

11th Central Quality Supervisory Committee (CQSC) Meeting

Minutes of Meeting

20th August, 2025

Venue- 343-A, Nirman Bhawan

Ministry of Health & Family Welfare, New Delhi

The eleventh meeting of the Central Quality Supervisory Committee (CQSC) was held on 20th August 2025 at Nirman Bhawan, Ministry of Health & Family Welfare, under the chairpersonship of Ms. Aradhana Patnaik, Additional Secretary & Mission Director, NHM, MoHFW. List of participants is enclosed as Annexure-A.

The meeting commenced with a welcome address by Dr J.N. Srivastava, Advisor-QPS. He briefed on the progress of NQAS certification for public health facilities and the associated challenges. Subsequently, in-depth discussions were held on the following points:

1. Action Taken Report on decisions on the 9th & 10th CQSC Committee.
2. Status & Achievements under the NQAS and related domains.
3. Proposals

Agenda Point 1: Action Taken Report on decisions on the 9th & 10th CQSC Committee meetings:

1.1 Disbursement of Incentives: 25% to be disbursed on achieving State Certification, and the remaining 75% on National certification –

Advisor QPS apprised the committee members that the letter has been issued by the Ministry of Health & Family Welfare to the States/UTs.

1.2 Strengthening the selection process for External Assessor Training (EAT) –

It was informed to the committee that to ensure commitment and long-term engagement, a five-year undertaking is obtained from the state-nominated participants.

1.3 Inclusion of Unani and Siddha Graduates in EAT Eligibility –

It was apprised that Operational Guidelines for Quality Assurance have been amended to include Unani and Siddha qualifications in the list of eligible qualifications for NQAS External Assessor Training.

1.4 Digitalization of Certificates –

It was informed that the module for issuing digital certificates for NQAS certificates has been demonstrated on the SaQsham portal. The process is ready for deployment on the portal.

1.5 Development of National Quality Assurance Standards (NQAS) for Medical Colleges, BPHLs, and CCBs

a. NQAS for Medical Colleges – The first meeting of the expert group constituted for the development of NQAS standards for Medical College Hospitals, was held on 6th June 2025. The Standards and Measurable Elements specific to Medical College Hospitals under NQAS have been finalized and are placed as Annexure- I to the Agenda. It was decided to constitute specialty-wise working groups to develop department-specific assessment checklists.

b. NQAS for BPHL- Standards and Measurable Elements for Block Public Health Labs were drafted, and work is currently in progress for the development of a checklist in line with the operational guidelines.

c. NQAS for CCB Critical Care Block (CCB) comprises key service areas including Emergency Room, Intensive Care Units (ICUs), Isolation Wards, Operation Theatres (OTs), and Labour Rooms & Newborn Care Corners. These service areas are already covered under the existing NQAS District Hospital (DH) checklists. The additional requirements specific to CCBs will be strengthened and integrated into the existing DH NQAS checklists to ensure comprehensive coverage and quality improvement.

1.6 Separate Checklist for Medical Colleges Hospitals under LaQshya –

It was agreed that LaQshya and MusQan certifications will be integrated with the National Quality Assurance Standards (NQAS) certification, with appropriate changes to the certification criteria. The criteria for Lakshya and Muskan will be mandatory to be fulfilled /for NQAS certification. This integration is aimed at ensuring uniformity in standards, avoiding duplication of checklists, and strengthening the overall quality improvement process in Medical College Hospitals. In this context, it was clarified that no separate checklist will be prepared for LaQshya and MusQan, as these will be subsumed within the NQAS framework for Medical College Hospitals, currently being developed.

Agenda Point 2: Status and Achievements

2.1 NQAS Certification –

AS & MD, NHM reviewed the progress of certified facilities under the NQAS and discussed the certification progress across different levels of health facilities. Advisor QPS highlighted that while National NQAS certification of AAM-SHCs has shown a significant upward trend (the states are prioritizing the target of 100% NQAS certification by Dec 2025 given by MoHFW), whereas progress in other categories i.e., DH, SDH, CHCs, PHCs, and UPHCs, remains relatively slower. AS & MD directed to issue letters to all the states/UTs regarding the NQAS certification progress.

2.2 Virtual Certification under NQAS –

Advisor-QPS provided an update on the progress made under the NQAS Virtual Certification of AAM-SHCs. As on 15th August 2025, 7761 assessments were conducted, and 6850 results were declared through assessor reporting. Out of these 6850 facilities, 5698 were NQAS Certified, whereas 1152 public healthcare facilities were deferred and required to re-apply for the certification.

2.3 Physical verification of Virtually Certified AAM-SHCs –

Physical Verification of virtually certified AAM – SHCs was undertaken in five states, viz Chhattisgarh, Uttar Pradesh, Gujarat, Haryana, and Madhya Pradesh. The findings were analyzed to identify factors responsible for deterioration in their certification status. The findings indicate a decline in the scores, particularly under Area of Concern G (Quality Management) and Area of Concern H (Outcomes). Deficiencies were also noted in the theme of “Drugs & Diagnostics”.

2.4 Status of Recertification of Health Facilities under NQAS –

As on 15th August 2025, a total of 2549 facilities were due for recertification, out of which 837 facilities have been recertified. Haryana, Gujarat, and Andhra Pradesh are performing well in re-certification. AS & MD, NHM directed that a D.O. letter be issued to the states regarding recertification.

2.5 Surprise assessment under NQAS –

In FY 24-25, surprise assessments were conducted in 74 public healthcare facilities. Upon review of their results, it was observed that 44 facilities (60%) had shown satisfactory performance. ASMD directed to ensure that these facilities apply for certification.

2.6 LaQshya and MusQan Certification –

Advisor–QPS apprised the committee about the progress made by States/UTs under the LaQshya and MusQan program. AS & MD directed that LaQshya and MusQan certification should be integrated with the NQAS certification, with appropriate changes in the certification criteria by making criteria for Lakshya and Muskan mandatory prerequisite for NQAS certification for secondary level of public healthcare facilities.

2.8 Kayakalp Initiative –

The progress made under Kayakalp in the last decade was discussed. In FY 2024–25, a total of 51,707 public healthcare facilities across 34 States/UTs have been declared Kayakalp compliant. The UT of Andaman & Nicobar Islands and Lakshadweep have informally conveyed that Kayakalp assessments for the financial year 2024– 25 were not conducted.

Filled checklists have been received from 27 States / UT as required to provide the data of WASH indicators for the JMP report. However, submissions are still awaited from 7 States, viz. Andhra Pradesh, Assam, Chhattisgarh, Jharkhand, Karnataka, Rajasthan, and Bihar. ASMD directed to follow up with states.

2.9 Mera Aspataal

Advisor–QPS apprised the committee about the updates under Mera Aspataal. Further Director NHM-I Apprised AS & MD that user detail nodal has been communicated to all the stakeholders by MoHFW and the user detail nodals from CGIs have started pooling in and same is being shared with CHI for further necessary action. Additionally, IT-NHSRC informed the committee members that CHI is working on cloud and other requirement proposals to which AS& MD directed Advisor QPS and IT, NHSRC to coordinate and ensure that Mera Aspataal is made operational as soon as possible.

2.10 Rapid Assessment

Rapid Assessment of 369 non-certified DHs was conducted in FY 24-25. Out of these, 313 DHs were found to have at least eight departments ready to apply for the NQAS certification.

However, only 13 DHs out of the 313 DHs have applied for NQAS certification.

AS & MD, NHM directed that a D.O. letter be issued to the States regarding the remaining 300 DHs to apply for NQAS certification at the earliest. Also, Rapid

Assessments of AAM-SHCs (on a sample basis) to be undertaken to assess their preparedness for NQAS Certification.

2.11 Pool of NQAS Assessors

Advisor QPS mentioned that a total of 11,213 assessors are empaneled under the NQAS program.

A total of 46 batches of external assessors training have been conducted, and currently 1828 External Assessors (44 batches) are empanelled with NHSRC. Results of two batches are under process of finalization. A total of 317 Ayushman Assessors were empanelled to conduct virtual assessments and physical verification of virtually certified facilities. Also, a total of 9068 internal assessors (state level) are empanelled to provide support to the states.

2.12 Collaborations with other organisations:

A Memorandum of Understanding (MoU) has been signed between the Indian Council of Medical Research (ICMR), All India Institute of Medical Sciences (AIIMS), and the National Health Systems Resource Centre (NHSRC) to promote and support implementation of Antimicrobial Resistance (AMR) prevention, Hospital Acquired Infection (HAI) reporting and Infection Prevention & Control (IPC) activities. In phase I, the HAI surveillance guidelines were drafted, encompassing HAI definitions and reporting formats, and a presentation was scheduled after the CQSC meeting.

2.13 Patient Safety

Advisor QPS mentioned that the event will be planned on 18th September 2025 to celebrate the World Patient Safety Day under the chairpersonship of ASMD.

2.14 Free Drug Service Initiative

The revised EMLs for AAM-SHC, AAM-PHC, and CHC were developed after expert consultation and are under finalization. The draft EMLs were shared with States and UTs for their inputs. Responses were received from 16 States/UTs, and a reminder letter was sent to the remaining States/UTs for their inputs.

2.15 NQAS and IPHS

Advisor QPS deliberated that IPHS defines the minimum requirement of infrastructure, human resources, and drugs & diagnostics required for operationalization of public health facilities. Whereas NQAS provides a comprehensive framework for the evaluation of processes on the Quality of Care provided in public healthcare facilities.

He apprised that ODK is a self-reporting tool, whereas under NQAS, there is a comprehensive and robust method of assessment by the empanelled assessors, duly accredited by ISQua (International Society for Quality in health care).

2.16 ISQua Accreditation

Advisor QPS apprised that the first progress report under the "External Evaluation Organization" standard was submitted to ISQua and was duly accepted. He also mentioned that the NQAS standards are also re-accredited by ISQua till February 2029. The QMS Report for FY 2024-25 and Mid Mid-Term Risk Management Report for the identified risks at the Certification Unit were discussed.

Agenda Point 3: Proposals

3.1 Increase in the number of members for the NQAS Appeal committee –

With an increase in the number of appeals, it is proposed to increase the number of Appeal Committee members from 5 to 10. The decision given by the first 3 members will be considered final and will be communicated to the appellant. This proposal was approved by the committee.

3.2 Honorarium Related Issues –

The proposal to pay honorarium to assessors for the virtual assessments cancelled on the day of assessment, due to network-related issues or any other issues, was not approved.

3.3 Development of guidelines for surveillance of Hospital-Associated Infections in Public Health Facilities –

The guidelines for surveillance of Hospital-Associated Infections were submitted to the MoHFW and will be released on 28th August 2025.

3.4 Inclusion of DCCC, DEIC, and CCB Standards in NQAS 2024 and its dissemination–

It was approved to prepare a unified, comprehensive version of NQAS 2024 by incorporating DCCC, DEIC, and CCB Standards. Further, there are limited DEICs fully functional in the country; a copy of the standardized requirements for DEIC will be provided by the Child Health Division, NHM.

3.5 Implementation guidelines for Solid Waste Management in Healthcare Facilities –

To improve non-infectious waste management in healthcare facilities, NHSRC has developed an implementation guidebook for Solid Waste Management in healthcare facilities. Finalization of the guidebook is delayed due to the release of the final Solid Waste Management Rules, 2016, by the appropriate authority.

3.6 TISS proposal for revised PGDHQM Course fees –

The proposal for fees has been revised to Rs 1.25 lakhs, subject to further review and its subsequent approvals.

3.7 Others-

a) NQAS for ESIC Hospitals and Dispensaries- AS & MD, NHM directed to initially prioritize the NQAS certification in public healthcare facilities from AAM – SHCs to DH first.

b) Proposed Capacity Building Training program for District Consultant in collaboration with AHA, Noida– To build district-level capacity, the Academy of Hospital Administration (AHA), Noida, has developed a training program for District Quality Consultants. The initial proposal was presented during a meeting chaired by JS(P), MoHFW, on 24th July 2025. JS(P) had advised revision of fee norms. Further discussion is required on this matter.

c) Renaming of Free Drugs Services Initiative (FDSI) and Essential Drug List (EDL) – The revised nomenclature was not approved by the committee.

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

Annexure A

The list of participants is given below:

S. No	Name	Designation
1	Ms Aradhana Patnaik	AS & MD(NHM), MoHFW
2	Ms Meera Srivastava	Joint Secretary (RCH), MoHFW
3	Dr Shobhna Gupta	Deputy Commissioner, Child Health & RBSK
4	Dr Zoya Ali Rizvi	Deputy Commissioner, (AHN)
5	Mr Anindya Saha	Joint Director, HMIS division, MoHFW
6	Mr Harsh Mangla	Director NHM-I
7	Ms. Noorin Bux	Director NCD-I
8	Dr J N Srivastava	Advisor-QPS, NHSRC
9	Mr Abhishek Srivastava	Advisor-IT, NHSRC
10	Dr Gurinder Bir Singh	Advisor- CP-CPHC, NHSRC
11	Dr Rajiv Pathni	Designated Advisor- QPS, NHSRC
12	Dr Sambit Pradhan	Assistant Director, NCVBDP
13	Dr Tamanna Sharma	Lead Consultant, MoHFW
14	Dr Urvashi	Junior Consultant, NHM
15	Dr Deepika Sharma	Lead Consultant, QPS
16	Ms Vinny Arora	Lead Consultant, QPS(CU)
17	Mr Gulam Rafey	Senior Consultant, QPS
18	Mr Ranjith Menon	QA Specialist, QPS
19	Dr Ruchita Singh	External Consultant, QPS(CU)