QUALITY

DARPAN

An update on National Quality Assurance Standards

Preface

> "Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives." ~ William A. Foster

Enhancing the quality of healthcare has emerged as a key priority for both policymakers and public health professionals. It is essential for optimizing resource utilization, improving health outcomes, and increasing patient satisfaction. Delivering healthcare without ensuring a basic standard of quality is ineffective. Establishing public health facilities against set quality standards is vital for building public trust and boosting the morale of healthcare providers.

High-quality health systems are essential in every context—they consistently deliver care that improves or maintains health, earn the trust and confidence of the communities they serve, and adapt to the changing needs of the population. The National Quality Assurance Framework has been instrumental in advancing the quality of care across public health institutions in India, aiming for continuous and meaningful improvement.

This edition of *Quality Darpan: An Update on the National Quality Assurance Standards* presents an overview of the program's implementation status from January to June 2025. It also highlights the latest quality improvement initiatives. The analytical insights provided in this report are intended to support states and union territories in evaluating their performance, identifying gaps, and reinforcing their efforts to enhance the quality of healthcare services.

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QUALITY AND PATIENT SAFETY

Cornerstones of a Resilient Healthcare System

In the evolving landscape of global healthcare, Quality of Care and Patient Safety have emerged as fundamental principles guiding effective, equitable, and sustainable health service delivery. These two elements are not only interconnected but also mutually reinforcing, shaping the way healthcare systems respond to the needs of individuals and populations. Together, they define the standards by which healthcare outcomes are measured, trust is built, and systems are strengthened.

Quality of care refers to the extent to which health services continuously improve desired health outcomes and are aligned with evidence-based practices. High-quality care is defined by six key dimensions: it must be effective, safe, patient-centered, timely, efficient, and equitable. In India, achieving quality care remains a complex challenge due to the wide disparities in infrastructure, human resources, and access across urban and rural regions. Further on, Patient safety, a vital dimension of quality, focuses on minimizing risks, preventing errors, and avoiding harm during the delivery of healthcare. Globally, patient safety is recognized as a public health priority, as adverse events in medical settings continue to cause significant morbidity and mortality. Other key strategies include promoting the use of safety checklists, strengthening infection control practices, improving medication safety, and encouraging patient and family engagement in care processes.

A safe and high-quality healthcare system must prioritize capacity building, continuous monitoring, and the establishment of non-punitive reporting systems. Ensuring that healthcare professionals are empowered with up-to-date knowledge and resources is essential for minimizing harm and delivering value-based care. Furthermore, fostering a culture of safety — where every stakeholder is encouraged to report, learn from, and act in order to build trust and accountability.

In conclusion, Quality of Care and Patient Safety are not optional features but essential foundations of a resilient and people-centered health system. As India strives toward universal health coverage and improved health outcomes, these principles must remain central to policy and practice. Through integrated efforts that combine robust leadership, community engagement, evidence-based practices, and systemic reform, India can make meaningful progress in ensuring that every individual receives care that is not only effective but also safe, dignified, and respectful.

> **"Quality means doing it right when no one is looking".**

Insights on Latest Interventions: National Quality Assurance Program

1.1 NQAS Assessors Conclave

The National Quality Assurance Standards (NQAS) assessment is a systematic evaluation process conducted across public health facilities to assess the quality of care and patient safety practices. It aims to identify strengths and gaps in service delivery while driving continuous quality improvement in alignment with the Ministry of Health and Family Welfare's (MoHFW) target of achieving 100% certification by December 2026.

Assessments are structured around eight thematic Areas of Concern, covering key domains from service provision to quality management systems. NQAS Assessors are central to this process providing evidence-based, actionable feedback that helps facilities recognize areas needing improvement and implement effective corrective measures.   These trained professionals—whether internal, external, or Ayushman assessors, are responsible for evaluating healthcare facilities using standardized checklists and protocols.

Recognizing critical role of assessors, the First NQAS Assessors' Conclave was held on 13th - 14th February, 2025, at the Stein Auditorium, India Habitat Centre, Lodhi Road, New Delhi. The event witnessed participation of around two hundred and sixty-five assessors belonging to different states of India. The two-day event commenced with an inaugural session graced by esteemed dignitaries, including Smt. Aradhana Patnaik (AS & MD, NHM), Shri Saurabh Jain (Joint Secretary – Policy), Dr Neha Garg, Director, NHM II, Dr. Major General (Prof.) Atul Kotwal (Executive Director, NHSRC), and Dr. J.N. Srivastava (Advisor – QPS). Dignitaries delivered insightful addresses to the participants and elaborated about milestones achieved under NQAS.   The event provided a dynamic platform for assessors to interact, share field experiences, receive key updates and contribute to the overall improvement of NQAS assessment process. Assessors from different regions participated in different activities like Mann ki Baat, Haal-e-Dil, Abhigyan and Vichar Vimarsh which were not only informative and thought-provoking but also fostered collaboration, reflection, and peer learning.

Conclave was a crucial step in strengthening the implementation of NQAS and ensuring the delivery of quality healthcare services in public health facilities. The conclave provided a rich blend of strategy, skill-enhancement, and shared experience—empowering assessors to continue their pivotal role in strengthening the quality of care in India's public health system. It served not only as a platform for training and dialogue but also as a celebration of their dedication and collective achievements.

> **"Quality of Healthcare is doing the right thing for the patient, at the right time, in the right way to achieve the best possible results"**

1.2 NQAS State Review Meeting – IBIS Hotel, 28th and 29th May 2025

The **National Quality Assurance Standards (NQAS) State Review Meeting 2025**, organized by the Quality and Patient Safety (QPS) Division, NHSRC, served as a crucial platform for evaluating progress, exchanging best practices, and addressing implementation challenges across states and union territories. Senior officials from the Ministry of Health and Family Welfare (MoHFW), NHSRC, and QPS Division attended the meeting alongside state representatives. The inaugural session, led by key dignitaries including Shri Harsh Mangla, Director, NHM I and Maj Gen (Prof) Atul Kotwal, ED NHSRC, emphasized the growing national and global recognition of NQAS and the urgent need to meet certification targets through collaborative planning and accountability.

The meeting featured detailed presentations on the national progress of NQAS, spotlighting top-performing states such as Dadra & Nagar Haveli, Odisha, West Bengal and Uttar Pradesh. Key highlights included the certification of over 33,000 facilities and new strategies to meet the 50% certification goal by December 2025. Emphasis was laid on streamlining the certification of CHCs, enhancing the IT infrastructure, translating training modules into regional languages, and strengthening assessor capacity. The importance of feedback-driven improvements and customized protocols for facility types was reinforced.

Specific sessions addressed the challenges of virtual certification, particularly in Ayushman Arogya Mandir – Sub Health Centres (AAM-SHCs), citing issues like limited CHO awareness, weak internet connectivity, limited post assessment follow up. Despite these hurdles, innovative solutions such as digital training modules and physical verification protocols have tried to address the challenges. States shared success stories showcasing strategic planning, technological adoption, and strong governance that helped scale up certification, even in remote and resource-constrained settings.

The meeting concluded with discussions on systemic improvements including SaQsham portal enhancements, customization of facility checklists, strengthening of supportive supervision, and improved drug and diagnostic availability. A comprehensive action plan with SMART objectives and clear timelines was developed to guide state and national stakeholders.

The forum reaffirmed the collective commitment to quality improvement in public healthcare, positioning NQAS not merely as a certification process but as a transformative movement toward institutional excellence and patient-centered care.

NQAS REVIEW MEETING 2025

NQAS REVIEW MEETING 2025

1.3 Implementation guidebook of Solid Waste management in Health Care Facilities

In India, healthcare facilities manage infectious waste in accordance with the Bio-Medical Waste (BMW) Rules, 2016. However, there is no dedicated resource for managing non-infectious waste, which falls under the Solid Waste Management (SWM) Rules, 2016. The Draft SWM Rules, 2024, have been notified and are expected to come into effect from 1st October 2025. To strengthen non-infectious waste management in healthcare facilities, NHSRC is developing an implementation guidebook tailored to their needs. An Expert Group was constituted to review the draft, and the first meeting was held on 18th December 2024 at NHSRC, New Delhi. The guidebook is currently under development.

Further, the first final draft of the Implementation guidebook of SWM in HCFs is shared in the public domain following discussion and comments received during Expert Consultation Workshop held in the month of December.
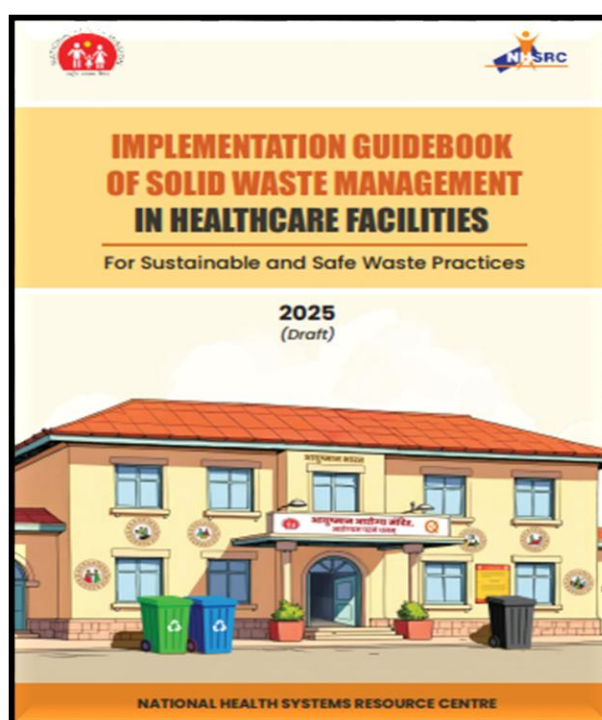
1.4 Launch of Webinar Series for supporting the NQAS Implementation in Primary Health Care Facilities

The Webinar Series organized by Quality and Patient Safety Division at National Health Systems Resource Centre (NHSRC) was launched for supporting the State's efforts in Implementation of National Quality Assurance Standards, it is a structured training initiative launched in alignment with the MoHFW's target of achieving 100% NQAS certification by December 2026.

The webinar for NQAS implementation in Primary Health Care Facilities began on 10th April 2025, providing facility-level handholding and technical support through interactive sessions focussed on specific Areas of Concern (A–H) defined under NQAS :-

A - Service Provision	B- Patient Rights	C- Inputs	D- Support Services
E-Clinical Services	F- Infection Control	G-Quality Management system	H-Outcome Indicators

The online lecture series is being conducted on the 2nd and 4th Thursday of each month, starting at 2:00 PM. Each session runs for an hour, comprising 45 minutes of presentation followed by 15 minutes dedicated to Q&A. The target audience includes state, district, and block-level program officers overseeing primary healthcare, as well as Medical Officers, Nursing staff at Primary Health Centres, and Community Health Officers (CHOs). Over the course of four months, the series aims to comprehensively cover all key aspects related to NQAS implementation in primary health care facilities. So far, webinar series has witnessed participation of approximately 31,840 participants from different states. The details of the sessions and subsequent number of attendees is mentioned in the table below.

Table – Details of Sessions in NQAS Implementation Support Webinar Series.

Session Detailing for NQAS Implementation Support Webinar Series			
Webinar no.	Webinar Topic	Date and Month	Attendance
1.	Overview of NQAS for primary health care facilities	10th April	9779
	Measurement System under NQAS		
2.	Area of Concern A	24 April	7167
	Area of Concern B		
3.	Area of Concern C	8th May	2889
	Area of Concern D		
4.	Area of Concern E (Part I)	29th May	4322
	Area of Concern F		
5.	Area of Concern E (Part II)	12th June	3687
	Area of Concern H		
6.	Area of Concern G	26th June	3996
	Periodic Review of Healthcare facility		

The series serves as a critical capacity-building tool to equip healthcare providers and state-level officials with the knowledge and confidence required to achieve and sustain NQAS certification.

NQAS Implementation Support Webinar Series

NQAS Implementation Webinar Series Session on Area of Concern C and D

NQAS Implementation Webinar Series Session on Area of Concern C and D
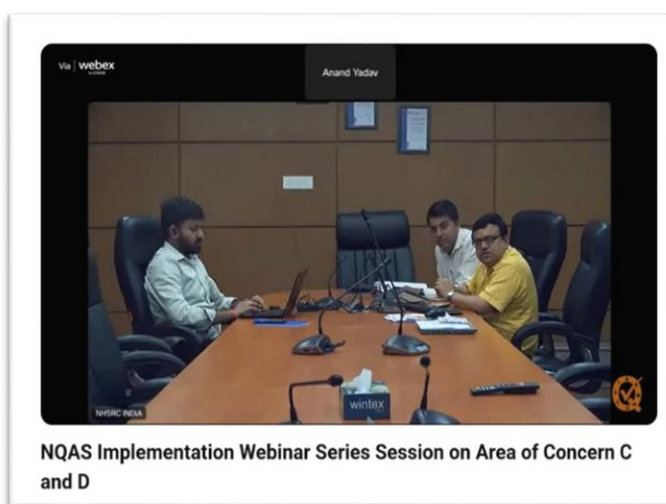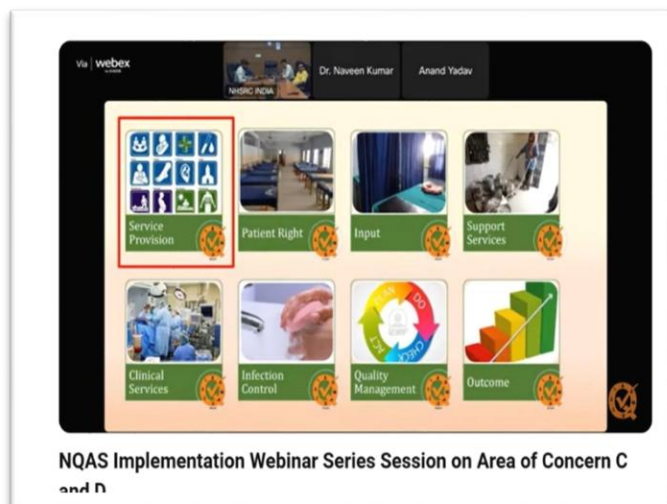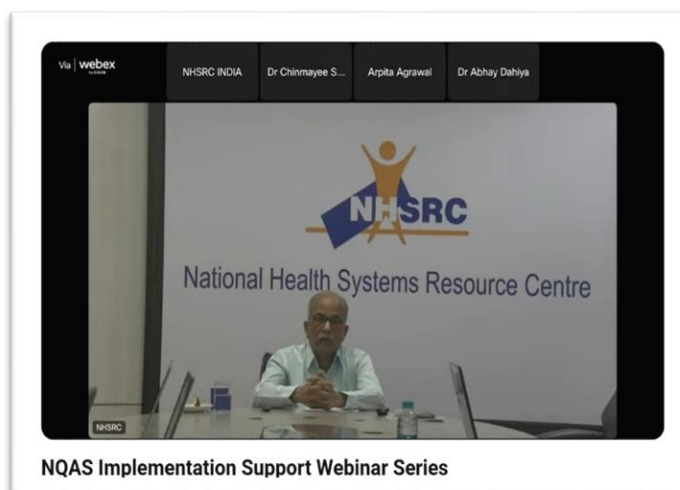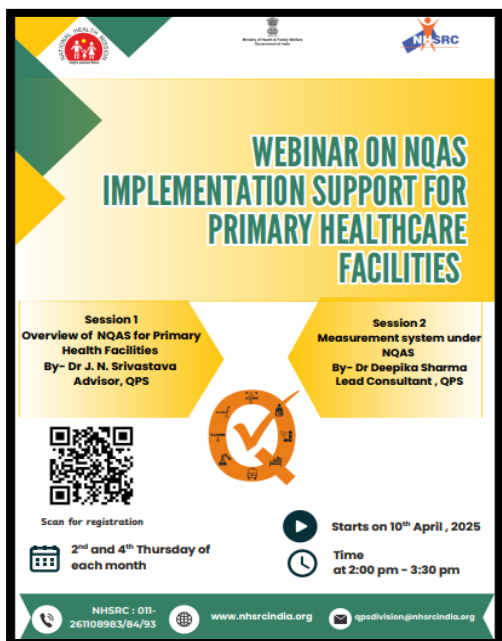
Status of National Quality Assurance Standards Implementation

2.1 The Status of National Quality Assurance Program

Quality of healthcare has emerged as a key thrust area for both policymakers and service providers. It serves as an instrument for optimal utilization of resources to improve health outcomes and patient satisfaction. Providing health care services gauranteeering a minimum level of quality is less than desirable. It is important that public health care facilities are benchmarked against set quality standards to improve confidence of public availaing the services while also boosting the morale of the service providers in these institutions.

National Quality Assurance standards status

Since the last edition of Quality Darpan, the total number of NQAS certified facilities has enormously risen from 22786 to 36967 by June 2025 reflecting a notable increase of 14,181 certifications (38.36% increase). Out of these 36967 facilities, 13535 have received national level certification, while 23432 have obtained state certification for public health facilities. (Please refer to Annexure – A, for state-wise number of NQAS Certified (State + National) Public Health facilities.)
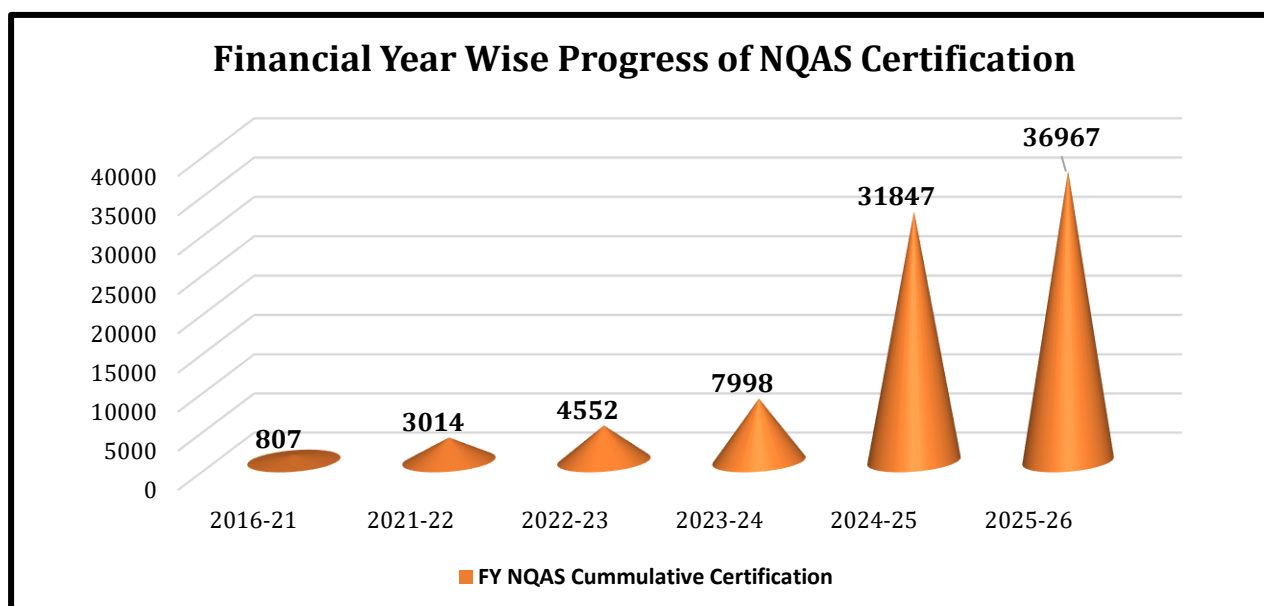
Figure 2.1 Financial Year Wise progress of National Quality Assurance standards

The Fig 2.1 displays the year-on-year cumulative progress of the National Quality Assurance Standards certified public health facilities at national and state level whereas fig 2.2 below depicts the year on progress of NQAS at National level.
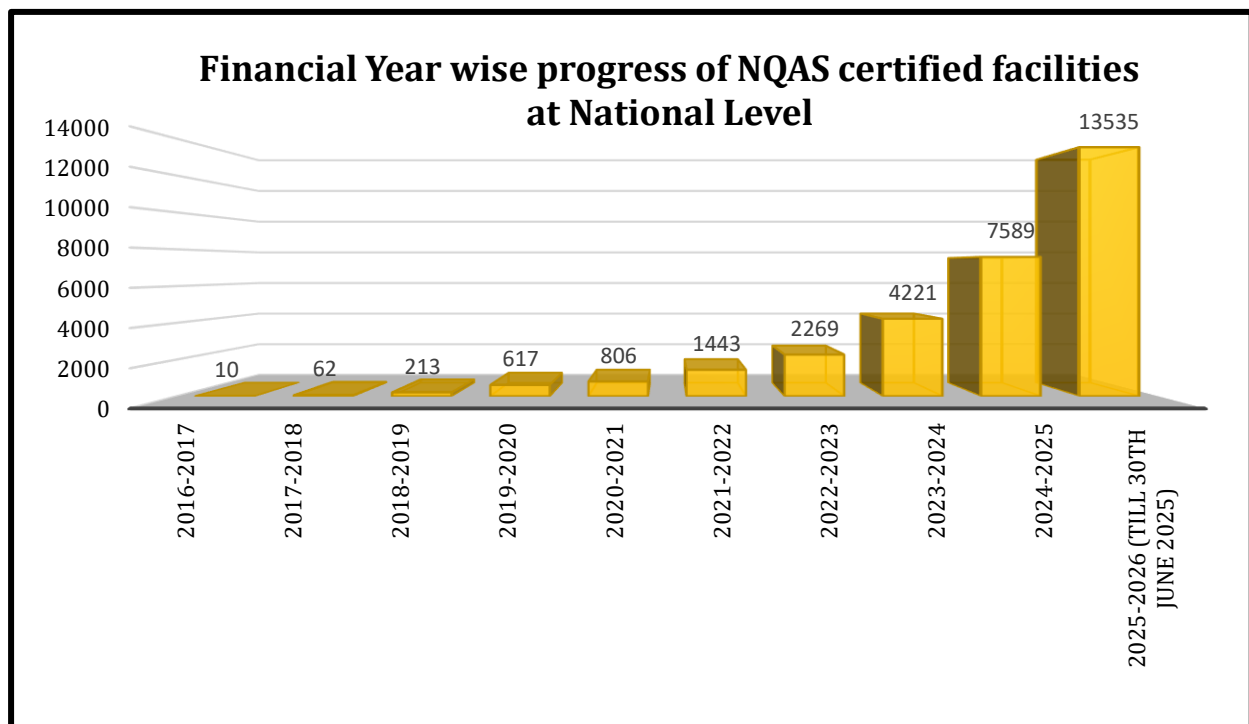
Figure 2.2 Financial year Wise NQAS National certified Facilities.

Fig 2.3 and 2.4 illustrates the number of facilities NQAS certified under different category of health care facilities till 30th June 2025. It can be seen that Fig 2.2 depicts the cumulative number of certified facilities with national and state level numbers combined whereas fig 2.3 depicts data of only nationally certified facilities.
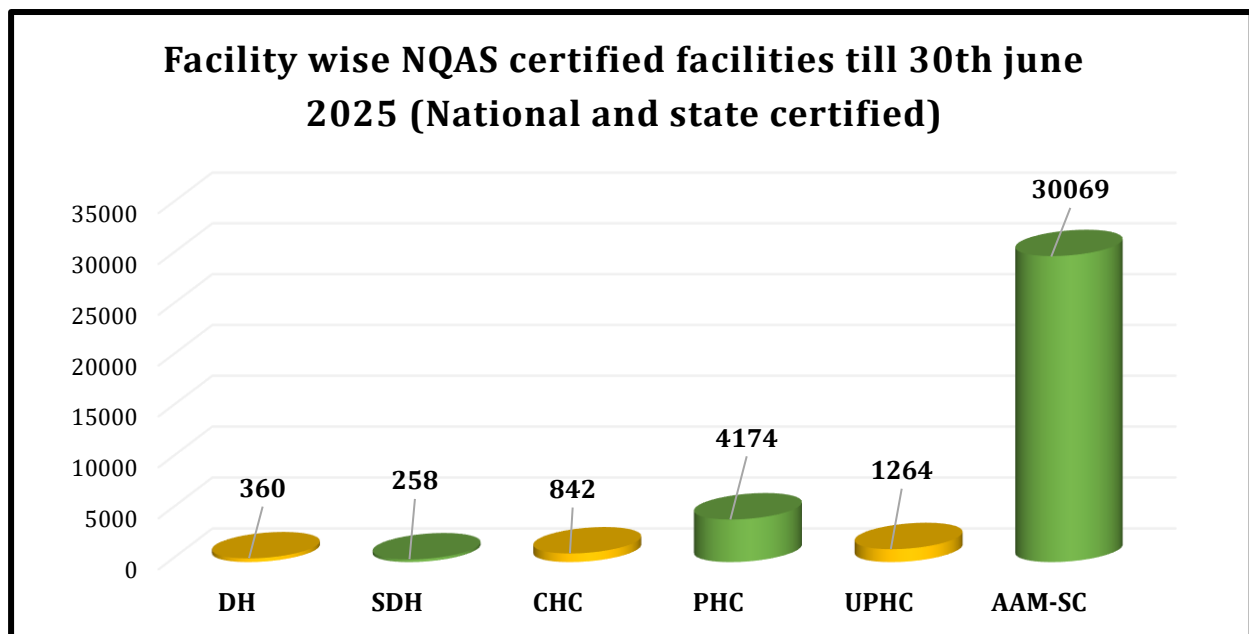
Figure 2.3 Facility wise cumulative NQAS certified facilities till 30th June 2025 (National and State Certified)

Facility Wise NQAS certified facilities till 30th June 2025 (National Certified)

DH 310, SDH 149, CHC 434, PHC 2800, UPHC 886, SC 8956
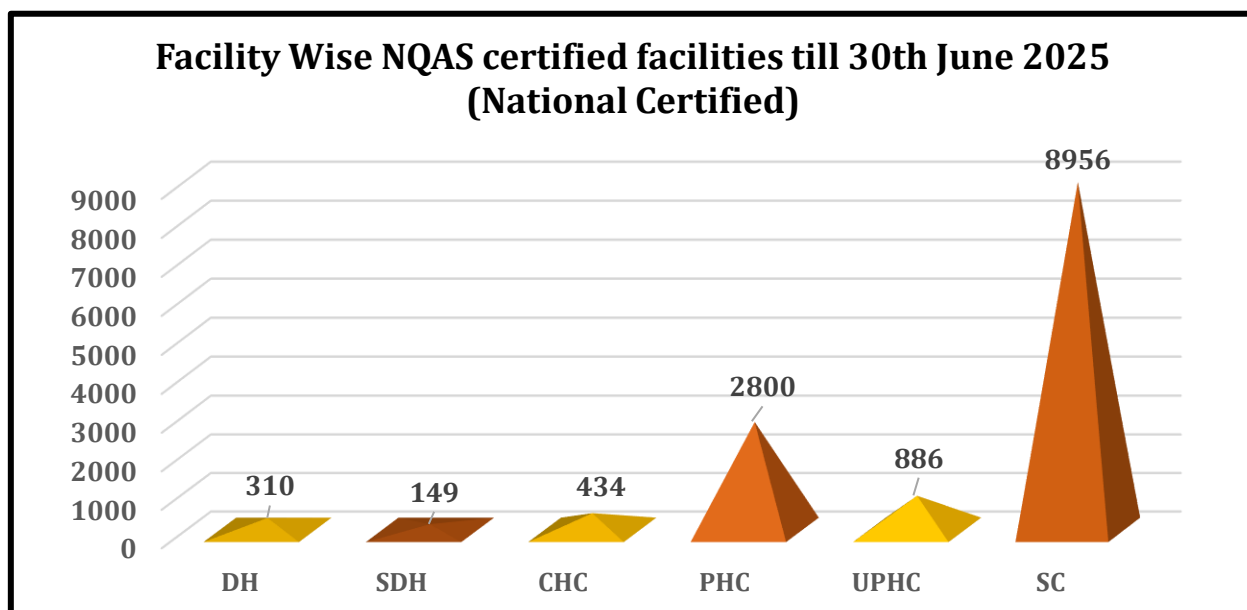
Figure 2.4 Facility wise National Cumulative NQAS Progress till 30th June 2025

NQAS certified Facilities in last Six Months

Apart of cumulative data on number of facilities certified Fig 2.5 and fig 2.6 illustrates the Number of facilities certified in last six months. Fig 2.5 in particular shows the progress of certification in different facilities in the time period of January 2025 upto 30th June 2025.

Similarly, fig 2.6 showcases the certification attained in last six months in different states across India with most number of certification attained by Uttar Pradesh and West Bengal.

NQAS Certified Facilities in Last Six Months Jan - June 2025

DH 32, CHC 38, PHC 346, SDH 10, UPHC 177, SHC 5390
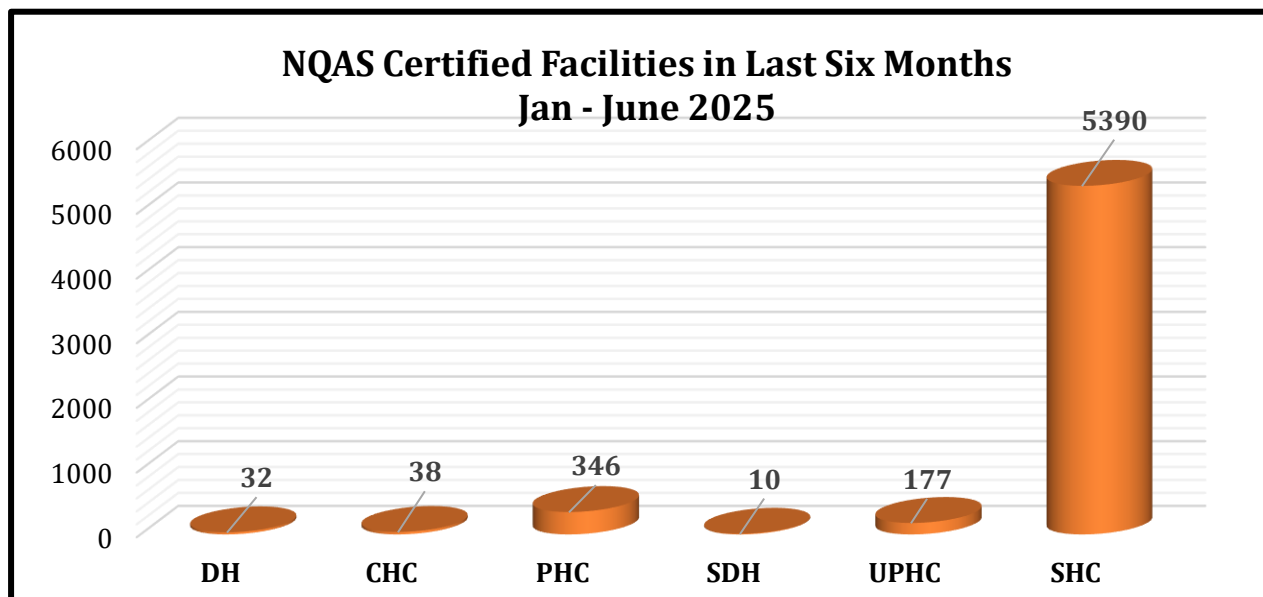
Figure 2.5 NQAS Certified Facilities in Last Six Months
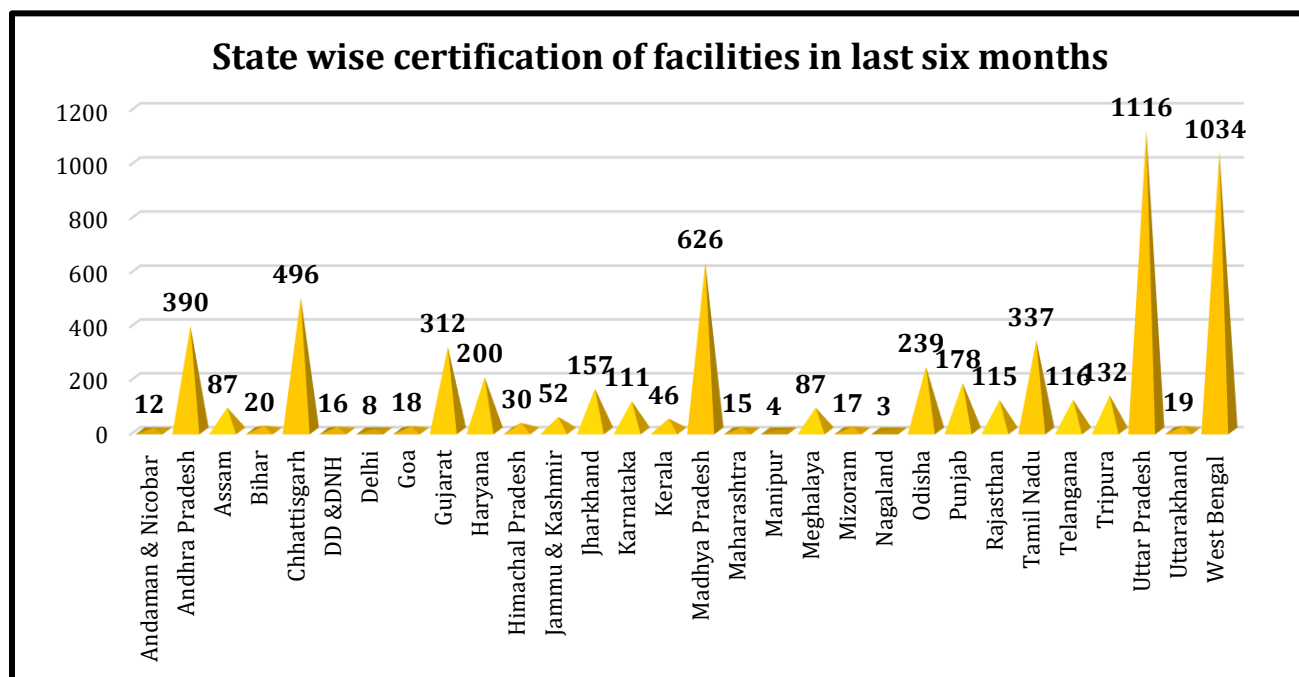
Figure 2.6 State Wise NQAS certified facilities in last six month (Jan-June 2025)

Re-certification status (No. of Recertification in Last year & in Last six months)

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 2024-25, a total of 127 facilities were successfully re-certified for NQAS (Fig 2.7) and in last six months, total 32 healthcare facilities were re-certified (Fig 2.8)
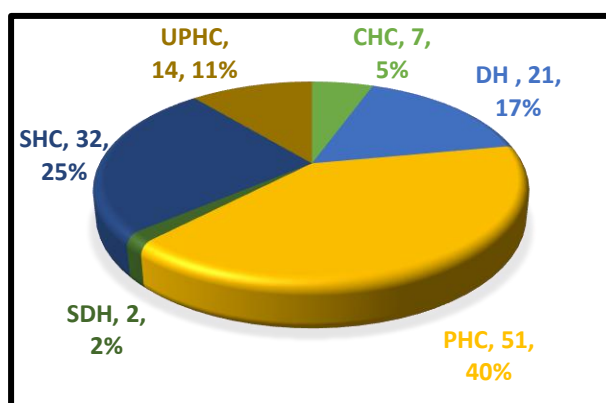
Figure 2.7 Recertification in Year 2024-25
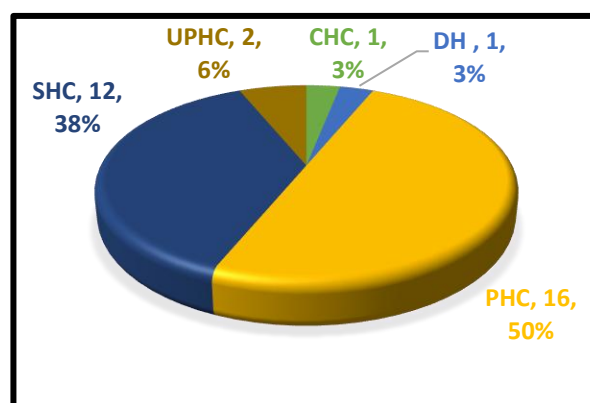
Figure 2.8 Recertification in last six months – Jan to June 2025

To add on further, it is necessary to know the progress of each state as far as NQAS certification is concerned. Fig 2.9 illustrates the progress of NQAS certification in different states of India upto 30th June 2025. The figure showcases the arrangement of state with maximum NQAS certification at the top and that with lowest percentage of certification at the bottom.

Percentage of NQAS certification in different states in India upto 30th June 2025

Daman & Diu and Dadra and nagar Havelli, 91.84

Goa, 44.63
Punjab, 43.60
Tripura, 43.57
West Bengal , 41.38
Jharkhand, 40.50
Meghalaya, 39.90
Andhra Pradesh, 38.62
Ladakh, 32.12
Chhattisgarh, 29.19
Chandigarh, 29.09
Odisha, 26.99
Karnataka, 26.94
Uttar Pradesh, 26.44
Telangana, 23.87
Haryana, 23.36
Tamil Nadu, 22.66
Sikkim, 22.65
Assam, 22.35
Gujarat, 20.87
Madhya Pradesh, 18.21
Mizoram, 13.60
Himachal Pradesh, 12.23
Puducherry, 9.65
Andaman & Nicobar, 9.30
Manipur, 7.47
Rajasthan, 7.25
Jammu & Kashmir, 6.18
Arunachal Pradesh, 5.81
Kerala , 5.57
Delhi, 5.45
Nagaland, 5.10
Bihar, 4.71
Uttarakhand, 2.03
Maharashtra, 1.60
Lakshwadeep, 0.00

0.00   10.00   20.00   30.00   40.00   50.00   60.00   70.00   80.00   90.00   100.00

● States with NQAS certification between From 30-100 %

● States with NQAS certification between 10-30%

● States with NQAS certification between 0-10%

* Figures depict % of NQAS certification in State

Fig 2.9 Percentage of NQAS Certified facilities in different states of India as on 30th June 2025

1

Virtually Certified Facilities

The adoption of virtual assessments has accelerated the certification process under the National Quality Assurance Standards (NQAS). As of now, 5,084 health facilities have been virtually certified, marking a pivotal shift in how quality is evaluated across diverse healthcare settings. Fig 2.8 below Highlights the total number of facilities virtually certified in each state with Uttar Pradesh and West Bengal showing the maximum number of facilities being certified.
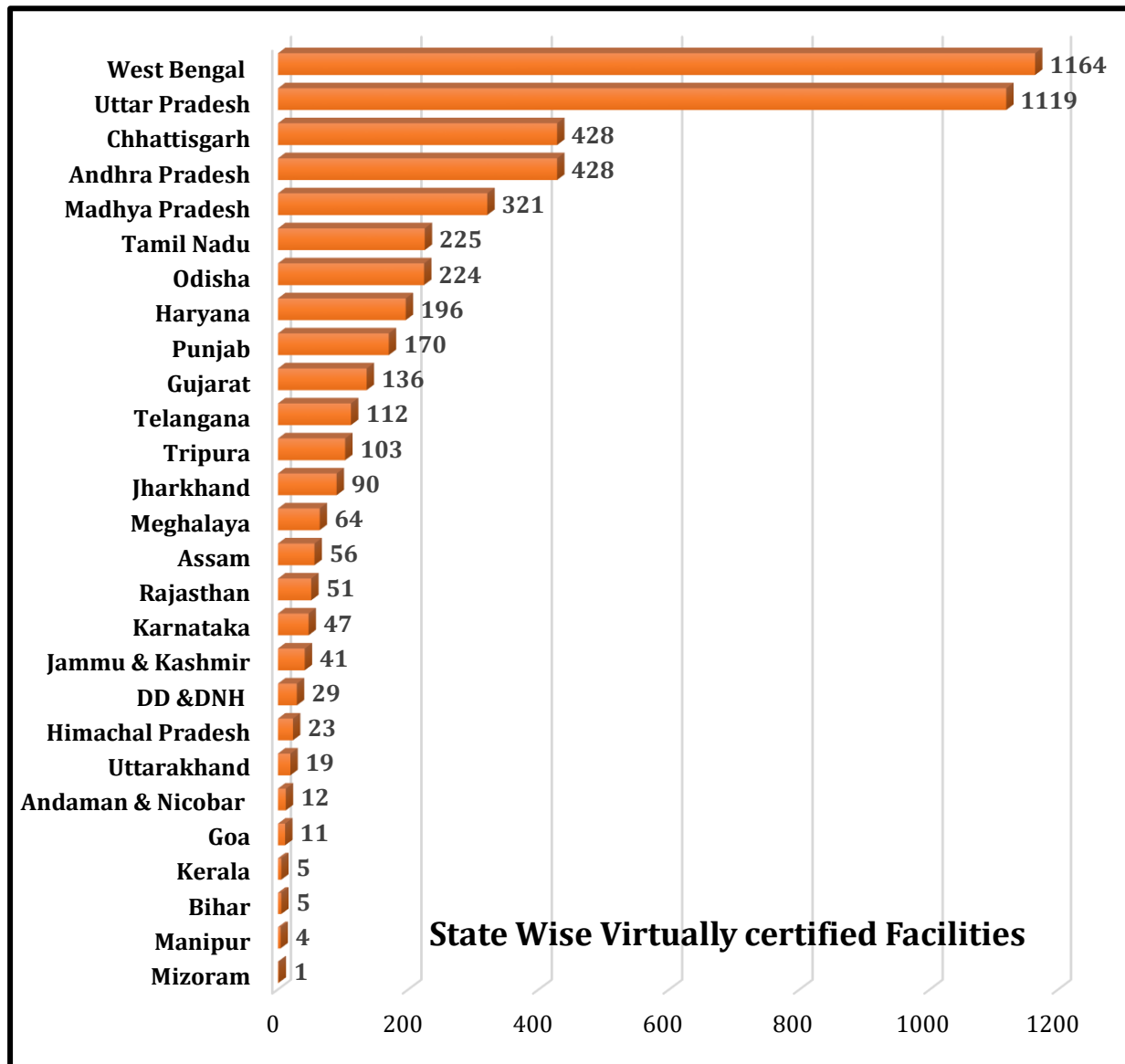
Figure 2.10 Virtually Certified Facilities

LaQshya

LaQshya, is a Labour Room Quality Improvement Initiative aimed at reducing preventable maternal and new-born mortality, morbidity, and stillbirths. Recognizing that a significant proportion of maternal and neonatal deaths occur on the day of delivery, LaQshya seeks to ensure safe, respectful, and high-quality intrapartum and immediate postpartum care. It emphasizes transforming labour rooms and maternity operation theatres through infrastructure upgrades, adherence to clinical protocols, capacity building, and introduction of quality assurance mechanisms. The initiative targets government medical colleges, district hospitals, and is structured into preparatory, assessment, improvement, and evaluation phases. Successful implementation is incentivized through certification and branding to motivate healthcare providers and enhance service delivery standards.

As on 30th June 2025, the incremental growth in the LaQshya Certified Labour Rooms (LRs) and Maternity-OTs (MOTs) has reached 1175 and 853 respectively and in the last six months, 30 LRs and 40 MOTs have achieved the NQAS certification under LaQshya.

Fia 2.11 Cummulative number of LR and MOT certified Till 30th June 2025
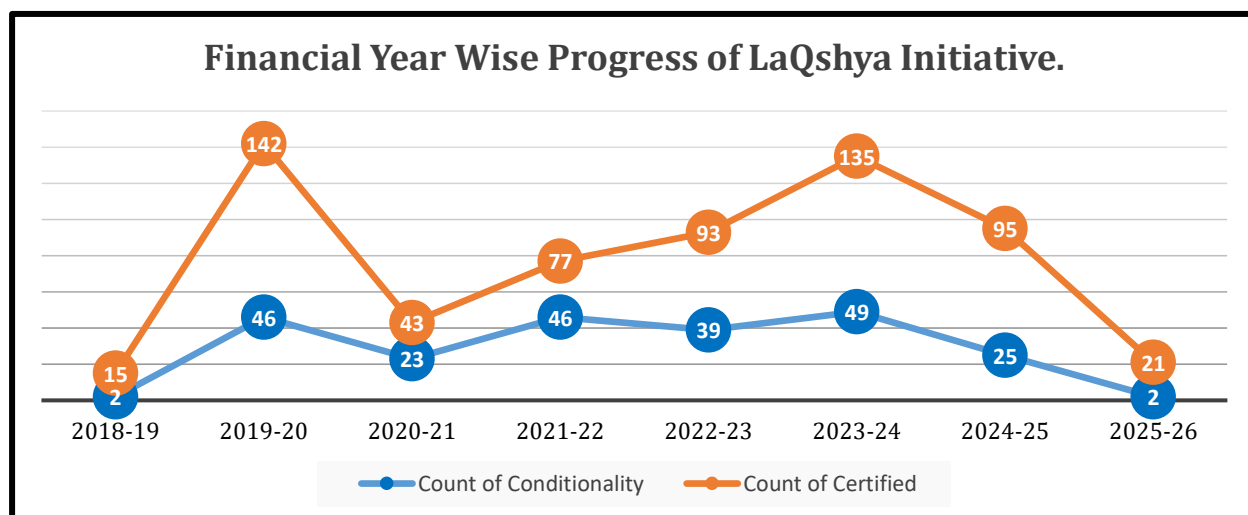
Figure 2.12 Financial year wise progress of LaQshya Initiative

Fig 2.12 represents the financial year wise progress of NQAS certification of LRs and MOTs.

PROGRESS OF LAQSHYA IN LAST SIX MONTHS

Assam, 3
Karnataka, 3
Uttar Pradesh, 3
Gujarat, 6
Punjab, 2
West Bengal, 2
Kerala, 2
Tamil Nadu, 4
Mizoram, 2
Bihar, 1
Delhi, 1
Madhya Pradesh, 1
Puducherry, 1
Chhattisgarh, 1
Haryana , 1
Rajasthan, 1

Legend:
- Assam
- Bihar
- Chhattisgarh
- Delhi
- Gujarat
- Haryana
- Karnataka
- Kerala
- Madhya Pradesh
- Mizoram
- Puducherry
- Punjab
- Rajasthan
- Tamil Nadu
- Uttar Pradesh
- West Bengal

Figure 2.13 Progress of LaQshya Initiative in last six Months

MusQan

MusQan was introduced to ensure the provision of high-quality, child-friendly healthcare services in public health facilities, with the objective of reducing preventable illness and deaths among new-borns and children. The initiative primarily focuses on inpatient care for sick new-borns and children up to 12 years of age. It is intended for implementation across all District Hospitals and equivalent facilities, all operational First Referral Unit (FRU) Community Health Centres (CHCs), as well as facilities that have received LaQshya certification for Labour Rooms (LR) and Maternity Operation Theatres (MOT).

Fig 2.14 depicts the progress of NQAS certifications under MusQan from the last financial year whereas fig 2.15 shows the facility wise breakup of NQAS certifications under MusQan in this financial year till December 2024.
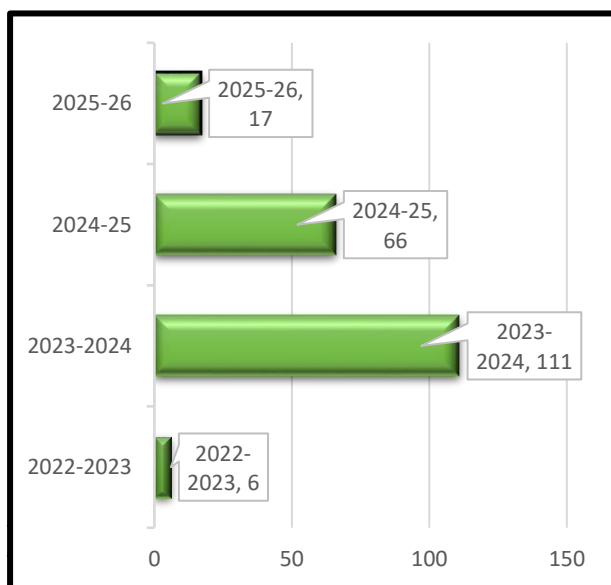
Figure 2.14 Cumulative Progress of NQAS Certification under MusQan

Facility type wise breakup of NQAS certification under MusQan
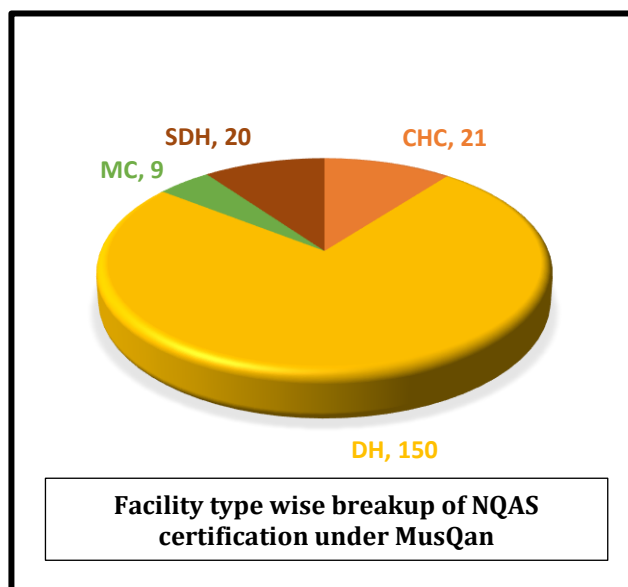
Figure 2.15 Facility type wise breakup of NQAS certification under MusQan

Progress of MusQan in last six months
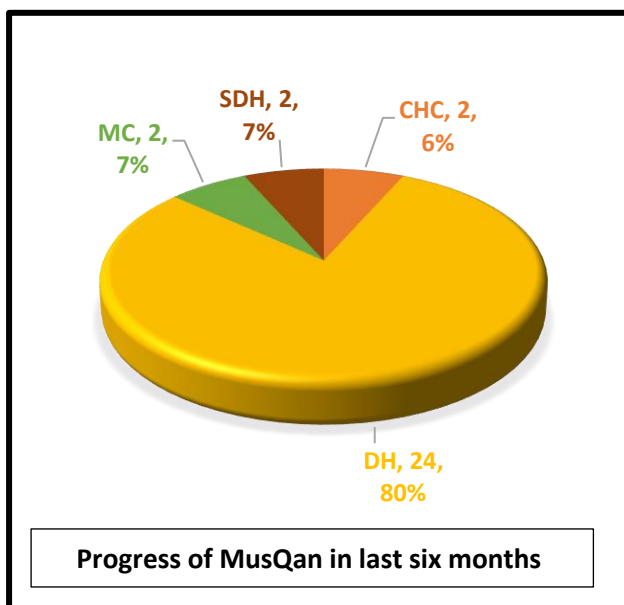
Figure 2.16 Progress of MusQan in last six months

Progress of MusQan in last six months

In the last edition, there were 166 NQAS certified facilities under the MusQan initiative and this number has increased to a cumulative of 200 as on 30th June 2025. A state and facility-wise breakup of the number of NQAS certified facilities under MusQan initiative has been placed as Annexure – D

Kayakalp Incentive Initiative

Launched in 2015, the Kayakalp Initiative has received widespread support across the country. It aims to recognize and reward high-performing public health facilities while promoting cleanliness, hygiene, and effective infection control practices. The initiative has brought about a notable improvement in the overall sanitation and hygiene standards of public health institutions. Initially rolled out in District Hospitals, the scheme was later expanded to cover Sub-District Hospitals (SDHs)/Community Health Centres (CHCs), AAM-PHCs, AAM-UPHCs, and AAM-Sub Health Centres (SHCs).

The total number of Kayakalp incentivized facilities has increased enormously from 13915 in FY 2021-22 to 47939 in FY 2024-25. Fig 2.17 depicts the progress of the Kayakalp initiative over the years
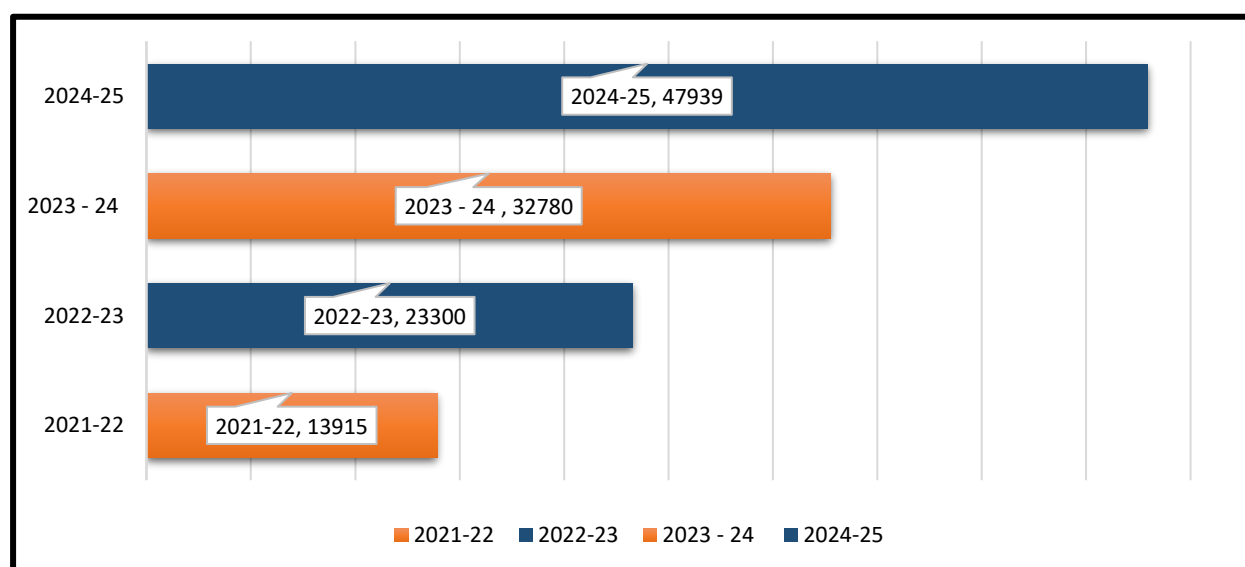
Figure 2.17 Kayakalp Incentivized facilities throughout the years
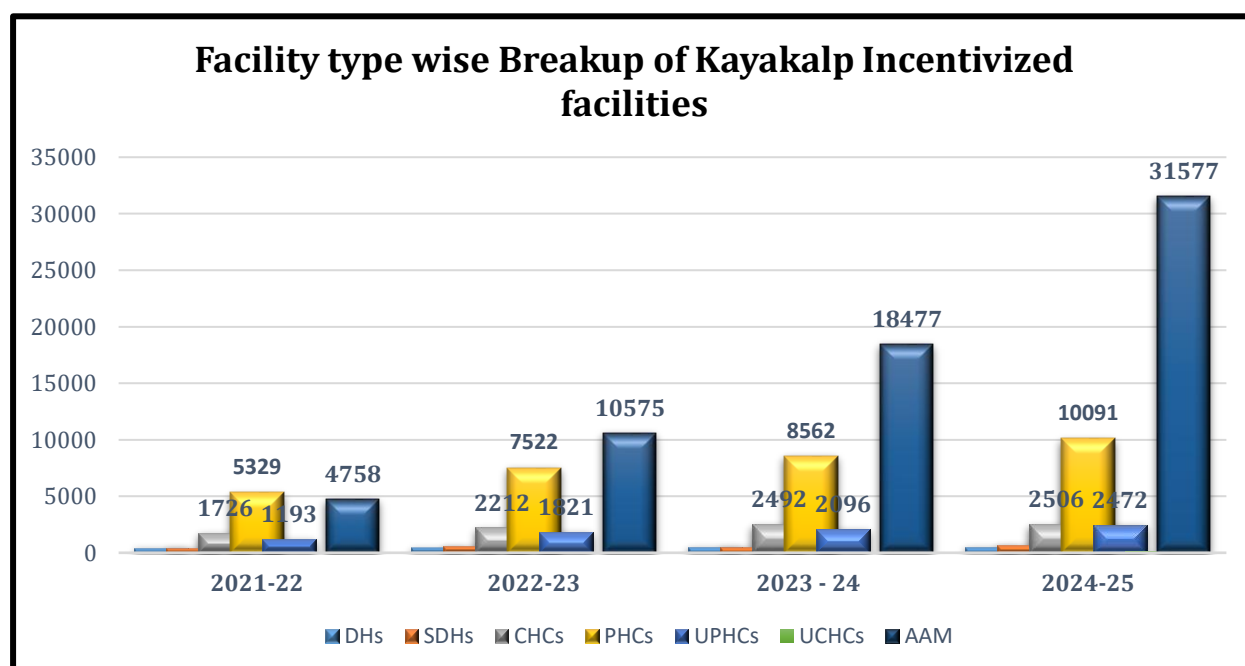
Figure 2.18 Facility Type Kayakalp Incentivized facilities in different years

5

Eco-Friendly Theme

In alignment with climate and health goals, a new component—Eco-Friendly theme or Green Hospitals initiative —was introduced under Kayakalp. This addition focuses on reducing the environmental footprint of healthcare facilities by promoting energy efficiency, managing air and noise pollution, encouraging waste reduction through reuse and recycling, and supporting overall environmental sustainability. This initiative aims to create cleaner, greener, and healthier healing environments, contributing to both patient recovery and broader climate resilience.

Eco-Freindly Facilities in Different financial Years

Year	Eco-friendly DH	Eco-friendly SDH/CHC
2021-22	22	26
2022-23	33	32
2023 - 24	35	40
2024-25	28	29
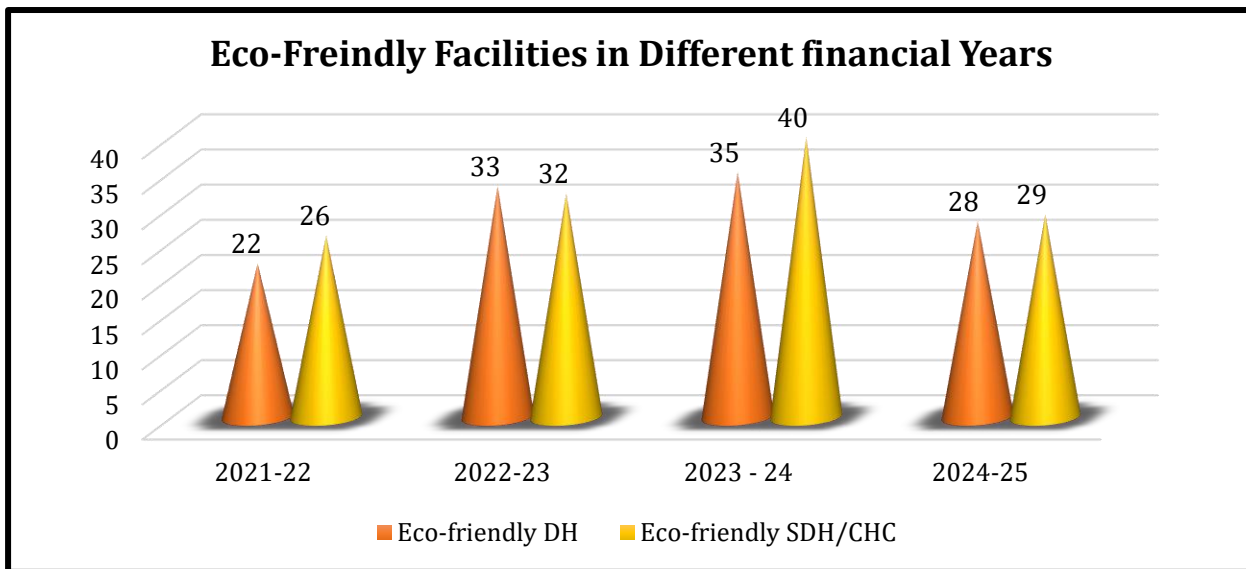
Figure 2.19 Details of Eco-Friendly Facilities (DH and SDH) in Different Financial Years

Training and Capacity Building

3.1 Training 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, 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), IA cum SPT (ToT) model and thematic training, among others. Till 30th June 2025, 731 batches of training have been imparted, since the inception of the National Quality Assurance Standards. Table below shows the details of the number of trainings conducted whereas Fig 3.1 shows the number of trainings conducted under different programmes.

Number of training Conducted under National Quality Assurance standards

Programme	Type of training	Number of training (Cumulative)	Number of training in last six months
NQAS	Awareness Training	46	01
	Internal Assessor's Training	191	09
	Service Provider's Training	115	05
	External Assessor's training	45	06
	Ayushman Assessor's Training	06	03
	TOT	30	00
	Other including Refresher's Training	116	02
Kayakalp	Awareness Training	27	00
	Swachh Bharat Abhiyaan	22	00
	External Assessor's	26	00
NUHM	Awareness Training	14	00
	IA cum SPT	48	03
LaQshya	IA Cum SPT	45	00
Total		**731**	**29**

Table - Cummulative number of trainings conducted

Fig 3.1 Number of Trainings conducted under different programs in last six months

3.2 NQAS trainings conducted in the last six months (Jan – June 25)

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 6 External Assessors' Trainings (5 in NHSRC, New Delhi and 1 in RRC-NE, Assam), 3 Ayushman Assessors' Trainings, 15 Internal Assessors Training which is IA cum SPT training, 1 Awareness Trainings for NQAS and two refresher training have been conducted. Adding to it further in two refresher training conducted in last six months, 317 candidates have successfully qualified as assessor.

Fig 3.2 NQAS training being conducted at NHSRC

3.3 Field Visits to States/UTs in the last six months (Jan-June)2025

VISIT TO MAHARASHTRA

Maharashtra, comprises 36 districts and stands as the second most populous and third most urbanized state in the country. A major challenge lies in the limited reach of the public health system, with insufficient hospitals located close to communities.

In response to various challenges and to enhance the quality of public health service delivery and patient care, the Quality and Patient Safety Division of the National Health Systems Resource Centre has organized a two-day field visit to the 500-bedded government women hospital in Nagpur and the 100-bedded women hospital in Gadchiroli, aimed at capacity building and identifying best practices for scalable improvement.

- The main objective of the field visit was to understand the public health system in the state and provide us with insights into functioning of government women's hospital for customization of NQAS checklist based on the services available in women Hospital in Maharashtra.
- To understand the major gaps and challenges faced by the healthcare staff and administration.
- Evaluate the public health facilities on the basis of National Quality Assurance Standards to check the readiness for the implementation of NQAS. (In District women Hospital)

S.No	Name of Facility	District
1	Daga Memorial Government Hospital in Nagpur, Maharashtra	Nagpur
2	District Women and child Hospital, Gadchiroli	Gadchiroli

Fig 3.3 Field visit to Maharashtra

VISIT TO TAMILNADU

As part of the ongoing efforts to assess and support quality improvement in public health facilities, a field visit was conducted to selected Urban Health and Wellness Centers (UHWCs) - Panchayat market colony, Chengalpattu district. in Tamil Nadu. The objective of the visit was to review service delivery under the Ayushman Arogya Mandir initiative, assess compliance with National Quality Assurance Standards (NQAS), and identify implementation strengths, gaps, and opportunities for enhancement.

During the visit, the team engaged with the Medical Officers, Community Health Officers (CHOs), nursing staff, and support personnel to observe day-to-day operations, infrastructure readiness, patient flow, and availability of essential services. Special attention was given to the delivery of the 12 service packages, documentation practices, biomedical waste management, and community engagement mechanisms. The role of local governance and interdepartmental support was also explored to understand how urban primary healthcare is being strengthened in the state.

The facilities demonstrated strong leadership, well-maintained infrastructure, and evidence of quality planning at the site level. However, some centers faced challenges such as shortage of trained staff, space constraints, and delays in obtaining regulatory NOCs. Efforts were noted in customizing checklists and aligning services to meet urban-specific needs.

Tamil Nadu's commitment to urban health transformation was evident, and the visit highlighted the potential for replication of best practices across other states for achieving universal quality care at the primary level.

Fig 3.4 Tamilnadu Field Visit

Expert group Meeting to develop National Quality Assurance Standards (NQAS) for Medical College Hospitals

In recent years, there has been substantial expansion in the tertiary healthcare sector through the establishment of 157 new medical colleges & hospitals upgraded from District Hospitals under Centrally Sponsored Schemes, out of which 108 are currently functional. While this expansion has significantly enhanced service delivery capacity, there is currently no formal system in place to ensure the quality, safety, and service complexities in these upgraded facilities.

To address this gap, it has been proposed to develop quality standards for Medical College Hospital. Given that District Hospitals are already well-versed with the NQAS system, and a substantial number have already achieved NQAS certification, the proposed standards will build upon and expand existing protocols, aligned specifically to address the enhanced scope and service complexity of hospitals. This approach leverages institutional experience, infrastructure, and systems already in place, thereby enabling smoother adoption and integration of the new standards.

Fig 3.5 Expert Group Meeting to develop NQAS standards for Medical colleges

State level Workshop in Maharashtra for National Quality Assurance Standards

Maharashtra has one of the highest numbers of public health facilities in the country, including District Hospitals (DHs), Sub-District Hospitals (SDHs), and Community Health Centres (CHCs). Despite this, the state has reported relatively low levels of NQAS (National Quality Assurance Standards) certification, indicating a need for robust interventions to streamline the certification process.

To address this, a State-Level NQAS Workshop was organized in Maharashtra on 16th April 2025. The workshop was graced by Dr. J.N. Srivastava, Advisor QPS, who provided an insightful overview of the NQAS certification landscape in the state. He highlighted the current status and outlined strategies for improvement.

During the workshop, the state health team presented the challenges faced in achieving quality certification and shared a roadmap for future improvements. The discussions emphasized Maharashtra's commitment to strengthening quality assurance mechanisms and enhancing the overall standard of care in public health facilities.

Fig 3.6 State level workshop in Maharashtra for NQAS

State Level Meeting with Karnataka State

A State level meeting was organized in Karnataka on 6th April 2025 where the existing mechanism for State Certification was discussed, and suggestions were shared to strengthen the process for greater effectiveness. State was advised to facilitate the transition of State-Certified facilities to National Certification.

Presentations from four districts, two high-performing and two low-performing—were done in order to highlight implementation progress, challenges, and best practices. Challenges in NQAS implementation at the district level were noted, especially in low-performing districts, and potential support measures were discussed.

Discussion were done regarding Customization of checklists for Namma Clinics, non 24x7 PHCs, and Taluka Hospitals in Karnataka, along with the mapping of newly formed districts on the SaQsham Portal to ensure accurate data reporting and monitoring was discussed.

Standard Treatment Guidelines: 3rd Series

Since the previous edition, the remaining lectures of the third series have been successfully completed. 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 June 2025, over 5000 participants registered for the lectures and out of these 724 could pass the post-session examination and got the certificates. The list of schedules along with number of participants of the 3rd series is mentioned in the table below:-

Session 1	Session 2	Session 3	Registration	Attendees	Certificates
Challenges in ANC in Pregnancy	Anaemia in Pregnancy	Pharmacotherapy of Anaemia	963	631	139
Management of fever in young infants and children	Management of Pyrexia of Unknown Origin	Challenges with management of fever	590	395	131
Management of Pesticide Poisoning in Adults	Management of Poisoning in Children	Challenges, Gaps and Solutions for handling Poisoning and Emergencies	696	507	112
Management of Acute & Chronic Otitis Media	Management of Ear Discharge	Antibiotic overuse in Acute Ear Infections	577	405	113
Management of Common Mental Disorders	Early interventions of Alcoholism, Drug Addiction & Substance Abuse	Profile of medicines used in Psychiatric Disorders	612	492	105
Management of Sinusitis	Managing Epistaxis in Primary Setup	Balancing Efficacy and Safety: Use of Decongestants, Antihistamines, and Corticosteroids in Si nusitis	653	418	124
Total			4091	2848	724

3.5 Internal, External Assessors and Ayushman Assessors under NQAS

Since the last edition of Quality Darpan, six batches of External Assessors' Training (EAT) and three batches of Ayushman Assessors' Training (AAT) have been successfully conducted. Currently, there are 1,777 certified External Assessors and 317 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 after the successful completion of the post-training evaluation, only 202 participants were empanelled as External Assessors for NQAS. Whereas, in the last 3 batches of AAT, a total of 161 participants attended the training and 150 were empanelled 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 30th June 2025, there are a total of 8798 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 – B, C and D

EXTERNAL ASSESSOR 1777

INTERNAL ASSESSOR 8798

AYUSHMAN ASSESSOR 317
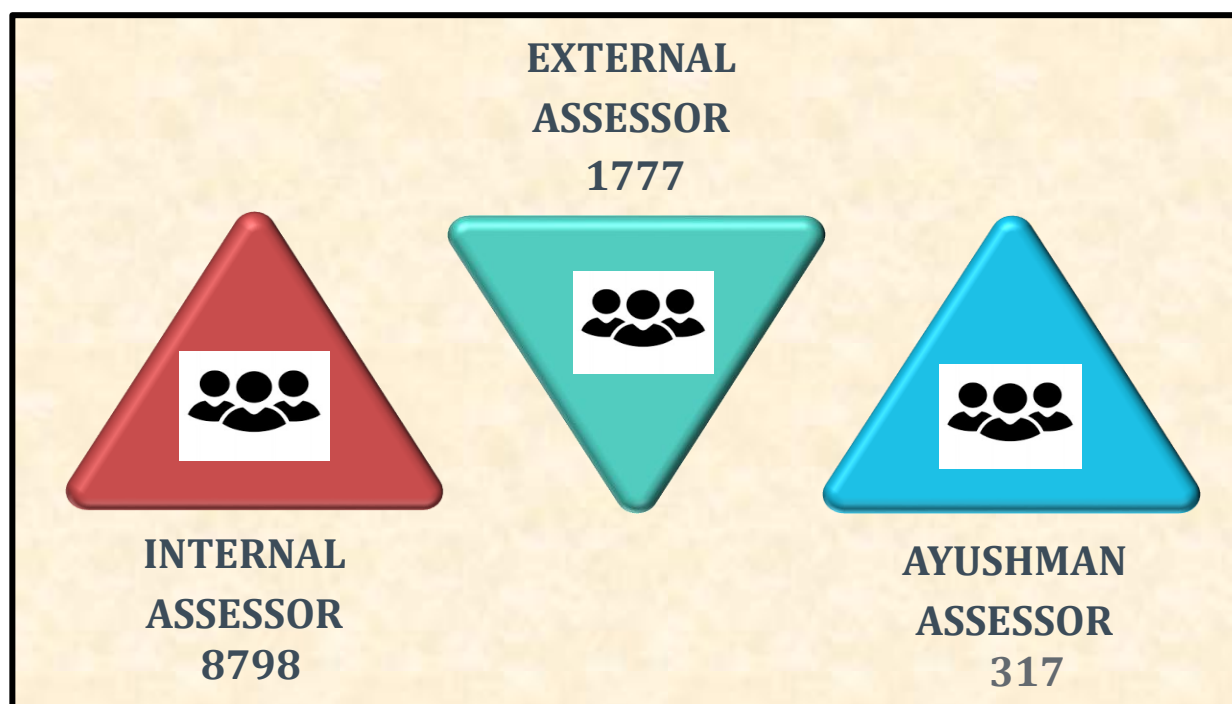
Fig 3.7 Total number of NQAS assessors

State Best Practices and Journey of NQAS in Different States/UTs

4.1 Maharashtra: Where every sunrise brings new opportunities and every sunset whispers tales of triumph

The Women's District Hospital, Dagga in Nagpur, Maharashtra—previously certified under the National Quality Assurance Standards (NQAS) in 2019—is once again preparing for recertification, reaffirming its commitment to quality, safety, and patient-centered care. Maharashtra, a state renowned for its progressive public health initiatives and innovation, continues to set benchmarks in maternal and child health. This is exemplified through the establishment of Comprehensive Lactation Management Centres (CLMCs), Breastfeeding Pods, and Midwifery-Led Care Units (MLCUs) within the hospital premises.

Comprehensive Lactation Management Centre (CLMC)

The CLMC is a state-of-the-art facility dedicated to promoting, protecting, and supporting breastfeeding. It ensures the safe collection, storage, and distribution of donor human milk to neonates in need—particularly preterm and low-birth-weight babies. The centre follows stringent protocols for hygiene, operating through a structured three-zone layout (clean, semi-clean, and sterile), and uses temperature-monitored refrigeration systems backed by UPS and generator support to maintain optimal milk preservation. The CLMC also serves as a hub for lactation counselling, helping mothers initiate and sustain breastfeeding through skilled guidance.

Breastfeeding Pods

In a pioneering move to ensure privacy and dignity for breastfeeding mothers, the hospital has introduced breastfeeding pods within the OPD area of Daga Memorial Women's Hospital. These pods offer a safe, hygienic, and comfortable space for mothers to breastfeed, thus encouraging optimal new-born nutrition even during hospital visits. This initiative not only empowers mothers but also reinforces Maharashtra's commitment to creating inclusive and supportive public health environments.

Midwifery-Led Care Unit (MLCU)

The Midwifery-Led Care Unit (MLCU) at the hospital is a specialized birthing facility focused on respectful, evidence-based, and low-intervention care for low-risk pregnancies. Operated by trained Nurse Practitioners in Midwifery (NPMs), the unit emphasizes natural childbirth and maternal well-being. The MLCU provides a homelike setting with adjustable delivery beds, birthing aids like stools and balls, privacy features, and emergency referral readiness. Backed by the State Midwifery Training Institute (SMTI), the MLCU model integrates antenatal care via the Midwifery OPD (MOPD), promoting a holistic continuum of care for mothers.

Conclusion

As it steps forward for NQAS recertification, the Women's District Hospital in Nagpur stands as a model of quality and innovation in public healthcare. With its integrated approach to maternal and child health through CLMCs, breastfeeding pods, and MLCUs, Maharashtra continues to demonstrate how infrastructure, clinical excellence, and empathetic care can work in synergy to achieve impactful health outcomes. The recertification process now serves not only as a quality benchmark but also as a reaffirmation of the state's vision to elevate healthcare delivery for every woman and child.

4.2 Journey of Ladakh: The Land of High Passes touching the heights of NQAS

Ladakh, the "Land of High Passes," with its stunning landscapes and unique culture, faces formidable healthcare delivery challenges due to its remoteness, harsh climate, and scattered population. Post-abrogation of Article 370, strengthening Ladakh's health system became a key priority.

The UT Ladakh, embarked on implementing the National Quality Assurance Standards (NQAS) across all tiers—from District Hospitals to Sub Centres.

The Beginning: Foundations of Quality:

The journey began with NHSRC's first visit in Oct–Nov 2022, including Internal Assessor–Service Provider Training (IA-SPT). This mission aimed to assess system readiness, understand local barriers, and initiate orientation toward NQAS. Following this, SOPs and Quality Policies tailored to Ladakh's context were developed, supported by ongoing virtual training and mentoring.

Building Systems & Capacity:

In FY 2023–24 and FY 2025, Ladakh adopted a focused roadmap:

- Staff Training across NQAS's Eight Areas of Concern, Thematic trainings & training of focused groups (both in physical & virtual mode).
- Internal Assessments for gap identification.
- Onsite Mentoring by the Quality Improvement Cell.
- Community Engagement through patient feedback.
- Digital Monitoring via real-time dashboards.

Milestones & Impact:

Despite logistical hardships, Ladakh pressed on with unwavering commitment. By early FY 2023–24, four facilities—CHC Sankoo, CHC Khaltse, PHC Shargole, and AAM-SHC Ranbirpur—earned National Certification. These achievements led to:

- Enhanced patient satisfaction and service confidence,
- Improved hygiene and emergency care,
- Empowered and motivated health workers.

Moreover, the State and District Quality Units completed internal assessments of 329 facilities, paving the path for further quality enhancement.

Scaling Up: State Certification of 100 Facilities:

Building on this foundation, FY 2025 saw Ladakh set itself an unprecedented goal: to secure State Certification for 100 healthcare facilities. This effort marked a watershed in the region's public health history.

By June 2025, Ladakh celebrated a landmark accomplishment:

- 1 CHC and 4 PHCs state-certified for adherence to quality standards.
- 95 AAM Sub Centres assessed and recognized—the first time in Ladakh's history that such a large number of primary facilities were formally certified for quality.
- Creation of model facilities in each block to serve as learning hubs.

Impact: Transforming Healthcare Delivery:

- This transformation has left a lasting impact:
- Patients have greater trust in public hospitals and sub-centres, leading to higher service utilization.
- Hospital-acquired infections are declining, thanks to stricter infection control protocols.
- Record-keeping and documentation have improved, supporting accountability and data-driven decision-making.
- Healthcare workers are energized, receiving validation for their dedication in some of India's toughest conditions.

The Road Ahead:

- Encouraged by early successes, Ladakh now plans to:
- Scale up efforts to secure National Certification for all eligible facilities.
- Integrate other flagship initiatives—Kayakalp (cleanliness, Hygiene & Green Hospital concept), MusQan (child-friendly services), and LaQshya (care around birth)—for holistic improvement.
- Sustain momentum through periodic reassessments and refresher training.

Conclusion: The journey of NQAS implementation and certification in Ladakh is a testament to what is possible when visionary leadership, committed health workers, and community engagement come together. Against all odds—geographic, logistical, and climatic—the "Land of High Passes" has demonstrated that quality healthcare is achievable everywhere.

4.3 Journey of AAM-SC in Uttar Pradesh : Pipra Rasoolpur, District Maharajganj

Health Wellness Center Pipra Rasulpur got the first NQAS certificate of UP and got first position in District under Kayakalp Award Yojana in FY 2021-22 & 2022-23 on the basis of the said efforts, cooperation and dedication.

Maharajganj district is one of the 75 districts of Uttar Pradesh state. District is a part Gorakhpur division. It is located in Terai region of Himalayas, bordering Nepal in North. Maharajganj district comprises 12 Blocks. Health & Wellness Centre/Sub-Centre-Pipra Rasoolpur is Situated at the edge of Sohagi Barwa Jungle in Sadar Block.

During the visit, it was observed that the CHO (Community Health Officer) and ANM (Auxiliary Nurse Midwife) were staying at the center and were present round the clock and conducting deliveries with their team despite facing numerous challenges and working with minimal resources. The facility lacked essential infrastructure such as a boundary wall, interlocking tiles, herbal garden, and a proper waiting area. There was no power backup, and water was sourced from a hand-pump due to the absence of a regular supply. The center also faced severe water logging issues and lacked proper branding, IEC (Information, Education & Communication) materials, and regular training for staff. Additionally, there were significant concerns related to bio-medical waste management. Floors of the center were rough and damaged, further impacting service delivery.

Despite all of this Sub center team provides all services as per Govt. norms and have Mission & Vision to improve their quality of services. So far, team has been continuously working for the improvement of AAM-SC in Uttar Pradesh - Divisional & District Quality Team along with Community Process team and supporting NGOs like: Team for Change, SKBVP & HCAF regularly visits HWC for gap identification. They jointly made a refresher training calendar as per Service package and Disaster Management plan was charted out. Fire Mock Drill was organized at AAM SC. Apart from this in order to fight the financial issue and problem of limited budget, quality team and supporting NGOs were raising crowd funding/donations and resources under strong leadership from the region. Quality team held convergence meetings with DM, CDO, DPRO, block level officials and Gram Pradhan to mitigate the mentioned challenges faced by the facility and also shared the updated status of this health facility with them. Due to these meetings, Convergence, Collectivization and Coordination the facility was able to achieve NQAS certification and got got first position in District under Kayakalp Award Yojana in FY 2021-22 & 2022-23.

4.4 Building Quality at the Grassroots: NQAS Capacity Building for Aspirational Blocks of Northeast India

The Aspirational Block Programme (ABP) was launched in 2023 by the Hon'ble Prime Minister to improve service delivery and development indicators in the most underperforming blocks of the country, including 41 blocks in Northeast India. These blocks were marked by poor health outcomes, weak infrastructure, and sub-optimal service quality, especially at the primary level.

Despite the urgency, progress in improving quality remained slow. MoH&FW issued communications to States in 2023 and early 2024 to conduct baseline assessments of public health facilities in ABP blocks. However, lack of trained human resources—particularly at Ayushman Arogya Mandir —emerged as a key bottleneck. Most Community Health Officers (CHOs), nurses, and programme staff were unfamiliar with the National Quality Assurance Standards (NQAS) framework and assessment tools.

Understanding this critical gap, QPS division, RRCNE designed a targeted training intervention to build capacity from the ground up. In July 2024, a two-day virtual orientation on NQAS was conducted with participation of over 300 CHOs and MLHPs from the 41 aspirational blocks. The training provided hands-on understanding of NQAS Areas of Concern, internal assessment methodology, and how to develop actionable facility improvement plans. WhatsApp group was created for fluent communication, problem-solving, regular monitoring and hand holding for ABP staff. Case stories and personal experience of implementing NQAS was shared by the CHO of the 1st NQAS certified AAM SHC in NE, AAM SC Dharampur, Ms. Leela Tamang.

This was followed in 2025 by another round of capacity building with expanded ABP HRH, including medical officers, District Quality Consultants, nurses, ANMs, and MPWs. Over 200 participants were trained, creating a strong quality-aware ecosystem across blocks.

To complement these efforts, a high-level ABP Regional Workshop was organized by RRCNE in May 2025 in Guwahati, bringing together state and block-level officials, Mission Directors, MoHFW, NHSRC, and NITI Aayog. The workshop fostered convergence, reviewed block-wise KPIs, and emphasized fast-tracking NQAS certification.

The result of this integrated effort has been transformational:143 public health facilities (1 CHC, 22 PHCs, and 120 AAM SHCs) across the 41 Aspirational Blocks are now NQAS certified, Marking a 22.7% certification rate, up from nearly zero last year.

This journey from untrained teams and low service quality to certified, quality-assured facilities stand as a model for how structured support, strategic training, and collective ownership can transform the most underserved geographies into beacons of healthcare excellence.

4.5 Bhuttabari Health & Wellness Centre (HWC) rugged terrain of Kalimpong, West Bengal

Nestled in the rugged terrain of Kalimpong, West Bengal, at an altitude of over 4,700 feet, Bhuttabari Health & Wellness Centre (HWC) stands as a beacon of hope for a remote community. This small healthcare facility, surrounded by steep hills and dense forests, has overcome formidable challenges—extreme remoteness, scarce water, sub-zero winter temperatures, and a daunting 3.5-hour journey to the nearest district hospital. Yet, through unwavering determination, collaborative efforts, and a commitment to quality, Bhuttabari HWC has transformed into a model of excellence in healthcare delivery. This is the inspiring story of how a remote health center scaled new heights, achieving a remarkable 93.09% score in the National Quality Assurance Standards (NQAS) Virtual Government of India Assessment in April 2025, up from a Kayakalp score of 72% in 2022.

Commitment to Quality:
The HWC implemented several key initiatives to enhance QoC (Quality of Care). Staff were trained in patient safety protocols, ensuring that every interaction was safe, respectful, and effective. Infection control measures were strengthened, with regular audits to maintain hygiene standards despite water scarcity challenges. The facility also introduced community outreach programs to educate locals on preventive healthcare, increasing awareness about vaccinations, maternal health, and chronic disease management.
Infrastructure improvements were equally critical. The stable electricity supply enabled the installation of modern medical equipment, while efforts to address water scarcity included rainwater harvesting systems and efficient water management practices. These changes not only improved the facility's functionality but also boosted staff morale and patient trust.

A Remarkable Achievement:
The culmination of these efforts was evident in April 2025, when Bhuttabari HWC underwent the NQAS Virtual Government of India Assessment. The results were nothing short of extraordinary: the facility scored an impressive 93.09%, a significant leap from its 2022 Kayakalp score of 72%. This achievement placed Bhuttabari HWC among the top-performing HWC health centers in the State, a remarkable feat for a facility in such a remote location and very hard to reach.

Lessons in Resilience and Collaboration:
Bhuttabari HWC's journey offers valuable lessons for healthcare systems. It demonstrates that even the most remote and resource-constrained facilities can achieve excellence with the right support and determination. The collaborative efforts of the state administration, district authorities, and health department were pivotal in overcoming infrastructural challenges, while the HWC staff's commitment to quality ensured that these efforts translated into tangible improvements in patient care. The success also highlights the importance of adaptability. By embracing digital tools, such as virtual assessments and telehealth capabilities, Bhuttabari HWC bridged the gap between its remote location and the broader healthcare ecosystem. Community engagement further strengthened the facility's impact, fostering trust and ensuring that healthcare services were accessible and relevant to the local population.

Conclusion:

The transformation of Bhuttabari Health & Wellness Centre is a powerful narrative of resilience, innovation, and collaboration. From battling sub-zero winters and water scarcity to achieving a stellar 93.09% NQAS score, the HWC has shown that excellence in healthcare is possible anywhere, no matter how remote. This success story underscores the importance of systemic support, community trust, and a relentless pursuit of quality, offering a blueprint for other healthcare facilities striving to make a difference in challenging environments.

4.6 The Quality Journey of CHC SS Kulam, Coimbatore – Enhancing Maternal Care through Innovation Responsiveness.

The Community Health Centre (CHC) at SS Kulam in Coimbatore has embarked on a remarkable journey of transformation, driven by a strong commitment to quality and patient safety. As part of its continuous efforts to strengthen maternal health services, the facility identified several key gaps during the initial stages of its quality assessment. In response, the CHC strategically utilized gap closure funds allocated under the National Quality Assurance Programme to implement patient-centric interventions, one of the most impactful being the installation of a **bedside calling system** in the maternity ward.

This innovative system, directly connected to the nurses' station, empowers postnatal mothers to immediately alert nursing staff in case of emergencies or whenever assistance is needed. The provision of such a system not only fosters a sense of security and dignity among mothers but also ensures that timely clinical attention is consistently delivered. As a result, response times have significantly reduced, and the continuity of care has improved remarkably.

This initiative reflects the CHC's deep-rooted culture of compassion and accountability, which was further solidified through its successful **National Quality Assurance Standards (NQAS) certification**. The facility's journey toward certification served as a catalyst for systematic improvements, team capacity building, and the integration of robust feedback mechanisms. Staff were sensitized on patient rights, prompt service delivery, and respectful maternity care — aligning all efforts toward achieving excellence in service quality.

POST NATAL WARD BED SIDE CALLING SWITCH

NURSES STATION WITH ALARM INDICATION

Annexures

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

State	DH	SDH	CHC	PHC	UPHC	AAM-SC	Total Certified
Andaman & Nicobar	0	0	0	0	0	12	12
Andhra Pradesh	11	17	33	588	138	3831	4618
Arunachal Pradesh	0	0	0	2	0	27	29
Assam	8	0	24	124	7	865	1028
Bihar		0	0	10	22	471	514
Chandigarh	1	0	2	0	13	0	16
Chhattisgarh	20	1	42	253	45	1251	1612
Daman & Diu and Dadra and nagar Havelli	3	1	3	12	0	71	90
Delhi	9	0	0	0	24	0	33
Goa	2	2	6	31	1	37	79
Gujarat	5	3	10	420	116	1533	2087
Haryana	14	3	7	115	33	469	641
Himachal Pradesh	3	2	1	0	0	242	248
Jammu & Kashmir	3	0	5	11	7	155	181
Jharkhand	4	0	6	18	2	1408	1438
Karnataka	24	46	70	611	176	1614	2541
Kerala	17	7	15	206	59	55	359
Ladakh	0	0	3	5	0	98	106
Lakshwadeep	0	0	0	0	0	0	0
Madhya Pradesh	46	31	75	173	11	1844	2180
Maharashtra	1	3	1	123	4	57	189
Manipur	2	0	1	3	3	22	31
Meghalaya	6	0	5	20	1	215	247
Mizoram	7	0	1	40	3	0	51
Nagaland	0	0	0	8	3	14	25
Odisha	7	0	5	52	53	1846	1963
Puducherry	0	0	1	2	6	2	11
Punjab	15	4	11	7	9	1347	1393
Rajasthan	6	6	32	255	72	356	727
Sikkim	0	0	0	7	0	34	41
Tamil Nadu	26	86	209	676	248	523	1768
Telangana	10	10	12	284	54	641	1011
Tripura	1	1	1	46	6	402	457
Uttar Pradesh	76	0	114	41	21	5622	5874
Uttarakhand	5	2	1	2	0	35	45
West Bengal	17	33	146	29	127	4970	5322
Total	360	258	842	4174	1264	30069	36967

State-wise list of Internal Assessors Annexure – B

S. No.	STATE	Number of Internal Assessor
1	ADB	1
2	AFMS	156
3	Andaman Nicobar Islands	37
4	Andhra Pradesh	190
5	Arunachal Pradesh	99
6	Assam	477
7	Bihar	391
8	CARE INDIA	7
9	Chandigarh	24
10	Chattisgarh	167
11	Chhattisgarh	64
12	Delhi	162
13	DNH & DD	177
14	Goa	167
15	Gujarat	292
16	Haryana	285
17	Himachal Pradesh	152
18	Jammu & Kashmir	133
19	Jammu and Kashmir	65
20	Jharkahnd	82
21	Jharkhand	208
22	JHPIEGO	5
23	Karnataka	240
24	Kerala	225
25	Ladakh	74
26	Lakshadweep	69
27	Madhya Pradesh	530
28	Maharashtra	417
29	Manipur	183
30	Meghalaya	215
31	Mizoram	169
32	Nagaland	122
33	NHSRC	23
34	Odisha	200
35	PATH	5
36	Puducherry	161
37	Punjab	372
38	Rajasthan	616
39	Sikkim	54
40	Tamil Nadu	557
41	Telangana	162

42	Tripura	131
43	Tripura	2
44	UNICEF	1
45	Uttar Pradesh	439
46	Uttarakhand	25
47	Uttrakhand	186
48	West Bengal	169
49	West Bengal	104
50	WHO	6
	Grand Total	**8798**

State-wise list of External Assessors - Annexure C

S.No	State	No of EA
1	Andhra Pradesh	75
2	Arunachal Pradesh	14
3	Assam	82
4	Bihar	52
5	Chandigarh	8
6	Chhattisgarh	28
7	DD & DNH	6
8	Goa	10
9	Gujarat	78
10	Haryana	95
11	Himachal Pradesh	20
12	Jammu & Kashmir	37
13	Jharkhand	33
14	Karnataka	63
15	Kerala	81
16	Ladakh	4
17	Lakshadweep	1
18	Madhya Pradesh	59
19	Maharashtra	103
20	Manipur	25
21	Meghalaya	21
22	Mizoram	28
23	Nagaland	17
24	New Delhi	191
25	Odisha	44
26	Puducherry	7
27	Punjab	37
28	Rajasthan	70
29	Sikkim	11
30	Tamil Nadu	115
31	Telangana	76
32	Tripura	28
33	Uttar Pradesh	148
34	Uttarakhand	15
35	West Bengal	56
36	NHSRC	8
37	MoHFW	6
38	AFMS	25
	TOTAL	1777

State-wise list of Ayushman Assessors - Annexure D

S. No.	State	Number of Ayushman Assessor
1	Andhra pradesh	16
2	Assam	2
3	Bihar	6
4	Chhattisgarg	6
5	DNH & DD	8
6	Goa	12
7	Gujarat	20
8	Haryana	11
9	HP	5
10	J & K	3
11	Jharkhand	12
12	Kerala	18
13	Ladakh	5
14	Madhya Pradesh	12
15	MH	18
16	Meghalaya	2
17	Mizoram	4
18	MP	10
19	Punjab	9
20	Rajasthan	17
21	Tamil Nadu	8
22	Telangana	11
23	Tripura	4
24	Uttrakhand	6
25	UP	54
26	WB	38
	Total	317

State Wise list of LaQshya Certified Facilities - Annexure E

S. No.	State	No. of Labour Room Certified
1	Andhra Pradesh	51
2	Arunachal Pradesh	4
3	Assam	37
4	Bihar	27
5	Chandigarh	4
6	Chhattisgarh	29
7	Delhi	10
8	DNH, D&D	5
9	Goa	5
10	Gujarat	70
11	Haryana	16
12	Himachal Pradesh	8
13	Jammu & Kashmir	12
14	Jharkhand	12
15	Karnataka	122
16	Kerala	14
17	Madhya Pradesh	197
18	Maharashtra	83
19	Manipur	4
20	Meghalaya	1
21	Mizoram	7
22	Odisha	30
23	Puducherry	3
24	Punjab	14
25	Rajasthan	87
26	Sikkim	1
27	Tamil Nadu	123
28	Telangana	49
29	Tripura	5
30	Uttar Pradesh	88
31	Uttarakhand	16
32	West Bengal	41
	Grand Total	1175

LaQshya Certified Maternity OT		
S. No.	Row Labels	Total No. of MOT Certified
1	Andhra Pradesh	40
2	Arunachal Pradesh	3
3	Assam	11
4	Assam	8
5	Bihar	14
6	Chandigarh	4
7	Chhattisgarh	26

8	Delhi	8
9	DNH, D&D	3
10	Goa	4
11	Gujarat	59
12	Haryana	10
13	Himachal Pradesh	7
14	Jammu & Kashmir	11
15	Jharkhand	9
16	Karnataka	117
17	Kerala	13
18	Madhya Pradesh	58
19	Maharashtra	81
20	Manipur	3
21	Meghalaya	1
22	Mizoram	6
23	Odisha	26
24	Puducherry	3
25	Punjab	11
26	Rajasthan	47
27	Sikkim	1
28	Tamil Nadu	117
29	Telangana	39
30	Tripura	4
31	Uttar Pradesh	59
32	Uttarakhand	10
33	West Bengal	40
	Grand Total	853

State Wise list of MusQan Certified Facilities Annexure F

S. No.	State	No. of MusQan Certified Facilities
1	Andhra Pradesh (IN)	31
2	Assam	2
3	Bihar	1
4	Chhattisgarh	12
5	Delhi	8
6	Goa	1
7	Gujarat	4
8	Haryana	7
9	Karnataka	18
10	Kerala	5
11	Madhya Pradesh	27
12	Maharashtra	4
13	Mizoram	5
14	Odisha	2
15	Rajasthan	7
16	Tamil Nadu	18
17	Telangana	15
18	Uttar Pradesh	11
19	West Bengal	22
	Grand Total	200