfare Nirman Bhawan, New Delhi-110011

D.O. No. Z.18015/27/2022-NHM-II(Pt-3) Dated 21st April, 2025

As you are aware, the National Quality Assurance Standards (NQAS) have been developed through a consultative process, incorporating program guidelines, Indian Public Health Standards (IPHS), and other relevant frameworks. Adherence to these quality standards, and meeting the certification criteria are mandatory for obtaining NQAS certification.

Recognizing the diverse healthcare needs across States/UTs, NQAS allows flexibility in customizing the checklists based on state specific requirements. In this context, NHSRC often receives multiple requests from the States/UTs for customizing the number of departments in the checklist for NQAS certification for Community Health Centres (CHCs).

As per the IPHS 2022 guidelines, CHCs are generally 30-bedded facilities categorized into:

- First Referral Unit (FRU) CHCs, which are mandated to have specialized services provided through physicians, surgeons, obstetricians, paediatricians', anaesthesiologists', secondary-level surgical services (elective & emergency), and a Blood Storage Unit.
- Non-FRU CHCs, which are not mandated to provide above mentioned services, but they are desirable.

Therefore, it is expected that all CHC level activities would compulsory be assessed in nine departments namely OPD, IPD, Laboratory, Labour Room, OT, Accident & Emergency, Auxiliary Services, Pharmacy, and General Administration.

In addition, FRU CHCs will be assessed in three mandatory departments: Radiology, Blood Storage Unit, and Newborn Stabilization Unit (NBSU). Hence, to ensure uniformity, States/UTs are requested to adhere to following points.

Line listing of all CHCs functioning as FRU & Non-FRU CHCs.
 For Non-FRU CHCs, minimum of 9 departments must be included.
 Customization, once approved, will remain valid for two years.

Thanking you,



## **State Certification Data on SaQsham**

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I HR Management ∽	Profile State Certification including Aspirational Blocks ×								
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	All		~					_	
Assessment Result View	Search:							B *	
State Certification including Aspirational Blocks	S.No 🝦	Block Name	District 🔶	State	Total Facility 👙	Total State Certified Count	Total National Certified Count	Percentage(%)	
	1	Pati	Barwani	Madhya Pradesh	423	0	1	0.24	
Reports Y	2	Bolpur-Sriniketan	Birbhum	West Bengal	788	0	1	0.13	
	3	Udupi	Udupi	Karnataka	207	1	0	0.48	
	4	null	Mandi	Himachal Pradesh	623	1	0	0.16	
	5	Rohanda	Mandi	Himachal Pradesh	623	1	1	0.32	
	6	Baihar	Balaghat	Madhya Pradesh	455	0	1	0.22	
	7	Maredumilli	Alluri Sitharama Raju	Andhra Pradesh	347	1	0	0.29	
	8	Bhainsa	Nirmal	Telangana	143	0	0	0.00	
	9	NagarKurnool	Nagarkurnool	Telangana	234	0	0	0.00	
	10	Barabazar	Purulia	West Bengal	708	0	0	0.00	
	11	Manbazar-II	Purulia	West Bengal	708	0	0	0.00	
	12	Venkatapuram	Mulugu	Telangana	111	0	0	0.00	
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# **THANK YOU**